Company Information										
Operating Compa	ny Name:				Tax ID #:					
Dba/Fictitious Name:				Type of B	usiness:		Corpo	ration		
Address:								S-Corj	poration	
Address:								Partne	rship	
City, State, Zip:								Sole P	roprietors	ship
County:								LLC		
Primary NAICS (Code:			Current #	of employe	ees: Ful	l-time:		FTE:*	
Primary Con	tact									
Name:										
Title:										
Phone:										
Cell:										
Email:										
Company Ownership Please list all owners and any key management, regardless of ownership. Attach additional sheet if necessary.										
			% Ownership	/ CCNI #	DOD	Gender	Rac		Ethnicity	Veteran
Name	Title		Must total 100%	6 SSN #	DOB	Code	Coo	ie	Code	Code
Gender Code:	1 – Male; 2		·	T 1'	A1 1 NT .		·		/D ::: I	1 1
Race Code:	1 – Black/African American; 2 – American Indian/Alaska Native; 3 – Native Hawaiian/Pacific Islander; 4 – Asian; 5 – White/Caucasian; 6 – Other									
Ethnicity Code:	1 – Hispanic/Latino; 2 – Non-Hispanic/Latino									
Veteran Code:	1 – Non-Veteran; 2 – Other Veteran; 3 – Service Disabled Veteran									

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^{*} FTE (Full-Time Equivalent) jobs are calculated as the average number of hours per week/40 hours x the number of parttime, temporary, and seasonal employees. **DO NOT INCLUDE FULL-TIME EMPLOYEES**

Company History Please provide a history of the bu	usiness or attach a separate sl	neet or business plan			
Company Profile					
What are your major products and/or services?	List your	major customers.	I		
1.	Name	City, State	% of S	% of Sales	
2.					
3.					
Is your business a franchise? Yes No D					
If yes, name of franchise. List your major competitors.					
What geographic markets do you serve for your business? Name City, State					
1.					
2.					
3.					
How do you/will you market and promote your business?					
If yes to any questions, please provide details.					
Have you or any officer of your company ever filed for bankruptcy?					
2. Are you or your business involved in any pending lawsuits?					
3. Does your business export (including Mexico and Canada)?					
4. Do you have plans to begin exporting as a result of this loan?					
5. Are any of your production facilities located outside the U.S.?					

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Real Estate Holding Company (if applicable)											
Company Name:				Tax ID #:							
Address:				Type of Business:			Cor	poration			
Address:							S-C	S-Corporation			
City, State, Zip:									Par	Partnership	
County:					□ Sole Propri		e Propriet	orship			
									LLC	C	
Real Estate I	Holdi	ng Company	Ownership	Attach	additio	nal s	sheet if ne	cessary			
Name		itle	% Ownership Must total 100%	SSN i	# DC	ЭB	Gender Code	Rad		Ethnicit Code	Veteran Code
Gender Code:		ale; 2 – Female			·						
Race Code:			erican; 2 – America aucasian: 6 - Other		/Alaska	Nati	ve; 3 – N	ative H	awaii	an/Pacific	: Islander;
Ethnicity Code:		4 – Asian; 5 – White/Caucasian; 6 - Other 1 – Hispanic/Latino; 2 – Non-Hispanic/Latino									
Veteran Code:	1 – Non-Veteran; 2 – Other Veteran; 3 – Service Disabled Veteran										
Project Infor		·	,								
Address:				Tax/Par	cel #:						
Address:				Will the	busine	ss be	moving?)	Ye	s 🗆	No 🗆
City, State, Zip:				If yes, h	now mar	ny m	iles from	existing	g loca	ntion?	_
County:				Jobs cre	eated in	2 yea	ars: Ful	ll-time:		FTE:	*
How will this pro	ject be	nefit the company	7?								

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^{*} DO NOT INCLUDE FULL-TIME EMPLOYEES

SBA Affiliate Questionnaire

Instructions: Please list any entities that the ownership of the operating company and real estate holding company (if applicable) have an ownership in and provide the percentage of ownership. Please attach an additional sheet if more space is required.

Entity

For any entities	listed above where the	e ownership percentage is 20% or mrief description of the entity and the	nore (including ownership percentage	e of any spouse
	CID. DICASC DIOVIUC A D	itel description of the entity and the	INAICS COUC.	
				NAICS
	Entity		ription	NAICS
				NAICS
		Desc	eription	NAICS
Print Name:		Signature:	Date:	NAICS
Print Name: Print Name:		Signature: Signature:	Date:	NAICS
Print Name:		Signature:	Date:	NAICS
Print Name: Print Name:		Signature: Signature:	Date:	NAICS

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Owner

%

Contact Information				
Accountant				
Name:	Phone:			
Firm:	Email:			
Address:				
Address:				
City, State, Zip:				
Attorney				
Name:	Phone:			
Firm:	Email:			
Address:				
Address:				
City, State, Zip:				
Insurance Agent for Hazard, Liability, Workers Com	pensation, and Property Insurance			
Name:	Phone:			
Agency:	Email:			
Address:				
Address:				
City, State, Zip:				
Insurance Agent for Life Insurance (if applicable)				
Name:	Phone:			
Agency:	Email:			
Address:				
Address:				
City, State, Zip:				

Legal Notices

Notice to Applicants

This is notice as required by the "Right to Financial Privacy Act of 1978," of the access rights to financial records held by financial institutions that are or have been doing business with you or your business, including financial institutions participating in this loan. Access rights continue for the term of any approved loan without further notice or authorization.

