



# **Business Application Package**

***Includes Business Application Forms & Required Items***



Member FDIC

## **Business Application Form & Required Items**

Below are items required in order to process your loan request. Please complete and sign forms which apply to your business. Forms can be signed digitally or printed and sign. Submit all items with your loan application.

### **BUSINESS FORMS & REQUIRED ITEMS**

Application Forms

### **BUSINESS PLAN & PROJECTIONS:**

Business Plan

Projections Year 1 Month to Month

Projections Year 2 & 3 Annual

If applicable: Brochures, Menus, Services, etc.

If applicable: Pricing

### **OPERATING COMPANY:**

Business Tax Returns & All Schedules

2014	2013	2012
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If 2014 tax return not available, provide Extension 2014 YE

2014 YE Financials (if 2014 tax returns not available)

I&E	Balance Sheet	BDS
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2015 YTD Financials:

I&E	Balance Sheet	BDS	ARs / AP Aging
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### **FRANCHISE INFORMATION:**

FDD - Most current

Franchise Agreement

Addendums to Agreement

### **PROJECT COST ESTIMATES:**

Purchase Contract Real Estate

Business Acquisition	Asset Purchase Agreement
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4506T (Seller sign only do not date)

Debt Refinance: Note Copies (must be complete note copies)

Remodeling, Renovations, Improvement List & Quotes

Leasehold Improvements & Bids

Machinery & Equipment Invoices and /or Quotes from Vendor

Furniture & Fixtures Invoices and /or Quotes from Vendor

Inventory Invoices and / or Quotes from Vendor

Itemized List of Working Capital

### **PROOF & SOURCE INJECTION / EQUITY:**

Business Bank Statements 1 Mths

Business Stock & Bonds 1 Mths

Gift Letter, if applicable

Seller Financing Terms (Interest rate, term)

### **LEASE INFO:**

Current Lease, and if not signed then:

Draft or LOI required for underwriting

Signed Lease (required prior to closing)

### **COLLATERAL:**

Photos Interior, Exterior, Street, Equipment

Appraisals & EPA (not required but if available)

Feasibility Studies (if any completed)

### **AFFILIATES:**

4506 T

Business Tax Returns & All Schedules

2014	2013	2012
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Extension if 2014 tax returns not available &

I&E	Balance Sheet
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2015 YTD Financials:

I&E	Balance Sheet	BDS
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### **New Construction**

Site Plan

Blueprints

Construction Quote provided by Contractor

Construction Contract AIA

### **Required Prior To Closing:**

Building Permits

Contractor License

Contractor Insurance

Contractor Resume

Agreement Addendums to Agreement



APPLICANT COMPANY:

Legal Business Name: \_\_\_\_\_

dba name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Type of Entity:  Sole Proprietorship  General Partnership  
 Limited Partnership  Corporation: (Specify)  S Corp  C Corp  LLC

Date Established: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_ State of Incorporated: \_\_\_\_\_

Number of Existing Employees: \_\_\_\_\_ After the loan: \_\_\_\_\_

Employee Tax ID: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Franchise if applicable: \_\_\_\_\_

Name & Address of Current Bank: \_\_\_\_\_  
\_\_\_\_\_

PROPOSED PROPERTY IF DIFFERENT FROM CURRENT 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 %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



BORROWER NAME: \_\_\_\_\_

**ESTIMATED PROJECT COSTS**

Land Purchase or Real Estate Purchase	\$ _____
New Construction, Remodeling, Renovations or Leasehold Improvements	\$ _____
Construction Contingency / Overruns	\$ _____
Franchise Fee	\$ _____
Equipment Purchase	\$ _____
Furniture Fixture Purchase _____ + Inventory Purchase _____ =	\$ _____
Working Capital (deposits, start-up & operations)	\$ _____
Business Acquisition	\$ _____
Refinance Debt	\$ _____

