

SOUTH CENTRAL ALABAMA DEVELOPMENT COMMISSION
REVOLVING BUSINESS LOAN PROGRAM

APPLICATION FOR A BUSINESS LOAN

Date Accepted by SCADC: _____

This program may use funds having State of Alabama or Federal Origins. When State of Alabama or Federal funds are used, anyone who deliberately, knowingly and willfully falsifies, conceals or covers up by any trick scheme, or device a material fact or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, may be fined and or imprisoned under applicable State of AL or Federal law.

CERTIFICATION: Information contained below and in attached exhibits is true and complete to the best of my knowledge. (Misrepresentation of material facts may be the basis for denial of credit by the South Central Alabama Development Commission.)

BORROWER INFORMATION

1. AMOUNT OF LOAN	2. NAME OF BORROWER	3. ADDRESS (include zip code)	
4. CONTACT PERSON	5. TELEPHONE NUMBER	6. TAX ID# OR SOCIAL SECURITY # FOR INDIVIDUALS	
7. PROJECT LOCATION (town/city)	8. POPULATION	9. COUNTY	11. SIC CODE
12. DATE BUSINESS ESTABLISHED	13. FRANCHISE <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach copy of franchise agreement)</i>		10. TYPE OF BORROWER <input type="checkbox"/> Proprietorship <input type="checkbox"/> Cooperative <input type="checkbox"/> Partnership <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Corporation
14. a. THIS PROJECT IS <input type="checkbox"/> An Expansion <input type="checkbox"/> New Business <input type="checkbox"/> Transfer of ownership <input type="checkbox"/> Refinancing <input type="checkbox"/> Other b. JOBS: Created _____ Saved _____	15. IF BORROWER IS AN INDIVIDUAL <i>(Item 10 checked proprietorship)</i> A. IS HE OR SHE A VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No B. MARITAL STATUS - <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried		16. HAS BORROWER OR RELATED INDIVIDUAL EVER BEEN IN RECEIVERSHIP OR BANKRUPTCY <input type="checkbox"/> Yes <input type="checkbox"/> No

17. SCHEDULE OF INSTALLMENTS DEBTS, CONTRACTS, NOTES AND MORTGAGES PAYABLE CORRELATED TO LATEST BALANCE SHEET DATED _____ INDICATE WITH ASTERISK (*) DEBTS TO BE REPAID WITH PROPOSED SCADC RLF LOAN, IF APPLICABLE. *(*Attach additional sheet if necessary.)*

CREDITOR	ORIGINAL LOAN AMOUNT	LOAN BALANCE	DATE OF LOAN	INTEREST RATE	MATURITY DATE	M-MONTHLY Q-QUARTERLY A-ANNUAL PAY	CURRENT? Y=YES N=NO	SECURITY

18. For Existing Businesses Only -Aging of accounts receivable, correlated to latest balance sheet dated: _____; typical selling terms are:
 30 Days or Less 60 Days or Less 90 Days or Less Other (Specify) _____
 \$ Value 30 Days or Less 61 to 90 Days ... _____
 31 Days to 60 Days ... _____ Over 90 Days _____

19. FOLLOWING ARE PROVIDERS OF PROFESSIONAL SERVICES (E.G. ENGINEERS, ARCHITECTS, LAWYERS, LOAN PACKAGERS, APPRAISERS) ASSISTING IN PREPARATION OF THIS APPLICATION:

NAME	SERVICE	FEE/COMPENSATION	SOURCE OF FUNDING

NOTE THIS APPLICATION PACKAGE MAY MAKE REFERENCE TO AND USE OF CERTAIN USDA, EDA OR OTHER FEDERAL FORMS AND FORMATS. SUCH FORMS AND FORMATS ARE FOR INFORMATION COLLECTION PURPOSES ONLY AND DO NOT NECESSARILY INDICATE INVOLVEMENT OF SUCH FEDERAL AGENCIES, OR USE OF SUCH FEDERAL FUNDS IN CONNECTION WITH THIS APPLICATION.

20. PROVIDE INFORMATION BELOW ON KEY PEOPLE (PROPRIETOR, PARTNERS, OFFICERS, DIRECTORS, KEY EMPLOYEES AND STOCKHOLDERS, WITH 20% OR MORE INTEREST IN THE BUSINESS). ALSO INCLUDE PERSONS OR CORPORATION THAT WILL GUARANTEE LOAN. (*Optional, used for monitoring purposes only.)

