

LOAN APPLICATION FORM

Applicant does not have to employ an Agent or representative (including the Lender) to assist the Applicant with the loan application. By signing below the undersigned acknowledge(s) receipt of this Notice.

APPLICANT COMPANY

| | | | |
|--|--------------------------------------|-------------------------|-------------|
| Legal Business Name: | | | |
| DBA Name (if applicable): | | | |
| Address: | | City: | State: Zip: |
| Primary Contact Phone: | | Primary Contact Fax: | |
| Primary Contact Cell: | | Primary Contact Email: | |
| Type of Entity: Sole Proprietorship General Partnership Limited Partnership Corporation (Please specify: S Corp, C Corp, LLC) | | | |
| Date Established: | Date Incorporated: | State of Incorporation: | |
| # of Employees Existing: | # of Employees After this Financing: | Employer Tax I.D: | |
| Website: | | | |
| Name & Address of Current Bank: | | | |
| Name of Franchise (if applicable): | | | |

PROPOSED PROPERTY (If different from current Business Address)

| | | | |
|----------|-------|--------|------|
| Address: | City: | State: | Zip: |
|----------|-------|--------|------|

OWNERSHIP INTEREST

List below the proprietor, owners, partners, officers and ALL stockholders in the business.
100% OWNERSHIP MUST BE SHOWN

| NAME | TITLE | SSN | OWNERSHIP % |
|------|-------|-----|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

AFFILIATES

List below all business concerns in which the Applicant Company or any of the individuals listed in the Ownership section above have any ownership. (If additional affiliates, please attach on separate sheet)

| | | | |
|-----------|-----------------------|------------------|------|
| Co. Name: | | Individual Name: | |
| Address: | City: | State: | Zip: |
| Phone: | Percent of Ownership: | | |

| | | | |
|-----------|-----------------------|------------------|------|
| Co. Name: | | Individual Name: | |
| Address: | City: | State: | Zip: |
| Phone: | Percent of Ownership: | | |

INSURANCE INFORMATION

Hazard/Property Insurance

| | |
|----------|--------|
| Company: | |
| Contact: | Phone: |

Life Insurance: Does the company maintain Life Insurance on any owner or officer? If yes, provide details below.

| | | |
|----------|--------------|---------------|
| Insured: | Beneficiary: | Amount: \$ |
| Insured: | Beneficiary: | Amount: \$ |

ADDITIONAL INFORMATION

For each "Yes" answer to questions 2 - 8, the applicant involved must complete a Statement of Offense Form (pg. 16) to disclose the relevant details. If you responded "Yes" to questions 7 or 8, SBA Form 912 will also need to be completed by the applicant(s) involved.

| | | |
|--|-----|----|
| 1. Are you and all other applicants either U.S. Citizens or Lawful Permanent Residents? | Yes | No |
| 2. Have you or any other applicant ever filed personal bankruptcy? | Yes | No |
| 3. Have you or any other applicant ever been involved in a commercial bankruptcy? | Yes | No |
| 4. Does the applicant or any affiliates have any current or previous SBA or other federal government guaranteed debt (e.g. USDA, PPP, EIDL)? | Yes | No |
| a. If you answered "Yes" to Question 7, is any of the financing currently delinquent? | Yes | No |
| b. If you answered "Yes" to Question 7, did any of this financing ever default and cause a loss to the Government? | Yes | No |

| | | |
|---|-----|----|
| 5. Are you or your business involved in any pending lawsuits, including divorce? | Yes | No |
| 6. Are you or any other applicant SBA employees, married to SBA employees, former SBA employees, or in any other way engaged with the federal government such that there may be the appearance of a conflict of interest with the SBA? | Yes | No |
| 7. Do you, your spouse, any other applicant and/or their spouses currently hold a position of employment with a government classification of GS-13 or higher? | Yes | No |
| 8. Has this loan request been previously submitted to the SBA? | Yes | No |
| 9: Are any of the Applicant's revenues derived from gambling, loan packaging, or from the sale of products or services, or the presentation of any depiction, displays or live performances, of a prurient sexual nature? | Yes | No |
| 10. Are you or any other applicant subject to any criminal offenses, indictments, criminal information, arrangements, probation, deferred probation, deferred prosecution, parole, arrests within the last six months, or any other means by which formal criminal charges are brought in any jurisdiction? | Yes | No |
| 11. Have you or any other applicant ever pleaded guilty/nolo contendere, been on parole/probation, or been convicted of a criminal offense (other than a minor vehicle violation)? | Yes | No |

LOAN REQUEST

| | | |
|--|--------------------|---------------------|
| Initial Estimated Loan Amount (Your BDO will work with you to finalize a loan structure and amount): \$ | | |
| Initial Estimated Use(s)-of-proceeds (check all that apply): | | |
| Real Estate Purchase | Equipment Purchase | Debt Refinance |
| Business Acquisition | Partner Buy-out | Franchise Financing |
| Working Capital | Other: | |

Signature:

Date: