



Wasatch Business Finance
A Certified Development Company

Operating Company Information

Tax ID #: _____

Company Name: _____

Business Address: _____

City: _____ State: ____ Zip: _____

Phone Number: _____ Fax: _____ Website: _____

Principal in Charge: _____ Phone: _____ Email: _____

Secondary Contact: _____ Phone: _____ Email: _____

Type of Business: _____ Date Established: _____

Entity Type (select one): Proprietorship Corporation LLC Partnership

List all Directors, Members, Officers and Owners. Ownership must total 100%.

Full Legal Name	Title	Ownership Percentage

Real Estate Holding Company

(If property will be held personally, please complete the following information)

Tax ID #: _____

Company Name: _____

Business Address: _____

City: _____ State: ____ Zip: _____

Phone Number: _____ Fax: _____ Website: _____

Principal in Charge: _____ Phone: _____ Email: _____

Secondary Contact: _____ Phone: _____ Email: _____

Type of Business: _____ Date Established: _____

Entity Type (select one): Proprietorship Corporation LLC Partnership

List all Directors, Members, Officers and Owners. Ownership must total 100%.

Full Legal Name	Title	Ownership Percentage

Affiliate Business Information

Please list all affiliated businesses. Please include any organizations where any of the principals have an ownership percentage or management, regardless of the amount. This information is required to determine if the project meets the SBA’s requirements. It does not necessarily mean that affiliated businesses will be involved in the project financing.

Company Name	Owner	Ownership Percentage

Project Information

Address of Project: _____

City: _____ State: _____ Zip: _____ County: _____

Square Footage: _____ Square Footage Company Will Occupy: _____

Escrow Closing Date: _____ Realtor: _____ Phone Number: _____

SBA Occupancy Requirements:

If you are purchasing an existing building, your company must occupy 51% of the total square footage. If you are constructing a new building, your company must occupy 60% of the total square footage, with the intent to occupy an additional 20% within the next ten (10) years. This means 20% of the building may be occupied by a tenant(s) long-term. An additional 20% may be occupied by a tenant(s) on a short-term basis (lease term of 36 months or less with no options to renew). Project funds may not be used to improve leased space other than a basic vanilla finish.

If there are or will be any tenants that will lease a portion of the building, please provide the following information:

Tenant Name	Square Footage	Rent Amount	Current Tenant?	Future Tenant?

Project Costs

List all costs, not just the amount you need financed.

Purchase of existing building or equipment only

Purchase Price	\$
Tenant Improvements	\$
Equipment*	\$
Other	\$
Total	\$

Construction Project

Land Acquisition	\$
Construction Bid	\$
Architects, Permits, Soft Costs	\$
Equipment*	\$
Other	\$
Total	\$

*Equipment to be financed must have a useful life of 10 years or greater.

Insurance Information

Please provide contact information for the Insurance Agent that you will use to insure the building.

Agent Name: _____ Phone: _____ Email: _____

Employee Information

A key measure of the SBA 504 loan program takes into consideration the creation of jobs. Calculations are based on the number of hours worked by all employees, including owners who work in the business. The total hours are divided by 40 to determine the number of Full-Time employees (FTE) you can have. Please estimate the number of employees you reasonably expect to have in 2 years. Also include the number of total hours this would be on average, per week.

Key Employees

Name	Title	Responsibilities	Years with Company	Years in Industry

Current number of Full-Time Employees: _____

Estimated number of Full-Time employees to be added within the next two years: _____

Current number of hours worked by all employees per week (average): _____

Estimated number of hours worked by all employees per week within the next two years: _____

Additional Questions

Do you or any individuals involved in this project have a trust? If yes, please attach additional details with your application. Yes No

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings?
Yes No

Are you, any officer, or your business involved in any pending or current lawsuits? If yes, please attach additional details with your application. Yes No

Have you, any officer, or your business ever had an SBA Loan or Guaranteed an SBA Loan? If yes, please complete the information below even if the loan is paid in full. Yes No

SBA Loan #:	SBA Loan Name:
Original Amount:	Date of Loan:
Current Balance:	Name on Loan:
Status:	Social Security #:

Have you, any officer, or your business ever received any other type of government financing? If yes, please complete the information below even if the loan is paid in full. Yes No

Original Amount:	Date of Loan:
Current Balance:	Name on Loan:
Status:	Social Security #:

*If there are multiple loans, please include the information on an additional document.

Identification Procedures

To help the U.S. Government fight the funding of terrorism and money laundering activities, Federal Law requires all Certified Development Companies (Wasatch Business Finance) to obtain, verify and record information that identifies each person who applies for an SBA 504 Loan.

When you apply for an SBA 504 Loan, we require that you provide your name, address, date of birth and other relative information that will allow us to verify your identity. You may also be required to provide a copy of your Driver's License or other documents for identification purposes.

Authorization to Release Information

The undersigned hereby authorize any financial institutions, insurance companies, investors, credit bureaus, employers, banks, accounting firms, etc. to release any and or all information and account information concerning this application to Wasatch CDC at their request.

The undersigned also authorize any information, including attachments or exhibits provided with this application or provided hereafter to be valid and correct to the best of my / our knowledge.

By: _____ Date: _____, 20 _____

Printed Name: _____

By: _____ Date: _____, 20 _____

Printed Name: _____

By: _____ Date: _____, 20 _____

Printed Name: _____

By: _____ Date: _____, 20 _____

Printed Name: _____

By: _____ Date: _____, 20 _____

Printed Name: _____

By: _____ Date: _____, 20 _____

Printed Name: _____

Notes / Additional Information

Please provide any other information relative to this application