NAME AND POSITION	RACE *	SEX *	U.S. CITIZEN YES OR NO	ANNUAL COMPENSATION	% OF OWNERSHIP	OUTSIDE NET WORTH	PERSONAL/ CORPORATE GUARANTEE: Y/N

CHECK, AND ATTACH THE FOLLOWING AS APPLICABLE:

- 21. ATTACH BUSINESS PLAN that should as a minimum include a description of business or project, management experience, products or services, sources/uses of funds, community benefits, type and number of jobs, availability of labor or raw materials or supplies, names of any corporate parents, affiliates, subsidiaries, and describe relationship including products, ownership between borrower, parent, affiliates, etc.
- 22. "Certification of Non-Relocation and Market Capacity Information Report."
- 23. State Clearinghouse comments or recommendations.
- 24. For companies listed on major stock exchanges and or subject to the Securities and Exchange Commission regulations, a copy of Form 10-K, "Annual Report Pursuant to Section 13 or 15D of the Act of 1934."
- 25. "Request for Environmental Information," (If applicable, SCADC will provide format.)
- 26. Independent Feasibility Study. (If applicable)
- 27. Architectural/Engineering Reports. (If applicable)
- 28. Detailed cost estimates and statement of sources and uses of all project funds and resources.
- 29. Financial Statements: a) At least 3 years historical income statements and balance sheets (if an existing business), including parent, affiliate and subsidiary firms and annual audits if available; b) Current (not more than 90 days old) balance sheet and profit and loss statement (if an existing business); c) Pro-forma balance sheet (at startup); d) 2 years of projections; income statements, balance sheets and cash flow statements supported by a list of assumptions underlying each item on financial statements.
- 30. Record of any pending or final regulatory or legal (civil or criminal) action against the business, parent, affiliate, proposal guarantors, subsidiaries, principal stockholders, officers and directors.
- 31. If a health care facility, a "Certificate of Need" (if required by state law).
- 32. Current personal (not more than 60 days old) and corporate (not more than 90 days old) financial statements on guarantors in Item 20, above.

By my signature, I certify that I have read and initialed any Borrower Certifications contained in this application. My signature represents my agreement to comply with the provisions of said Borrower Certifications.

BORROWER SIGNATURE

CORPORATE SEAL

ATTEST _____

TITLE _____

BY _____

TITLE _____

DATE _____

Bank & Financial Information

1. FIRST LENDER:	2. ADDRESS (include zip code)	
3. LENDER TAX ID NUMBER	4. CONTACT PERSON	5. TELEPHONE NUMBER <small>(Include Area Code)</small>
6. IS LOAN AT BANK'S LEGAL LENDING LIMIT? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. BANK LOAN AS % OF PROJECT TOTAL: _____	8. IF BOX 6 IS NO, WHY NOT?

9 LIST ANY OFFICER, DIRECTOR STOCKHOLDER, OR EMPLOYEE WHO HAS A FINANCIAL INTEREST IN THE BORROWER, OR VICE VERSA, AND DESCRIBE THE RELATIONSHIP AND INTEREST:

10. LIST ALL FEES LENDER WILL CHARGE FOR THE LOAN:

11. LENDER'S SERVICING PLAN (FIELD INSPECTIONS, INTERIM STATEMENTS, ANNUAL AUDITS AND CREDIT ANALYSIS:

12. LIST LOANS BANK HAS MADE IN CONJUNCTION WITH SCADC:

Borrower Name	Condition	Initial Principal	Loan Amount Repaid	Closing Date

13. PROPOSED KEY EMPLOYEE LIFE INSURANCE, EMPLOYEE NAMES AND AMOUNTS

14. COLLATERAL TO BE PLEDGED TO SECURE SCADC RLF LOAN:

Presently Owned or to be Acquired	Value	Value Type	Discount Factor	Prior Liens*	Net Collateral Value
Accounts Receivable					
Inventory					
Office Furniture and Equipment					
Automotive Equipment					
Machinery and Equipment					
Building					
Land					
Other:					
TOTALS					

* Indicate by asterisk liens to be paid off with Bank or SCADC loan funds.

