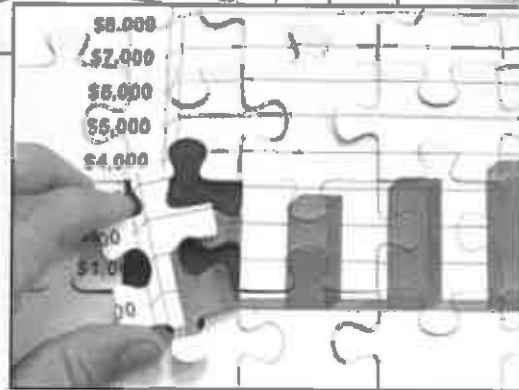
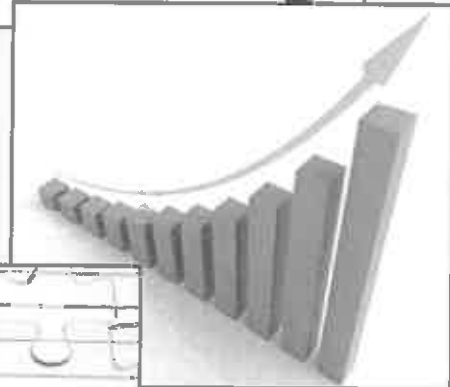
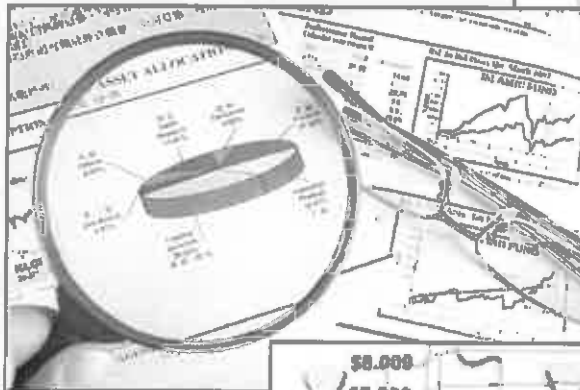
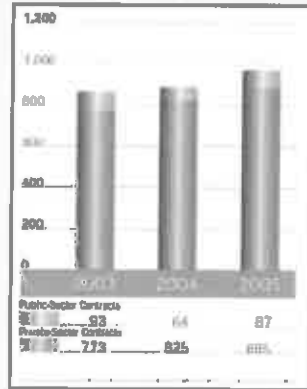


APPLICATION PACKAGE



PURCHASE AREA DEVELOPMENT DISTRICT BUSINESS LENDING & DEVELOPMENT SERVICES

Phone: 270-247-7171

Department: 270-251-6117

Fax: 270-251-6110

Website : <http://www.purchaseadd.org>

Email: BizLoans@PurchaseADD.org

© Purchase Area Development District

LOAN APPLICATION CHECKLIST



BUSINESS INFORMATION:

- Loan Application** (form included)
- Business Tax Returns** including all schedules for prior three years for operating and holding company
- Interim Financial Statements** to include balance sheet and income statement dated within 90 days of application for operating company and holding company
- Business Debt Schedule** for the operating company (form included)
- Projected Annualized Income Statement** detailing projections for the first three years after the project is complete if a new business (form included)
- Business Plan**, if company is less than 2 years old.
- Franchise Agreement**, if applicable
- Affiliated Businesses Name** (through ownership of management control) as well as the last two fiscal year-end financial statements for each of these entities.
- \$20 check made out to PADD for Personal Credit Report** for each owner of the business (spouses count as one credit report)
- \$35 check made out to PADD for Business Credit report** for each existing operating company
- Current Equipment List** for the business with all fair market values.

PERSONAL INFORMATION: (for each owner of 20% or more)

- Personal Tax Returns** for the last three years along with all schedules
- Personal Financial Statement** (form included)
- Personal Resume** (form included)
- Authorization to Release and Collect Information** (form included)

REAL ESTATE INFORMATION:

- Purchase Agreements or Settlement Statement** if land already has been purchased
- Contractor Cost Estimates and/or Equipment Estimates**
- Existing Environmental Studies or Appraisals** if available

Commercial Loan Application

Purchase Area Development District

Company Information

Company name _____

Address _____ City _____ State _____ Zip _____

Principal in charge _____ Phone () _____ Fax () _____

Secondary contact person _____ Phone () _____ Fax () _____
(IN-HOUSE CONTROLLER OR BOOKKEEPER)

Type of business _____ Date established _____

Type of entity (check one): Proprietorship Partnership Corporation LLC

Company Ownership

Name _____ Title _____ % of Ownership _____

Name _____ Title _____ % of Ownership _____

Name _____ Title _____ % of Ownership _____

Affiliate Businesses

IF APPLICABLE

Name _____ Owner _____ % of Ownership _____
(APPLICANT COMPANY OR INDIVIDUALS)

