



BUSINESS & PROJECT QUESTIONNAIRE

BUSINESS INFORMATION

Business Name:		
How long have you owned the business? How long has the business operated?		
Provide a brief description of what your business does. What products and/or services does your business provide?		
List your primary customers. What percentage of sales do they represent? Do you have any customer concentrations? Who is your target market? Will the move to the new location have an impact on customer retention?		
In what geographic market area does your company conduct business? How does your company access customers within that market?		
Who are your primary competitors? What differentiates your business from the competition?		
Licenses?	Are there any special licenses required to operate this business (i.e. professional licenses, establishment licenses, liquor license, agency license, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, provide copies of licenses.</i>
Franchise?	Does your business operate under any franchise, dealer, or supply agreements?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, provide copies of agreements.</i>
Exports?	Does your business export any goods? If yes, what percent of sales was attributed to exporting during your prior fiscal year?	Yes <input type="checkbox"/> No <input type="checkbox"/> _____ %
Other Types of Ownership?	Is the Applicant business owned by any of the following? <input type="checkbox"/> 401(k) <input type="checkbox"/> ESOP <input type="checkbox"/> Trust <input type="checkbox"/> Cooperative <input type="checkbox"/> N/A	



CURRENT SPACE

List the addresses of your current location(s):	What is the size of your current space? _____ Square Feet	
Does your business have a lease for the space that it currently occupies? Yes <input type="checkbox"/> No <input type="checkbox"/>	Monthly Rent:	Lease Maturity:

PROJECT INFORMATION

Project Property Address:	
Total square footage: _____ Square Feet	Square footage your business will occupy: _____ Square Feet
Will any space be subleased to a third-party tenant? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Tenant (if known):
Source of Down Payment:	<input type="checkbox"/> Business Cash <input type="checkbox"/> Personal Cash <input type="checkbox"/> Other: _____ <input type="checkbox"/> Borrowed from: _____ Terms: _____
How will the new/remodeled facility and/or new equipment benefit your business? (i.e. increased revenue, expanded product/service offerings, improved efficiency, etc.)	

JOB CREATION

How many workers do you currently employ?	Full Time: _____	Part Time: _____
How many employees do you plan to add within the next two years?	Full Time: _____	Part Time: _____
What type of positions will be added in the next two years (if applicable)? Will the move to the new location have an impact on employee retention? Please provide any other comments related to staffing plans, costs, etc.		

OWNER OF PROJECT ASSETS

Will the project real estate or equipment be titled in a different legal entity than your small business entity (i.e. a real estate holding company?)
 Yes No If yes, complete table to show **100% of ownership**.

ENTITY NAME:					
Owner Name:		Title:		% Owned:	
Owner Name:		Title:		% Owned:	
Owner Name:		Title:		% Owned:	
Owner Name:		Title:		% Owned:	