**ESTIMATED CLOSING COSTS & THIRD PARTY REPORTS:**

Packaging Fee	\$ _____
Commercial Real Estate Appraisal, Business Valuation, Equipment Appraisal	\$ _____
Residential Real Estate Appraisal	\$ _____
Title Insurance, Survey, Title, Recordings, UCC (estimated)	\$ _____
Legal Fees, Attorney Fees (estimated)	\$ _____
Other: Interim Interest _____ and Construction Monitoring _____	\$ _____
SBA or USDA Guarantee Fee	\$ _____

<b>TOTAL ESTIMATED PROJECT AMOUNT</b>	\$ _____
<b>LESS BORROWER OWN CASH</b> (enter figure as negative)	\$ _____
<b>LESS SELLER FINANCING</b> (enter figure as negative)	\$ _____
<b>TOTAL ESTIMATED LOAN AMOUNT</b>	\$ _____

**BORROWER COMMENTS ABOUT PROJECT COSTS, INJECTION, SELLER FINANCING:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



BORROWER NAME: \_\_\_\_\_

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 a separate sheet).

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_



Business Name: \_\_\_\_\_

Background & History of principals and company:

[Empty text box for background and history]

Describe the products/services the business offers and what they do for the customer. Please provide any company brochures or literature.

[Empty text box for products/services]

What geographic/demographic areas does business service? Who are your customers and where are they located, how big is the market? What is your current and desired future market share?

[Empty text box for geographic/demographic areas]

Does any customer represent greater than 15% of sales?  YES  NO

If "Yes," provide detail about the customer including general information (Sales volume, public/private, years in business, etc.) and how long you have been servicing this customer.

[Empty text box for customer details]

Who are your primary competitors?

Competitor	Location	Your Competitive Advantage

How do you market your product/services? (include information about distribution channels, suppliers including concentrations, seasonal swings, etc.)

[Empty text box for marketing strategy]

Describe your vision for the company over the next 2 - 3 years... 8 - 10 years? (i.e. growth plans, changes in customer base, future capital expenditures, current capacity vs. future, management structure. Also describe your management succession plan should you or a key member of your management die, became disabled/and or unable to work.

[Empty text box for vision and succession plan]

## Request for Transcript of Tax Return

▶ **Request may be rejected if the form is incomplete or illegible.**  
 ▶ **For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).**

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . .

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. \_\_\_\_\_

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

		Phone number of taxpayer on line 1a or 2a
<b>Signature</b> (see instructions)	Date	
<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)		
<b>Spouse's signature</b>	Date	

# BORROWER THIRD PARTY CONTACT SHEET



**Business Name:** \_\_\_\_\_

**Attorney**

Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Accountant**

Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Business Broker**

Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Real Estate Broker**

Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Life Insurance**

Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Fire & Hazard Ins**

Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Banker**

Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Consultant**

Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Family Members**

Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Other**

Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_





# Debt Schedule

**LIST ALL EXISTING BUSINESS DEBTS & MUST CORRESPOND TO BALANCE SHEET**

**Name of Operating Company:** \_\_\_\_\_

**Date:** \_\_\_\_\_\*

This schedule should list loans, contracts and notes payable, not accounts payable or accrued liabilities. It should correspond to your interim balance sheet.

If no debt, fill out the top portion and write "NONE" in the section below and sign it at the bottom.

Creditor Name	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payments	Security	Current or Delinquent
<b>Total Present Balance**</b>				<b>Total Monthly Payment</b>				

\*Should be the same date as current financial statement

\*\* Total must agree with balance shown on current financial statement

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Aging of Accounts Receivables and Accounts Payable

Date & totals should match most recent balance sheet provided to bank.

Business Name: \_\_\_\_\_

As of Date \_\_\_\_\_

Please attach an actual schedule to support the following information if applicable. Be aware that the accounts receivables and accounts payable must reconcile with the current business balance sheet that supports this application.