15. Sources and Uses

Project Purpose and Funding	Borrower Contribution	SCADC RLF Loan	Bank Loans	Total
Working Capital				
Office Furniture and Equipment				
Automotive Equipment				
Machinery and Equipment				
Real Estate				
Debt Restructuring				
Fees: Professional, Guarantees				
Other				
TOTAL				

16. Proposed Borrowing:

Proposed Lender	Loan Amount	Interest Rate "V"=variable	Base Rate As of Today	Interest Rate Tied To	Days Interest Computed On	Term	Monthly Payments
TOTAL							

17. Capitalization (Corporations only):

Tangible book equity "Cannot include appraisal surplus or subordinated debt. * May include Proprietorship, Partnership, or other forms of Net Worth.		Value When Loan is Closed:
	Common Stock	
	Preferred Stock	
	Retained Earnings	
	Capital Surplus	
	Other*	
	TOTAL	

BANK: PLEASE SUBMIT THE FOLLOWING:

- 1. <Reserved For Future Use>.
- 2. Credit reports on the borrower, its principals, and any parent, affiliate or subsidiary firms.
- 3. Proposed Loan Agreement between the Bank and the Borrower.
(or proposed loan terms)
- 4. Appraisal reports (Submit as soon as available).
- 5. Bank's analysis, including: spreadsheets of the balance sheets and income statements for 3 years historical, pro forma balance sheet at start up, 2 years projected year-end balance sheets and income statements with appropriate ratios and comparison with industrial standards (such as D&B, RMA). All data must be shown in total dollars and also in common size form, obtained by expressing all balance sheet items as a percentage of assets, and all income and expenses as a percentage of sales. The Banker's credit analysis must address the borrower's management, repayment ability, history of debt repayment, necessity for any debt refinancing, and the credit reports on the borrower, its principals, affiliate or subsidiary firms.

BANK'S CERTIFICATION

The Bank certifies that it has examined the Borrower's business plan and financial condition. The Bank's signature below, represents the bank's certification that it has offered the maximum loan feasible consistent with sound banking practices.

The Bank certifies that it is in the business of making business loans.

The Bank certifies that it has completed a thorough analysis of the proposed project, and that the Borrower is considered to be a good credit risk, and there is reasonable assurance of repayment ability based on the Borrower's history, pro forma statements, equity, and on the collateral to be obtained.

Lender's Name

Date

By: _____
Officer Signature

Officer Title

ENVIRONMENTAL INFORMATION

Name of Project _____

Location _____

Item 1 a. Has a Federal, State, or Local Environmental Impact Statement or Analysis been prepared for this project?
 Yes No Copy attached as EXHIBIT I-A.

1b. If "No," complete items 2, 3, and 4 following.

Item 2. The State Historic Preservation officer (SHPO) has been provided a detailed project description and has been requested to submit comments to SCADC. Yes No Date description submitted to SHPO _____

Item 3. Are any of the following land uses or environmental resources either to be affected by the proposal or located within or adjacent to the project site(s)? (Check appropriate box for every item of the following checklist).

	Yes	No	Unknown		Yes	No	Unknown
1. Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Beaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Dunes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Estuary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Agricultural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Wetlands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Grazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Floodplain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Mining, Quarrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Wilderness <i>Designated or proposed under the Wilderness Act</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Forests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Wild or Scenic River <i>(proposed or designated under the Wild and Scenic Rivers Act)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Recreational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Historical, Archeological Sites <i>(Listed on the national Register of Historic Places or which may be eligible for listing)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Critical Habitats <i>(endangered/threatened species)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Wildlife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Air Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Solid Waste Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Open Spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Energy Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Aquifer Recharge Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Natural Landmark <i>(Listed on the National Registry of Natural Landmarks)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Steep Slopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Coastal Barrier Resources System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Wildlife Refuge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
17. Shoreline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Item 4. Are any facilities under your ownership, lease, or supervision to be utilized in the accomplishment of this project, either listed or under consideration for listing on the Environmental Protection Agency's List of Violating Facilities? Yes No

 (Date) Signed: _____
(Borrower)

(Title)

If you checked Item 1. "Yes," attach a copy of the Statement and sign and date above where indicated. If you checked Item 1. "No," you must complete Items 2, 3, and 4. If you need assistance in complying with Item 2., State Historic Preservation Office, please contact SCADC for assistance. If you checked any box in Item 3. "Yes", write out an explanation and contact SCADC as soon as possible to determine whether further action is required. If you checked Item 4. "Yes", contact SCADC to determine whether SCADC can legally make you a loan.