



# LOAN APPLICATION FORM

## I. BUSINESS INFORMATION

LEGAL BUSINESS NAME: \_\_\_\_\_

DBA OR TRADE NAMES USED: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_  
Street City County State Zip

MAILING ADDRESS, IF DIFFERENT: \_\_\_\_\_  
City State Zip

BUSINESS WEBSITE(S): \_\_\_\_\_

BUSINESS TAX ID: \_\_\_\_\_ DATE BUSINESS WAS OR WILL BE FORMED: \_\_\_\_\_

TYPE OF BUSINESS:  LLC  S Corp  C Corp  Partnership  Sole Proprietorship (reported on personal tax return)  
 To Be Determined  Other: \_\_\_\_\_

PRIMARY BUSINESS PRODUCTS AND/OR SERVICES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT OF LOAN SOUGHT: \$ \_\_\_\_\_

### USES OF FUNDS:

\$ \_\_\_\_\_ Real Estate Acquisition or Refinance

\$ \_\_\_\_\_ Equipment Purchase or Refinance

\$ \_\_\_\_\_ Working Capital (inventory, accounts receivable, payroll, startup costs, etc.)

\$ \_\_\_\_\_ Other: \_\_\_\_\_

\$ \_\_\_\_\_ Other: \_\_\_\_\_

### HOW DID YOU FIRST LEARN ABOUT APPALACHIAN GROWTH CAPITAL, LLC?

- Internet search  Newspaper article or advertisement  Radio or television news story or advertisement
- Referred by a bank  Referred by local economic development program  Referred by an elected official
- Referred by Appalachian Partnership, Inc. or APEG
- Other: \_\_\_\_\_

# of Employees: F/T \_\_\_\_\_ P/T \_\_\_\_\_

**II. BUSINESS OWNERSHIP**

Please list all persons owning 10% or more of business. Use full legal name. Attach additional pages as necessary.

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**BUSINESS OWNER #1:** \_\_\_\_\_  
First Name Middle Last Name Suffix (Sr., Jr., etc.)

HOME ADDRESS: \_\_\_\_\_  
Street City County State Zip

BUSINESS PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PERCENT OWNERSHIP: \_\_\_\_\_% SOCIAL SECURITY NUMBER: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ DATE OF BIRTH: \_\_/\_\_/\_\_

OFFICIAL ROLE(S): (check all that apply)  CEO/President  CFO/Treasurer  Other Officer  Board Member  
 General Partner  Limited Partner  Other: \_\_\_\_\_

Does this person receive a salary, wages or other compensation from the business for services rendered?  Yes  No

If "Yes" what is this person's Job Title: \_\_\_\_\_

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**BUSINESS OWNER #2:** \_\_\_\_\_  
First Name Middle Last Name Suffix (Sr., Jr., etc.)

HOME ADDRESS: \_\_\_\_\_  
Street City County State Zip

BUSINESS PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PERCENT OWNERSHIP: \_\_\_\_\_% SOCIAL SECURITY NUMBER: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ DATE OF BIRTH: \_\_/\_\_/\_\_

OFFICIAL ROLE(S): (check all that apply)  CEO/President  CFO/Treasurer  Other Officer  Board Member  
 General Partner  Limited Partner  Other: \_\_\_\_\_

Does this person receive a salary, wages or other compensation from the business for services rendered?  Yes  No

If "Yes" what is this person's Job Title: \_\_\_\_\_

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**BUSINESS OWNER #3:** \_\_\_\_\_  
First Name Middle Last Name Suffix (Sr., Jr., etc.)

HOME ADDRESS: \_\_\_\_\_  
Street City County State Zip

BUSINESS PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PERCENT OWNERSHIP: \_\_\_\_\_% SOCIAL SECURITY NUMBER: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ DATE OF BIRTH: \_\_/\_\_/\_\_

OFFICIAL ROLE(S): (check all that apply)  CEO/President  CFO/Treasurer  Other Officer  Board Member  
 General Partner  Limited Partner  Other: \_\_\_\_\_

Does this person receive a salary, wages or other compensation from the business for services rendered?  Yes  No

If "Yes" what is this person's Job Title: \_\_\_\_\_

### III. OWNERS' DEMOGRAPHIC DATA

The information requested below is not required for you to receive assistance or apply for a loan.