Name _____ Owner _____ % of Ownership _____
(APPLICANT COMPANY OR INDIVIDUALS)

If a corporation, please indicate who is President and Secretary

Existing Business Locations

Address _____ Square feet _____ Lease payment _____ Lease expiration _____

Address _____ Replaced by new facility? _____
Square feet _____ Lease payment _____ Lease expiration _____

Address _____ Replaced by new facility? _____

References

Bank name _____ Acct. no. _____ Acct. officer _____ Phone _____

Accountant _____ Firm name _____ Phone _____

Attorney _____ Firm name _____ Phone _____

Trade references _____ Contact Person _____ Phone _____

Nature of Your Business

Nature of your business _____

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

Geographic market area _____

List key customers _____

List major competitors _____

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?*

Escrow closing date _____ Realtor's name _____ Phone _____

If known, how will the property be vested (i.e. Individually, partnership, LLC, corporation, trust ...) _____

Please provide appropriate document (i.e. Partnership Agreement, LLC documents, Articles of Incorporation, Trust Agreement ...)

Total Project Costs

Purchase existing building or Equipment only

Purchase price \$ _____
 Tenant improvements \$ _____
 Equipment* \$ _____
 Other \$ _____
 Total (A) \$ _____

Construction Project

Land acquisition \$ _____
 Construction bid \$ _____
 Architects, permits, other soft costs \$ _____
 Equipment* \$ _____
 Other \$ _____
 Total (B) \$ _____

Payoff Bank loan \$ _____
 Other Debt Payment \$ _____
 Inventory Purchase \$ _____
 Working Capital \$ _____
 Acquisition of Existing Businesses \$ _____
 All other \$ _____
 Total (C) \$ _____

* Please note -- equipment to be financed must have a useful life of 10 years or greater.

Total (A+B+C) \$ _____

If there are any tenants that will remain in the building, please provide the following information: Also, please have your realtor provide copies of all existing leases.

Tenant name	Square footage	Lease expiration	Rent amount

Checklist

Business Information

<input type="checkbox"/>	Business financial statements for the last three years
<input type="checkbox"/>	Interim financial statement dated within the last 45 days
<input type="checkbox"/>	Business debt schedule (form attached)
<input type="checkbox"/>	Federal tax returns for the last three years
<input type="checkbox"/>	Articles of Incorporation and By-Laws (if corporation)
<input type="checkbox"/>	<input type="checkbox"/> President of the corporation is:
<input type="checkbox"/>	<input type="checkbox"/> Secretary of the corporation is:
<input type="checkbox"/>	Articles of Organization and Operating Agreement (if LLC)
<input type="checkbox"/>	Partnership Agreement (if partnership)
<input type="checkbox"/>	Business License and Fictitious Business Name Statement (if proprietorship)
<input type="checkbox"/>	Franchise Agreement

Personal Information (for each owner of 20% or greater)

<input type="checkbox"/>	Personal tax returns for the last three years
<input type="checkbox"/>	Personal resume (form attached)
<input type="checkbox"/>	Personal financial statement (form attached)

Real estate Information

<input type="checkbox"/>	Real Estate Purchase Agreement or settlement sheet
<input type="checkbox"/>	Construction cost budget and/or equipment invoices
<input type="checkbox"/>	Existing environmental studies

Authorization to Release Information

I/We hereby authorize the release to Purchase Area Development District of any information they may require at any time for any purpose related to my/our credit transaction with them.

I/We further authorize Purchase Area Development District to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

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

Name of applicant(s) _____

Signature of applicant(s) _____ Date _____

Name of applicant(s) _____

Signature of applicant(s) _____ Date _____



**PERSONAL FINANCIAL STATEMENT
 7(a) / 504 LOANS AND SURETY BONDS**

U.S. SMALL BUSINESS ADMINISTRATION

As of _____

SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an application for an SBA guaranteed 7(a) or 504 loan or a guaranteed surety.

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan

Return completed form to:

For 7(a) loans: the lender processing the application for SBA guaranty

For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty

For Surety Bonds: the Surety Company or Agent processing the application for surety bond guaranty

