



METRO AREA DEVELOPMENT CORPORATION

SBA 504 LOAN INTAKE APPLICATION

BORROWER CONTACT INFORMATION

Primary Contact Name: _____

Company: _____

Phone: _____ Email: _____

SECTION 1 — OPERATING COMPANY INFORMATION

Legal Name of Operating Company: _____

DBA / Trade Name (if applicable): _____

Federal Tax ID #: _____ Business Start Date: _____

NAICS Code (if known): _____

Business Legal Structure:

- Corporation LLC Partnership Sole Proprietorship
 Other: _____

Business Mailing Address: _____

City/State/Zip: _____

Business Website (if applicable): _____

SECTION 2 — PROJECT PROPERTY INFORMATION

Project Property Address: _____

City/State/Zip: _____

Project Type:

- Existing Building Purchase New Construction Expansion/Renovation
 Equipment / FF&E Refinance Other: _____

Occupancy Certification: Borrower acknowledges SBA occupancy requirements:

- Existing Building — Operating Company will occupy at least 51%
 - New Construction — Operating Company will occupy at least 60% initially
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SECTION 3 – FRANCHISE / LICENSE / MANAGEMENT AGREEMENTS

Does the business operate under any franchise, management, licensing, dealer, or similar agreement?

- Yes
- No If yes, explain: _____

SECTION 4 – EMPLOYMENT INFORMATION

Current Number of Full-Time Employees: _____

Projected Full-Time Employees in 2 Years: _____

SECTION 5 – OWNERSHIP INFORMATION

Operating Company Ownership

Owner Name	Email	Owner %	SSN/TIN	Date of Birth	US Citizen

Ownership must total 100%.

SECTION 6 – HOLDING COMPANY INFORMATION (IF APPLICABLE)

Holding Company Name: _____ EIN #: _____

Legal Structure:

- Corporation
 LLC
 Partnership
 Individual
 Other: _____

Holding Company Ownership

Owner Name	Email	Owner %	SSN/TIN	Date of Birth	US Citizen

Ownership must total 100%.

SECTION 7 – PROJECT COSTS

Project Cost Category	Amount
Land Acquisition	
Existing Building Purchase	
Construction / Renovation	
Equipment / FF&E	
Professional Fees	
Interim Interest	
Debt Refinance	
Contingency	
Other	
TOTAL PROJECT COSTS	\$ -

SECTION 8 – EQUITY INJECTION

Total Injection Amount: \$_____ Percentage of Total Project _____%

Source of Injection:

- Business Cash Personal Cash Real Estate Equity Gift
- Other: If "Other," explain: _____

SECTION 9 – AFFILIATE BUSINESSES

List any affiliated businesses owned 20% or more by any principal owner.

Affiliate Business Name	Owner	Owner %	Business Type	Affiliation

SECTION 10 – PRIOR GOVERNMENT FINANCING

Have the business or any owners previously received federal financing (SBA, USDA, FHA, student loans, disaster loans, etc.)?

- Yes
- No

If yes, please complete the Previous Government Financing Statement

SECTION 11 – DEBT REFINANCE INFORMATION (IF APPLICABLE)

Lender	Current Balance	Original Purpose	Government Guaranteed?

SECTION 12 – MISCELLANEOUS INFORMATION

1. Are any owners related to project contractors, vendors, or sellers?
 Yes No If yes, explain: _____

2. Are there any delinquent taxes owed by the business or owners?
 Yes No If yes, explain: _____

3. Are there any pending lawsuits, judgments, or tax liens involving the business or owners?
 Yes No If yes, explain: _____

4. Have the business or any owners ever been involved in bankruptcy proceedings?
 Yes No If yes, explain: _____

SECTION 13 – AUTHORIZATION TO RELEASE INFORMATION

The undersigned authorizes Metro Area Development Corporation (“CDC”), the U.S. Small Business Administration (“SBA”), and participating lenders to:

- Obtain credit reports
- Verify financial information
- Verify tax information
- Share relevant information among transaction participants
- Evaluate SBA eligibility and creditworthiness

The undersigned certifies that the information provided in this application and all supporting documentation is true and correct to the best of their knowledge.

SIGNATURES

Holding Company Name (if applicable): _____

Operating Company Name: _____

Authorized Signer Name: _____

Title: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Attach additional pages if necessary.