This information will not be considered in AGC's decision-making except to qualify you for a loan or assistance program that may be limited to individuals with particular characteristics (low income, women-owned, etc.).

You may decline to provide any requested information by leaving the item blank. If you decline to provide this information, our staff are obligated by law to record a good-faith estimate of certain demographic characteristics.

You may attach additional pages, as needed.

Multiple owners may submit separate forms to protect the confidentiality of the information each provides.

Demographic Characteristic	Owner # ___	Owner # ___	Owner # ___
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____
Race:	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian and Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian and Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian and Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown
Veteran Status:	<input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Other Veteran _____ <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Unknown	<input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Other Veteran _____ <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Unknown	<input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Other Veteran _____ <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Unknown
Primary Language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Citizenship Status	<input type="checkbox"/> US Citizen <input type="checkbox"/> Not a US Citizen	<input type="checkbox"/> US Citizen <input type="checkbox"/> Not a US Citizen	<input type="checkbox"/> US Citizen <input type="checkbox"/> Not a US Citizen
Number of Persons in Household	Adults: ____ Children: ____	Adults: ____ Children: ____	Adults: ____ Children: ____
<b>For AGC Staff Use Only</b>			
LMI	<input type="checkbox"/> AGI _____ <input type="checkbox"/> Yr _____	<input type="checkbox"/> AGI _____ <input type="checkbox"/> Yr _____	<input type="checkbox"/> AGI _____ <input type="checkbox"/> Yr _____

#### **IV. INFORMATION and ATTACHMENT CHECKLIST**

##### **All Applicants**

- Personal Financial Statements from all 10% owners... Provide a complete list of Assets and Liabilities
- Two years of Personal Tax Returns from all 10% owners
- Cash Flow Projections
- YTD Current Financials
- Three years of Financials Statements and/or Business Tax Returns
- Debt Schedule... Lender/Balance/Monthly Payment/Collateral
- Accounts Receivable and Accounts Payable aging reports

**\*\*COVID19 Request: What is ownership strategy to manage thru the COVID Crisis... are you open/ what is the plan with employees/ have you reached out to your clients/have you taken steps to minimize your expenses i.e. Utility Program, Governor Healthcare program, etc**

**\_\_\_ Have you Applied for EIDL (Economic Injury Disaster Loan) thru the SBA**

**\_\_\_ Have you applied for PPP (Payment Protection Program) thru your SBA Lender**

**\_\_\_ If you have current loans guaranteed by the SBA have you applied for Debt Relief**

#### **V. CERTIFICATION AND AUTHORIZATION**

By signing below, I certify that:

1. The information included on this form and its attachments (excluding Section III) is true, correct and complete. If subsequent material changes occur, applicant agrees to immediately inform Appalachian Growth Capital, LLC in writing, of said changes. Until such notification, Appalachian Growth Capital, LLC shall be entitled to rely on the foregoing in all respects.
2. I authorize Appalachian Growth Capital, LLC to access all credit information available on the named business, its subsidiaries, affiliates, and/or other businesses with common ownership. This may include credit reporting services, trade, bank and personal credit references, accounts receivable confirmations and verifications, and any other information that may be available.
3. If checked:  I authorize Appalachian Growth Capital, LLC to discuss this application and its attachments with other prospective lenders that may be able to assist in providing the amount of financing sought.

**All owners of 10% or more of the business must sign, below: (add additional signature pages, if needed)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

*For AGC Staff Use Only*

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DATE RECEIVED: \_\_/\_\_/\_\_\_\_

NAICS: \_\_\_\_\_

DUNS: \_\_\_\_\_

BUSINESS LOCATION:  Metropolitan Urbanized  Metropolitan Non-Urbanized  Rural  
 CDFI Qualified  NMTC-Qualified  Opportunity Zone  Other \_\_\_\_\_

*Mail to Appalachian Growth Capital, LLC 35 Public Square, Nelsonville, OH 45764 or e-mail to [bblair@appart.org](mailto:bblair@appart.org)*