

**U.S. Small Business Administration  
APPLICATION FOR BUSINESS LOAN**

OMB Approval No: 3245-0016  
Expiration Date: 4/30/2008

Individual		Full Address			
Name of Applicant Business					Tax I.D. No. or SSN
Full Street Address of Business					Tel. No. (inc. Area Code)
City	County	State	Zip	Number of Employees (Including subsidiaries and affiliates)	
Type of Business			Date Business Established	At Time of Application _____	
Bank of Business Account and Address					If Loan is Approved _____ Subsidiaries or Affiliates (Separate from above) _____

Use of Proceeds: (Enter Gross Dollar Amounts Rounded to the Nearest Hundreds)	Loan Requested		Loan Request
Land Acquisition	0	Payoff SBA Loan	
New Construction/ Expansion Repair	0	Payoff Bank Loan (Non SBA Associated)*	
Acquisition and/or Repair of Machinery and Equipment	0	Other Debt Payment (Non SBA Associated)*	
Inventory Purchase	0	All Other _____	
Working Capital (Including Accounts Payable)	0	Total Loan Requested	0
Acquisition of Existing Business	0	Term of Loan - (Requested Mat.)	Yrs.

\* No portion of the loan proceeds can be used to refinance an SBA loan sold in an asset sale for a period of 2 years after the sale.

**CURRENT AND PREVIOUS SBA AND OTHER GOVERNMENT DEBT:** Complete the chart for the following: 1) SBA loan applications pending for the applicant or any of its affiliates; 2) Federal debt, including SBA, received by the applicant including loans that have been paid in full or charged off; 3) Federal debt (including student loans and disaster loans) borrowed by any principal of the applicant; 4) Federal debt borrowed by any other business currently or previously owned by any principal of the applicant. If there has been a loss to the government as a result of a charge off, compromise, or discharge due to bankruptcy for any of the listed debt, it must be identified below. LOSS is the outstanding principal balance of the loan that the government agency had to write off after all collection activities (including compromises) were finalized.

Name of Agency Agency Loan #	Borrower's Name	Original Amount of Loan	Date of Application	Loan Status	Outstanding Balance	\$ Amount of Loss to the Gov't.
#		\$			\$	\$
#		\$			\$	\$

**ASSISTANCE** List below the name(s), occupation, and address of anyone (including the lender) who assisted in the preparation of this form and who received (or will receive) compensation from the applicant for this assistance. For any person listed, an SBA Form 159 must be completed by the applicant and listed person and submitted as part of the application. The lender must complete the "Lender's Certification" on any SBA Form 159 prior to the loan being approved.

Name and Occupation	Address	Total Fees Paid	Fees Due

Note: The estimated burden completing this form is 12.0 hours per response. You will not be required to respond to collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to the U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington, DC, 20416 and Desk Office for Small Business Administration, Office of Management and Budget, New Executive Building, room 10202 Washington, D.C. 20503. OMB Approval (3245-0016). PLEASE DO NOT SEND FORMS TO OMB. SUBMIT COMPLETED APPLICATION TO LENDER OF CHOICE.