<u>Aging</u>	<u>Accounts Receivable</u>	<u>Accounts Payable</u>
Under 30 Days	_____	_____
30 – 59 Days	_____	_____
60 – 89 Days	_____	_____
90 – 119 Days	_____	_____
120 – 180 Days	_____	_____
Other	_____	_____
<b>TOTAL</b>	_____	_____

<b>Accounts Receivable Concentration</b>	<u>List Client(s) with greater than 10%</u>	<u>% of Accounts Receivables</u>
Company Concentration Greater Than 10%	_____	_____
*describe terms, details including insurance and liens	_____	_____
*indicate if greater than or equal to 90 days	_____	_____
	_____	_____

Signature \_\_\_\_\_

Date \_\_\_\_\_

## WORKING CAPITAL WORKSHEET

**Business Name:** \_\_\_\_\_

ITEMIZATION	Mth 1	Mth 2	Mth 3
Lease Deposit			
1st Months Rent			
Lease Review			
Utility/Phone Deposits			
Legal Fees			
Licenses / Permits			
Pre-opening Advertising			
Training / Travel Expenses			
Insurance Fees			
Architect./ Design Fees			
Miscellaneous			
**Operating Capital			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
<b>Total Working Capital</b>			

**\*\*Operating Capital to include: first months payroll, cash in drawer, supplies, and operating expenses.**

\_\_\_\_\_  
**Signed**

Date: \_\_\_\_\_

# Projected Profit / Loss - 1st year



COMPANY NAME : \_\_\_\_\_

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	Total	%
Sales														
Other Revenues														
TOTAL INCOME														
Cost of Sales Enter as negative number														
Gross Profit														
<b>Controllable Expenses:</b>														
Officer Salary (ies)														
Salaries and Wages														
Advertising & Marketing														
Auto Expense														
Bank Charge & Credit Card Costs														
Gas														
Inventories														
Legal / Accounting														
Miscellaneous														
Supplies/Expense														
Telephone														
City Water/Sewer														
Utilities Electric & Gas														
Repairs / Maintenance														
<b>Total Controllable Expenses</b>														
<b>Fixed Expenses:</b>														
Interest														
Depreciation														
Amortization														
Insurance (all)														
Taxes/Licenses / Permits														
Other:														
Interest - SBA														
Interest - Other														
Rent														
Miscellaneous														
Other:														
<b>Total Fixed Expenses</b>														
<b>Total Expenses</b>														
<b>Profit / (Loss) before Tax</b>														
<b>Net Profit (Loss)</b>														

I certify that the forgoing data fairly represents potential annual earnings to the best of my knowledge:

Please attach assumptions to this projection.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_

If applicable, please indicate seasonality during the year.



## ESTIMATED PROJECTION AND FORECAST OF TWO YEAR EARNINGS

**BUSINESS NAME:** \_\_\_\_\_

	First Year		Second Year	
Revenues				
Other Revenues:				
<b>TOTAL REVENUES</b>				
Cost of Sales				
Gross Profit				
<b>Controllable Expenses:</b>				
Officer Salary (ies)				
Salaries and Wages				
Workmen s Comp				
Grocery Food				
Business & Property Insurance				
Legal / Accounting				
Bank Charges & Credit Card Costs				
Supplies/Expense				
Advertising				
Auto Expense				
Telephone				
City Water/Sewer				
Utilities				
Repairs / Maintenance				
Security				
Total Controllable Expenses				
<b>Fixed Expenses:</b>				
Interest				
Depreciation				
Amortization				
Insurance (all)				
Taxes/Licenses / Permits				
Other: _____				
Interest - SBA				
Interest - Other				
Other: _____				
Miscellaneous				
Other: _____				
Total Fixed Expenses				
Total Expenses				
Profit / (Loss) before Tax				
Income Tax				
Net Profit (Loss)				

\_\_\_\_\_

Signed

Title

Date

\_\_\_\_\_  
Print Name