This notice authorizes SEDA-COG and/or the SEDA-COG Local Development Corporation ("Lender"), and its successors to use or transfer financial records on an application for an approved loan, as necessary, to process, service, or foreclose a loan or collect on a defaulted loan. No other transfer of your financial records will be permitted.

I/We authorize disclosure of all information submitted in connection with this application to Lender and give the following assurances:

- 1. That I/We will comply with Sections 112 and 113 of Volume 13 of the Code of Federal Regulations. These code sections prohibit discrimination on the grounds of race, color, sex, religion, marital status, handicap, age, or national origin by recipients of federal financial assistance and require appropriate report and access to books and records. These requirements are applicable to anyone who buys or takes control of the business. I/We realize that if I/we do not comply with these nondiscrimination requirements, Lender can call, terminate, or accelerate repayment on my/our loan.
- 2. If any SBA 504 loan funds are used for this project, I/We certify that those funds will not supplant available bank financing and that credit is not otherwise available on terms and conditions that would permit completion of this project.
- 3. That, to the best of my/our knowledge, my/our project has no affect upon historical/archaeological properties and is in compliance with the requirements and objectives of the National Historic Preservation Act of 1966, as amended; Presidential Executive Order 11593, May 13, 1971; and Procedures for the Protection of Historic and Cultural Properties.
- 4. That my/our project does not involve the relocation of an establishment from one area to another and does not result in the transfer of contract or subcontract work causing unemployment at the location where such work was previously performed. For the purposes of this paragraph, "area" means that geographic area which will allow employees of relocated businesses to retain their jobs. That the project, if applicable, will comply with the requirements of Federal laws which apply to prevailing wage rates (Davis-Bacon).
- 5. That if my/our project involves construction for public use, I/we will comply with accessibility to the handicapped standards of 41 CFR, Subpart 101-19.6.
- 6. That my/our project has no substantial environmental impact and that I/we will comply with all applicable federal, state and local environmental protection standards and regulations.
- 7. If your loan request is approved, you will be required to provide some or all of the following items at closing or during the loan term as outlined in the standard loan commitment letter. These criteria are separate from any collateral security for the loan and will assist Lender to properly service the loan.
 - a. Corporate documents to verify the authorization of the loan request and evidence of the firm's good standing.
 - b. Evidence of current insurance policy covering real and personal property, general public liability, and flood hazard with Lender designated as a lender loss payee/mortgagee.
 - c. Key man life insurance, if appropriate, with assignment made to the Lender.
 - d. Subordination agreements related to shareholder debt and/or other private lender debt, if appropriate.
 - e. Notification to Lender requesting its approval for additional corporate borrowing during the term of the loan.
 - f. Annual reporting of the number of persons actively employed.
 - g. Interim and year-end Profit and Loss statement and Balance Sheet submissions including but not limited to tax returns, both business and personal, personal financial statements, and schedule of debts.
 - h. Annual impact reporting information.
- 8. All obligations for closing costs will be the responsibility of the borrower.

Authority to Collect Personal Information – This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974).

Effects of Non-disclosure - Omission of an item means your application may not receive full consideration.

Legal Notices

Agreement of Non-employment of SEDA-COG Personnel – I/we agree that if Lender approves this loan application, I/we will not, for at least two years, hire as an employee or consultant anyone that was employed by Lender during the one year period prior to the disbursement of the loan. Furthermore, the undersigned hereby certifies that no officer, director, or employee of Lender has any substantial ownership, employment, fiduciary, creditor, contractual, or consultative relationship with the applicant or project.

The purpose of the financing by the SEDA-COG Local Development Corporation is to support small business growth in the State of Pennsylvania for healthy and expanding businesses or start-up businesses through the SBA 504 loan program. All projects must meet specific program requirements and thresholds and the lender reserves the right to recall the loan if these requirements are not met.

Notice of Default

If the Applicant/small business defaults on the SBA-guaranteed loan and SBA suffers a loss, the names of the small business and the guarantors of the SBA-guaranteed loan will be referred for listing in the CAIVRS database, which may affect eligibility for further financial assistance.

Release and Indemnification

The undersigned applicant has applied to Lender for one or more loans for use in a business either now existing or to be formed or acquired. In conjunction with the consideration of such loan(s), and in furtherance of its mission to provide economic assistance to businesses within its constituent counties, Lender may, from time to time, provide advisory services in connection with the formation and operation of the applicant's business and the means of obtaining appropriate financing for such business.

