

SBA 504
Loan Program

Application



1631 17th Street
Bakersfield, CA 93301
Phone 661.322.4241
Fax 661.322.0536
www.msdc.org

Company Information

Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Principal in charge: _____ Phone: () - _____ Fax: () - _____
Secondary contact person: _____ Phone: () - _____ Fax: () - _____
e-mail: _____
Type of Business: _____ Date established: _____
Type of Entity: (circle one) **Proprietorship** **Partnership** **Corporation** **LLC** Other: _____

Company Ownership

Name: _____ Title: _____ % of Ownership _____
Name: _____ Title: _____ % of Ownership _____
Name: _____ Title: _____ % of Ownership _____

If a corporation, please indicate who the President and Secretary are.

Affiliated Businesses

Name: _____ Owner: _____ % of Ownership _____
Name: _____ Owner: _____ % of Ownership _____

Existing Business Locations

Address: _____ Square feet: _____ Lease payment: _____
Lease Expiration: _____

Replaced by the New Facility: (circle one) **Yes** **No**

Address: _____ Square feet: _____ Lease payment: _____
Lease Expiration: _____

Replaced by the New Facility: (circle one) **Yes** **No**

References

Bank Name: _____ Account Officer: _____

Phone Number: _____

Bank Name: _____ Account Officer: _____

Phone Number: _____

Accountant: _____ Firm Name: _____

Phone Number: _____

Attorney: _____ Firm Name: _____

Phone Number: _____

Project Information

Street Address of Project: _____

City: _____ State: _____ Zip: _____ Country: _____

What is the square footage of the new building? _____ % to occupy: _____*

*Please note – we require your company to occupy 51% of an existing building and 61% of a new building, initially.

Escrow Closing Date: _____ Realtor's Name: _____ Phone: _____

If known, how will the property be vested? _____
(i.e. individually, husband and wife, partnership, corporation, LLC, trust ...)

Please provide appropriate documentation (i.e. partnership agreement, LLC Documents, Articles of Incorporation, Trust Agreement, etc.)

Total Project Costs - Please include copies of contractor bids and purchase agreements

SOURCE OF INJECTION

Cash \$ _____ Project Land Cost \$ _____ Other \$ _____

Purchase Existing Building:

Purchase Price: \$ _____

Tenant Improvements: \$ _____

Equipment*:\$ _____

Other: \$ _____

Total: \$ _____

Construction Project:

Land Acquisition: \$ _____

Construction Bid: \$ _____

Architects, permits, soft costs: \$ _____

Equipment*: \$ _____

Other: \$ _____

Total: \$ _____

***Please note – equipment to be financed must have a useful life of 10 years or greater.**

Lease information

Existing lease/tenant information

If there are any tenants that will remain in the building, please provide the following information:

Also, please have your realtor provide copies of all existing leases.

Existing Tenant Name	Square Footage	Lease Expiration	Rent Amount

Proposed lease/tenant information i.e. from owner to entity

Proposed Tenant Name	Square Footage	Lease Expiration	Rent Amount

Nature of Your Business

Type of products or services (include any catalogs, brochures or web address):

Geographic market area:

List key customers:

List major competitors:

Employee Information

Current number of employees: _____

Estimated number of new employees within the next **two** years, as a result of this project _____

Key Employees

Name	Title	Responsibilities	Years with Company	Years in Industry

Background Questions

Have you or any officer of your company ever been involved in a bankruptcy or insolvency proceeding? _____

Are you or your business involved in any pending or prior lawsuits? _____

- If yes, please provide details on a separate sheet.

Have you ever received an SBA loan? _____

- If yes, please provide a copy of the SBA Loan Authorization Document and the loan number: _____

Authorization to release information

I/We hereby authorize the release to Mid State Development Corporation of any information it may require at any time for any purpose related to my/our credit transaction with Mid State Development.

I/We further authorize Mid State Development Corporation to release such information to any entity it deems necessary for any purpose related to my/our credit transaction with Mid State Development.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

Name of applicant (s): _____

Signature: _____ Date: _____

Name of applicant (s): _____

Signature: _____ Date: _____

