

PROJECT AND SMALL BUSINESS APPLICANT QUESTIONNAIRE

PROJECT QUESTIONS

Address of Project:

Contact Person:

Phone #:

E-mail Address:

- **SBA Loan Term Requested:** ☐ 25 Year ☐ 20 Year ☐ 10 Year (Equipment Only)
- **How will the proposed project benefit the small business (compare square footage, location, visibility, layout, etc.)? What is the projected timetable?**
- **Is the project replacing space that your business is currently leasing space from a 3rd party?** ☐ Yes ☐ No
If yes, please provide a copy of lease or monthly rent, total square footage being leased and the lease maturity date.
- **Do you or will you be leasing space to any 3rd party tenants at the project property?** ☐ Yes ☐ No If yes, please provide square footage, rents, and lease if available.
- **What is the proposed source of down payment for the project:**
 - Cash (Business or Personal) \$
 - Line of Credit Draw (Business or Home Equity) \$
 - Seller Note \$
 - Gifted Funds \$
 - Other – please explain: \$
 - Total \$
- **Will the project real estate or equipment be titled in a different legal entity than your small business entity (I.e. a real estate holding company?)**
☐ Yes If yes, please provide legal name:
☐ No

100% Ownership breakdown of said entity (or provide in alternative format):

NAME	%Ownership

*Note – if entity has yet to be formed, please provide a proposed legal name and ownership breakdown. A legal entity will need to be in place with an assigned employer identification number (EIN#) prior to SBA submission.

SMALL BUSINESS APPLICANT QUESTIONS

(Please answer questions #1-9 below, or upload answers in a different format)

Name of Small Business (legal operating entity):

- 1. Provide a brief history of your business. When and why did it start? Include important events or stages of growth, important personnel changes, etc.**
- 2. Explain the product line(s) and/or service(s) provided by your business.**
- 3. Do you export any goods/Services? ☐ Yes ☐ No**
- 4. Describe your companies target markets and customer base. Where are they located and is there a concentration of sales. (If you have a breakdown of sales by customer – please send reports for the last two fiscal years as well as the interim).**
- 5. Does your business operate under any franchise, dealer, or supply agreements?
☐ Yes ☐ No (If yes, please provide copies of agreements)**
- 6. Do you have any required licenses to operate the business (i.e. professional licenses such as a dentist, doctor, etc. or any establishment licenses such as liquor license, agency license, etc.)
☐ Yes ☐ No (If yes, please provide copies of licenses)**

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