



TCM Certified Development Company - SBA 504 Loan Application
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	Is your business required to obtain any licenses or permits to operate? This may include requirements from state or local law, professional licensing boards, franchisors, or industry-specific regulations. <i>(Examples: professional license, business/establishment license, contractor's license, liquor license, health permit, or agency license.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, provide copy of license(s).</i>
Professional Liability Insurance	Is your business required to carry professional liability insurance to operate? This may be required by licensing rules, state or local law, a franchisor, contracts with customers or vendors, or other industry requirements. <i>(Examples: Errors & Omissions (E&O), Malpractice Insurance, etc.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please describe the requirement and provide the name of the coverage carried.</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 copy of agreement.</i>
Management Agreement	Does your business operate under a management agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, provide copy of agreement.</i>
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	



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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:



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SBA-REQUIRED CONFLICT OF INTEREST QUESTIONS

The following questions are required by SBA. Please respond with respect to all $\geq 10\%$ owners of the operating company and/or asset holding company, as well as any corporate officer of each entity (regardless of ownership).

Is any sole proprietor, partner, officer, director, stockholder with a 10% or more interest in the Applicant an SBA employee or a Household Member of an SBA employee? "Household Member" means spouse and minor children of an employee, all blood relations of the employee and any spouse who resides in the same place of abode with the employee.

Yes No If "Yes," provide details under a separate attachment.

Is any employee, owner, partner, attorney, agent, owner of stock, officer, director, creditor or debtor of the Applicant a former SBA employee who has been separated from SBA for less than one year prior to the request for financial assistance?

Yes No If "Yes," provide details under a separate attachment.

Is any sole proprietor, general partner, officer, director, or stockholder with a 10% or more interest in the Applicant, or a household member of such individual, a member of Congress, or an appointed official or employee of the legislative or judicial branch of the Federal Government?

Yes No If "Yes," provide details under a separate attachment.

Is any sole proprietor, general partner, officer, director, or stockholder with a 10 percent or more interest in the Applicant, or a household member of such individual, a Federal Government employee or Member of the Military having a grade of at least GS-13 or higher (or Military equivalent)?

Yes No If "Yes," provide details under a separate attachment.

Is any sole proprietor, general partner, officer, director, or stockholder with a 10% or more interest in the Applicant, or a household member of such individual, a member or employee of a Small Business Advisory Council or a SCORE volunteer?

Yes No If "Yes," provide details under a separate attachment.