Name	Business Phone
-------------	-----------------------

Home Address	Home Phone
---------------------	-------------------

City, State, & Zip Code

Business Name of Applicant

ASSETS	LIABILITIES
(Omit Cents)	(Omit Cents)
Cash on Hand & in banks.....\$ _____	Accounts Payable.....\$ _____
Savings Accounts.....\$ _____	Notes Payable to Banks and Others.....\$ _____ (Describe in Section 2)
IRA or Other Retirement Account.....\$ _____ (Describe in Section 5)	Installment Account (Auto).....\$ _____ Mo. Payments \$ _____
Accounts & Notes Receivable.....\$ _____ (Describe in Section 5)	Installment Account (Other).....\$ _____ Mo. Payments \$ _____
Life Insurance – Cash Surrender Value Only.....\$ _____ (Describe in Section 8)	Loan(s) Against Life Insurance.....\$ _____
Stocks and Bonds.....\$ _____ (Describe in Section 3)	Mortgages on Real Estate.....\$ _____ (Describe in Section 4)
Real Estate.....\$ _____ (Describe in Section 4)	Unpaid Taxes.....\$ _____ (Describe in Section 6)
Automobiles.....\$ _____ (Describe in Section 5, and include Year/Make/Model)	Other Liabilities.....\$ _____ (Describe in Section 7)
Other Personal Property.....\$ _____ (Describe in Section 5)	Total Liabilities.....\$ _____
Other Assets.....\$ _____ (Describe in Section 5)	Net Worth.....\$ _____
Total \$ 0	Total \$ 0 *Must equal total in assets column.

Section 1. Source of Income.	Contingent Liabilities
Salary.....\$ _____	As Endorser or Co-Maker.....\$ _____
Net Investment Income.....\$ _____	Legal Claims & Judgments.....\$ _____
Real Estate Income.....\$ _____	Provision for Federal Income Tax.....\$ _____
Other Income (Describe below)*.....\$ _____	Other Special Debt.....\$ _____

Description of Other Income in Section 1.

*Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Names and Addresses of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and, if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquent, describe delinquency.)

Section 6. Unpaid Taxes. (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and Beneficiaries.)

I authorize the SBA/Lender/Surety Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan or a surety bond. I further certify that I have read the attached statements required by law and executive order.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally-insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20418, and Clearance officer, paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.

Personal Resume Form

TO BE COMPLETED BY EACH PRINCIPAL INVOLVED IN THE LOAN.

Name _____
FIRST MIDDLE MAIDEN LAST

Date of birth* _____ Place of birth _____ Race* _____ Social Security No. _____

U.S. Citizen – If not, please provide alien registration number _____

Home address _____ City _____ State _____ Zip _____

From _____ To _____ Home phone _____ Business phone _____

Immediate past address _____ City _____ State _____ Zip _____

From _____ To _____

Are you employed by the U.S. Government? _____ If so, give the name of the agency and position _____

Spouse's name _____
FIRST MIDDLE MAIDEN LAST

Date of birth _____ Place of birth _____ Race _____ Social Security No. _____

Personal information

Be sure to answer the next three questions correctly because they are important. The fact that you have an arrest or conviction record will not necessarily disqualify you; an incorrect answer will probably cause your application to be turned down.

Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? Yes No

Have you been arrested in the past six months for any criminal offense? Yes No

For any criminal offense - other than a minor vehicle violation - have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation. Yes No

If yes to any of the above, furnish details in a separate exhibit. List name(s) under which held.

Military service background

Branch _____ From _____ To _____

Rank at discharge _____ Honorable? _____

Job description _____

* This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary.

Work experience

List chronologically, beginning with present employment

Name of company _____ % of business owned _____
Full address _____ City _____ State _____ Zip _____
From _____ To _____ Title _____ Duties _____

Name of company _____ % of business owned _____
Full address _____ City _____ State _____ Zip _____
From _____ To _____ Title _____ Duties _____

Name of company _____ % of business owned _____
Full address _____ City _____ State _____ Zip _____
From _____ To _____ Title _____ Duties _____

Education (College or Technical Training)

Name and Location	Dates Attended	Major	Degree or Certificate
1. _____	_____	_____	_____
Comments _____			
2. _____	_____	_____	_____
Comments _____			
3. _____	_____	_____	_____
Comments _____			
4. _____	_____	_____	_____
Comments _____			

AUTHORIZATION TO RELEASE & COLLECT INFORMATION

**PURCHASE AREA DEVELOPMENT DISTRICT (PADD)
1002 Medical Drive
Mayfield, KY 42066**

I/We do authorize the Purchase Area Development District to access and review information regarding my/our credit history and the proposed project. I/We understand the information will be used for verification of the credit application for small business financial assistance. I/We have been properly notified that the PADD will verify all statements through recognized credit reporting agencies and/or other sources contained in the application.

By signing this release, I/We also authorize PADD to discuss my/our past credit history and the proposed project with those necessary for the purpose of evaluating the loan application. In addition, I/we authorize the PADD to pull a credit report from any consumer reporting agency. I/We also acknowledge that, in case of an approved loan application, if I/we default on the loan to PADD, this information will be given to credit reporting agencies. Please enter your main creditors and (if available) their contact information:

Creditor / Others	Contact Person	Address, Phone, etc.

