



504 Loan Application

Company Information

Operating Business Name (OC) _____

Tax ID number: _____ Date Established _____ Type of Business _____

Legal Formation (Please circle one that applies): Sole Prop. "C" Corp "S Corp Partnership LLC Trust

How is property Vested? (EPC) _____ RE Holding Co. (EPC)? Yes No

Tax ID number: _____ Date Established _____ Type of Business _____

Legal Formation (Please check one that applies): Sole Prop. "C" Corp "S Corp Partnership LLC Trust

Mailing Address _____ City _____ State _____ Zip _____

Principal in Charge _____ Phone _____ Fax _____

Email address: _____ Cell _____

Secondary Contact Person _____ Phone _____ Fax _____

Email address: _____ Cell _____

Company Ownership for Operating Business (OC) (must equal 100% Ownership) Use separate sheet if more owners exist.

Name: _____ President Member Other _____ % of Ownership _____

Name: _____ Vice Pres. Member Other _____ % of Ownership _____

Name: _____ Secretary Member Other _____ % of Ownership _____

Name: _____ Treasurer Member Other _____ % of Ownership _____

Name: _____ Director Member Other _____ % of Ownership _____

Name: _____ Director Member Other _____ % of Ownership _____

Company Ownership for Real Estate Holding Company (EPC) (if applicable) Must equal 100% ownership

Name: _____ President Member Other _____ % of Ownership _____

Name: _____ Vice Pres. Member Other _____ % of Ownership _____

Name: _____ Secretary Member Other _____ % of Ownership _____

Name: _____ Treasurer Member Other _____ % of Ownership _____

Name: _____ Director Member Other _____ % of Ownership _____

Name: _____ Director Member Other _____ % of Ownership _____

Affiliate Businesses (other businesses with common ownership) Attach a separate list of more than 2 affiliates

Name: _____ Owner _____ % of Ownership _____

Name: _____ Owner _____ % of Ownership _____

Nature of your Business

Business history _____

Type of products or services (include any catalogs or brochures) _____

Geographic market area _____

List key customers _____

List major competitors _____

Existing Business Locations

Address _____ Square feet _____ Lease Payment _____ Replaced by new facility? _____

Address _____ Square feet _____ Lease Payment _____ Replaced by new facility? _____

Project Information

Street address of project _____

City _____ State _____ Zip _____ County _____

What is the square footage of the new building? _____ What is the square footage your company will occupy? _____

*Please note – Occupancy requirements for an existing building is 51% and for new construction is 60% with expansion to 80% within 3 – 10 years.

Escrow closing date _____ Realtor's name _____ Phone _____

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

Please have your realtor provide copies of all existing leases.

Tenant Name	Square footage	Lease expiration	Rent amount

Total Project Costs

Purchase existing building or Equipment only

Purchase price \$ _____

Tenant improvements \$ _____

Equipment* \$ _____

Other \$ _____

Debt refinance \$ _____

Total \$ _____

Construction Project

Land acquisition \$ _____

Construction bid \$ _____

Architects, permits, other soft costs \$ _____

Equipment* \$ _____

Debt refi w/expansion \$ _____

Other \$ _____

Total \$ _____

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

Employee Questionnaire

Number of current employees _____ (full time equivalent)

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

Number of employees to be retained as a result of this project _____

Key employees

Name	Title	Responsibilities	Years with company	Years in the industry

Miscellaneous Questions

Have any owner, officer or manager of the above businesses ever been involved in bankruptcy or insolvency proceedings?

If yes, please furnish details in a separate exhibit.

Yes

No

Is any owner, officer or manager of the above businesses involved in any pending lawsuits?

If yes, please furnish details in a separate exhibit.

Yes

No

Does anyone who owns, manages, or directs your business, or their spouses or members of their households, work for the Small Business Administration, SCORE, ACE or a Federal Agency?

If yes, please provide the name, address of the person, grade and office where employed in a separate exhibit.

Yes

No

Have any owner, officer or manager of the above businesses ever been disbarred from doing business with the government?

Yes

No

Is any owner, officer or manager of the above businesses delinquent on child support under the terms of any (1) administrative order, (2) court order, or (3) repayment agreement requiring payment of child support?

If yes, please furnish details in a separate exhibit.

Yes

No

Are all business and personal taxes current?

Yes

No

Do any of the businesses above currently or plan to engage in Export Trade?

Yes

No

Does the business derive revenue from marijuana-related activities (direct) or does the business support the end-use of marijuana affiliated business or a hemp business (indirect)?

Yes

No

Does the business intend to lease a portion of the real estate collateral to a marijuana related business?

Yes

No

Preliminary Checklist

****Forms will be provided by Cascade Capital Funding**

Business Information for all businesses listed above

- Business financial statements for the last two years
- Interim financial statement dated within the last 90 days
- Accounts payable and receivable aging report to match financial
- IRS tax returns for last two years for all businesses
- Business Debt Schedule **
- Previous Government Financing form **
- Franchise Agreement, if applicable
- IRS 4506T for operating business **
- Corporation: Articles of Incorporation & Bylaws
- LLC: Articles of Formation & Operating Agreement
- Partnership: Partnership Agreement
- Sole Prop: Master License/Fictitious Name Statement

Real Estate/Key Cost Information

- Real estate purchase agreement or settlement statement
- Cost budget with supporting bid
- Equipment bids/invoices, if applicable

Personal information (for each owner of 20% or more)

- Personal tax returns for the last two years
- Management Resume **
- 912 - Statement of Personal History **
- SBA Personal Financial Statement **
- IRS 4506T **

Debt Refinance Information (must be fully executed)

- Copy of Promissory Note with all Modifications/Extensions
- Copy of Deed of Trust with all Modifications
- Loan Disbursement Agreement
- Closing Settlement Statement
- Lender's Loan History for at least 12 months

Authorization to Release Information

I/We hereby authorize the release to Cascade Capital Funding of any information they may require at any time for any purpose related to my/our credit transactions with them. I/We understand that my authorization will remain effective from the date of my signature until my lending relationship with Cascade Capital Funding and the U. S. Small Business Administration has been terminated.

I/We further authorize Cascade Capital Funding to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them. I/We further authorize Cascade Capital Funding to release specific loan information to my employee, accountant, or representative, specifically named: _____, until revoked in writing.

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

Please Note: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all Certified Development Companies to obtain, verify, and record information that identifies each person who applies for a 504 loan. What this means for you: When you apply for a SBA 504 loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask for a copy of your driver's license or other identifying documents.

This application must be signed by each owner of 20% or more of the Operating Company (OC) and EPC, if applicable.

Name of applicant(s) _____

Signature of applicant(s) _____

Date _____

Name of applicant(s) _____

Signature of applicant(s) _____

Date _____

Name of applicant(s) _____

Signature of applicant(s) _____

Date _____

Name of applicant(s) _____

Signature of applicant(s) _____

Date _____



698 12th Street S.E., Suite 210, Salem, OR 97301

CascadeCapitalFunding.com