It is expressly acknowledged that Lender makes no representation or warranty as to the probability of success of Borrower's business. It is further acknowledged that Lender is under no obligation, either contractual or otherwise, to provide or locate funds needed by the undersigned in either the startup or operation of the business. Except as expressly set forth in writing, Lender makes no commitment that any such funding will be made available.

In consideration of consultation services being provided, the undersigned hereby releases and discharges Lender from all liability for any loss or damage resulting from the failure of the business, including, without limitation, the inability of such business to obtain necessary financing or to meet projections established in any business plan prepared or reviewed by Lender. Additionally, the undersigned hereby agrees to indemnify and hold it harmless from all loss or liability which may result from the operation of the said business.

Auth	orization – To be signed l	by any 20% or more o	wner or guarantor of the lo	an		
	By checking this box and submitting this application and any updates, extensions, or modifications, the undersigned authorizes SEDA - Council of Governments (SEDA-COG) and SEDA-COG Local Development Corporation (LDC) to make all inquiries it deems necessary to verify the accuracy of the information provided herein and to determine creditworthiness including, but not limited to, obtaining consumer and/or business credit reports regarding the applicant or its ownership or any entity with whom they may be affiliated.					
	of my loan application and as required and business tax returns, insurance life insurance (if required), worker accountant to release financial information statements, and schedule of debts. any entity as required in the process.	red in the servicing and/or during policy coverage and premium pass compensation, and property tamation regarding the Applicant/O I further authorize SEDA-COG, ssing or servicing of my loan(s) BA 4506-T form. I hereby conse	edit report and other information require the term of my loan including, but not layments including business real and per expayments. I also authorize the Appli Guarantor including, but not limited to, ta the LDC, and its successors to release s . The SBA requires the verification of ent to the disclosure of the tax information	imited to: personal sonal property and cant's/Guarantor's x returns, financial uch information to 'tax returns of the		
	or personal loan), a loan in which I	was a guarantor, or a loan to a bus	of a prior borrowing relationship (whether siness in which I had an ownership interestal mortgages, and business loans, both di	est. Loans include,		
			ormation, including all attachments, is and that false statements may result in the			
	information regarding the Applicant	t/Guarantor to SEDA-COG) inclupayment status, any pending active	urance company(ies) to release financial ading, but not limited to, balances of out ons being taken by the lending institutionanges in coverage.	standing debt,		
_	Applicant/Guarantor (Please Print)	Title	Applicant/Guarantor Signature	Date		
	Applicant/Guarantor (Please Print)	Title	Applicant/Guarantor Signature	Date		
Applicant/Guarantor (Please Print)				Date		
	Applicant/Guarantor (Please Print)	Title	Applicant/Guarantor Signature	Date		
Applicant/Guarantor (Please Print)		Title	Applicant/Guarantor Signature	Date		

Addi	itional Items Please provide the following information as applicable
Items	Needed for Initial Loan Underwriting
	Completed Applicant Notifications.
	Check made payable to SEDA-COG LDC in the amount of \$2,500 or 1% of the net SBA 504 loan amount, whichever is less.
	(For start-up businesses) Business Plan and or feasibility study.
	Federal Tax Returns for the previous three years for Operating Company, Real Estate Holding Company, and affiliates.
	Most recent interim balance sheet and income statement for Operating Company and Real Estate Holding Company.
	Aging of A/R and A/P matching the most recent interim financial statements for Operating Company.
	Schedule of Debts for Operating Company, Real Estate Holding Company, and affiliates.
	Schedule of Previous Government Financing for Operating Company, Real Estate Holding Company, and affiliates.
	Income statement projections for the next two years with written assumptions describing how the main categories of the income statement were determined.
	(For start-up businesses) A pro forma balance sheet with written assumptions.
	(For start-up businesses) Monthly cash flow analysis with written assumptions for the first 12 months of operation or for 3 months beyond the breakeven point, whichever is longer.
	4506-C Request for Transcript of Tax Return for the Operating Company and Real Estate Holding Company. If purchasing an existing business, seller must complete one for seller's tax returns.
	Copy of key cost documents such as signed sales agreements, contractor cost estimates, vendor quotes for equipment, itemized listing of estimated "professional fees", etc.
	Franchise Agreement and Franchisor's Disclosure Statement, if applicable.
	Organizational documents for Operating Company, Real Estate Holding Company, and any guarantor Affiliates (Articles or Certificate of Incorporation, Certificate of Organization, By-Laws, Operating Agreement, Partnership Agreement, Fictitious Name
	Assurance of Compliance of Nondiscrimination.
For eac	ch 20% or more owner or guarantor of the loan:
	Federal Tax Returns for the previous two years.
	Personal Financial Statement. Spouse must also sign if joint assets/liabilities are listed.
	Personal History Statement.
	Resume/work history/education.
	Copies of driver's license.