My/Our signature(s) below authorize(s) such inquiries by the Purchase Area Development District.

Applicant	Social Security Number
Applicant	Social Security Number
Applicant	Social Security Number

U.S. CITIZENSHIP AND IMMIGRATION SERVICES

RELEASE AUTHORIZATION

I authorize the U.S. Citizenship and Immigration Services to release immigration status or alien verification information about me to the Purchase Area Development District because I am applying for a U.S. Small Business Administration loan.

Name of Immigrant/Alien

Date

Provide a copy of BOTH SIDES of the Immigrant/Alien's original documentation (resident card, etc.).

SUGGESTED "BUSINESS PLAN" OUTLINE

- NEW BUSINESSES (LESS THAN 2 YEARS OPERATING) -

Purposes:

- To help in obtaining commercial credit
- To serve as "Measuring Scale" of operation
- To assist managerial planning

Cover Sheet: Business name and address, names of principals, and business phone number

1. The Business

- A. Description
- B. Brief history
- C. Type of organization, date organized, and principals
- D. Management, including a brief background on each principal (If management differs from owners, include background of both managers and owners.)
- E. Location
- F. Market

2. Business Activity

- A. Type of business
- B. Product
- C. Volume (by sections)
- D. Number of Employees
- E. Sales policies and distribution methods
- F. Territories covered
- G. Prospects and expectations
- H. Credit Terms
- I. Competition

3. Facilities

- A. Description of plant and equipment, and whether facility is owned or leased.
- B. Adequacy or plans for expansion

4. Financial Data

- A. Historical financial reports for existing business (if operating but less than 2 years old)
 - Current balance sheet
 - Balance sheet and income statements for last three years
 - Accounts receivable and payable
 - Schedule of existing debts
 - Historical (3 Year) Business Tax Returns
- B. Balance sheet and income statement projections
 - Three year summary
 - Explanation
- C. Pro-forma cash flow for three years
- D. Break-even analysis
- E. Collateral available

5. Personal Information

- A. Financial information.
- B. Income.
- C. References.
- D. Historical (3 Year) Personal Tax Returns.

6. Supporting Information and Documents

- A. Leases
- B. Contracts

ESTIMATED PROJECTION AND FORECAST OF TWELVE MONTHS' EARNINGS

#	MONTH(S)	FULL YEAR TOTAL											
		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
1	Gross Receipts A	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Gross Receipts B	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
3	Gross Receipts C	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
4	Cost of Goods Sold (COGS)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
5	GROSS PROFIT	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00
EXPENSES													
6	Officer's Salaries (if corporation)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
7	Employee Wages	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
8	Payroll Taxes	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
9	Other Employee Benefits	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
10	Accounting and Legal Fees	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
11	Advertising	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
12	Rent	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
13	Depreciation	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
14	Supplies	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
15	Utilities	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16	Telephone	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
17	Interest	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
18	Repairs	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
19	Property Taxes & Insurances	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
20	Bad Debts	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
21	Other	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
22	Other	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
23	Other	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
24	TOTAL EXPENSES	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00
25	NET PROFIT	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00
26	Less Income Tax	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
27	NET PROFIT AFTER TAXES	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00

I certify the foregoing data fairly represents the financial situation to the best of my knowledge.

Date: _____

Signature: _____

ESTIMATED PROJECTION AND FORECAST OF THREE YEARS' EARNINGS (YEAR 2 + 3)

(Attach narrative explaining basis for figures showing receipts, expenses, and profits.)

#	Item	Year 2:	Year 3:	
1	REVENUE	Gross Receipts A	\$	\$
2		Gross Receipts B	\$	\$
3		Gross Receipts C	\$	\$
4		Cost of Goods Sold (COGS)	\$	\$
5		GROSS PROFIT	0.00	0.00
6	EXPENSES	Officer's Salaries (if corporation)	\$	\$
7		Employee Wages	\$	\$
8		Payroll Taxes	\$	\$
9		Other Employee Benefits	\$	\$
10		Accounting and Legal Fees	\$	\$
11		Advertising	\$	\$
12		Rent	\$	\$
13		Depreciation	\$	\$
14		Supplies	\$	\$
15		Utilities	\$	\$
16		Telephone	\$	\$
17		Interest	\$	\$
18		Repairs	\$	\$
19		Property Taxes & Insurance	\$	\$
20		Bad Debts	\$	\$
21		Other:	\$	\$
22		Other:	\$	\$
23		Other:	\$	\$
24		TOTAL EXPENSES	0.00	0.00
26	PROFIT	NET PROFIT	0.00	0.00
28		Less Income Tax	\$	\$
27		NET PROFIT AFTER TAXES	0.00	0.00

I certify the foregoing data fairly represents the financial situation to the best of my knowledge.

Date

Signature

