

Small Business Loan Application



SBA Preferred Lender

www.meadowsbank.bank

Fair Credit Notice Meadows Bank

If your application for business credit from Meadows Bank is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please write to Meadows Bank, SBA Department, 8912 Spanish Ridge Avenue Suite 100, Las Vegas, NV 89148 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning Meadows Bank is the FDIC Consumer Response Center, 1100 Walnut Street Box #11, Kansas City, MO 64106.

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Note to Loan Applicants: Meadows Bank may charge reasonable fees for packaging services for SBA 7(a) loans. The applicant is not required to obtain or pay for these services if they are unwanted.

Applicant is hereby advised that if the requested loan is granted and the loan is not paid back according the the repayment terms, the Bank is required to report the Borrower and Guarantors to the Federal Government CAIVRS system for loss reporting.

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Revision 11-2-20

Please complete the attached application and provide the following information so we can properly evaluate your loan request.

Business Loan Application Checklist

I. Business items required
Financial information (Sign and date each document): Business Federal Tax Returns for last 3 years Interim business financial statements within last 60 days (balance sheet and income statement) Business debt schedule (form included in application) Accounts receivable and accounts payable agings (should agree to interim balance sheet)
Entity documents (please provide those that are applicable): ☐ If Partnership: Partnership agreement, and amendments ☐ If LLC: Operating agreement, articles of organization, and amendments, list of members and ownership percentages ☐ If Corporation: Articles of incorporation, bylaws, amendments, list of officers and directors ☐ If Sole Proprietor: Attach copy of fictitious name filing. ☐ Copy of business license
II. Personal items required for all 20% or greater owners of the business
Financial information (Sign and date each document): ☐ Federal Income Tax Returns (last 3 years) ☐ Personal financial statement dated within the last 60 days (form included in application) ☐ K-1s for last 3 years (if applicable)
Other Information: ☐ Resumes of all borrowers, guarantors, key management personnel (form included in application)
III. Other "deal specific" information required as listed below
If start-up business: ☐ Business plan ☐ Two years of projections with assumptions. First year of projections must be on a month-by-month basis
If real estate purchase or construction: ☐ Real estate purchase contract ☐ Construction contract or cost estimates
If non-U.S. Citizen: ☐ INS Form G845 and copy of front and back of Alien Registration Card
If franchise: ☐ Franchise agreement and FTC disclosure statement
Notes:

We recognize that some of these items may not be available for our first meeting. All financial statements must be signed and dated, and the most recent statement must be within 90 days. Appraisal and environmental report (if required) must be ordered by the bank.

All documentation (tax returns, etc.) submitted to Meadows Bank for the purposes of your application must be retained by the Bank and will not be returned. If you need this information, please make copies for your records. The Bank will not return or copy the documents for you.

Loan Request Summary

Loan Type:	☐ SBA 7a	☐ SBA 504	☐ USD/	Α
Proposed P	roject Costs			
Renovation	uilding and and Existi	ng Building upied Building		
Other Fixed	Assets			
	urnishing or Fi achinery or Ec		_	
Liquid Asse	ets			
Inventory Po Working Cap (Include A	oital	able Reduction)	_	
Other				
Franchise P Refinancing Refinancing	Bank Debt	siness	- - - -	
Total Estim	ated Project /	Amount:		
Less Seller ('s Cash/Equity Carry Back (if Request for F		_	

General Business Information

Name of Business	S:							
Contact Name:								
Business address	:							
Business Phone:		Ce	ll Phone:		B	usiness Fax:		
E-mail address:	E-mail address: Date of startup or acquisition of the business:							
Current number of employees: Full Time Part Time Avg. employee wage								
Number of employ	yees if loan approve	ed: Full Time _		Part Time	<u></u>			
Bank where busin	ess accounts are lo	cated:			Address	of bank: :		
Federal Tax ID #_			Bu	siness Webs	site:			
Entity Type:	☐ Sole Proprieto	rship 🔲 Lim	ited Partners	hip Corporat	tion Corpora	ation		
	☐ Limited Liabilit	y Company	☐ General F	Partnership				
Lease Information	n: Do you have a lea	se for the pro	perty your bu	siness curre	ently occupies?	☐ Yes ☐ No Current sq. ft		
Monthly Rent		Years rer	maining on lea	ase I	Renewal option	□Yes □No		
If this is a real est	ate transaction, wh	at entity will o	own the real e	state?				
What is the owner	rship of this real est	ate holding e	ntity?			New sq. ft		
Ownership	of Applicant	Compan	y					
Veteran**	1 = Non Veteran;	2 = Veteran-	Other; 3 = Se	rvice-Disabl	ed Veteran; 4 =	Not Disclosed;		
Gender**	M = Male; F = Fe	male; N = No	t Disclosed					
Race**	1 = American Ind 5 = White; X = No		Native; 2 = A	sian; 3 = Bl	ack or African;	4 = Native Hawaiian or Pacific Islander;		
Ethnicity**	H = Hispanic or L	atino; N = No	ot Hispanic or	Latino; Y =	Not Disclosed			
Owner	% Owned	Veteran	Gender	Race	Ethnicity	List proprietors, partners, officers, directors,		
						all holders of outstanding stock. 100% of ownership must be shown. Use separate		
						sheet if necessary. Please reference the above codes to complete this table for each		
						owner of the applicant business. More than		
** The gender/rece/et	hnigity/votoron data is a	alloated for prog	rom roporting nu	rnagga anly D	ioglogura io valunto	one race may be selected. ry and has no bearing on the credit decision.		
-	the following quest					ry and has no bearing on the credit decision.		
	• •			•				
-		-	-			□ Yes □ No		
						□Yes □No		
Does your busine	ss owe any taxes fo	r years prior t	to the current	year?		☐Yes ☐No		
Is your business a	a franchise? Yes	□No						
Do any principals	to the loan have rel	atives that ar	e employed b	y the United	States Small B	usiness Administration?		

Management Resume

(To be completed by each individual with more than 20% ownership in the company)

Your Name:				
PERSONAL: Date of Birth:	Place	of Rirth		
Marital Status: ☐ Single ☐ Mari				
Do you have a trust? If so				
FRUOTION				
EDUCATION:	Data Altandad			
Name & Location	Dates Attended From To	Major	Did you Craduata?	Type of Dograe
MILITARY: Branch:		Dates of Active Duty:_		
Reserve Duty:				
Discharge:	Honorable Discharge	??		
TECHNICAL TRAINING:				
WORK EXPERIENCE:				
Name of Company & Location				
Dates of Employment: From				
Duties:				
WORK EXPERIENCE: Name of Company & Location				
Dates of Employment: From				
Duties:				
Are you presently subject to an ind charges are brought in any jurisdic		•	•	
Have you been arrested in the past	six months for any crimina	Il offense?		☐ Yes ☐ No
For any criminal offense – other the plead nolo contendere; 4) been pla (including probation before judgme	ced on pretrial diversion; or	5) been placed on ar	ny form of parole or probation)
Has an application for the loan you Company or lender in connection v		submitted to SBA or	to a Certified Development	□Yes □No
Are you presently debarred, susper participation in this transaction by		•	e, or voluntarily excluded fron	n □Yes □No
If the answer to any of the above q	uestions is yes, please list t	he principal's name a	and circumstances on a separ	rate worksheet.
Are you a US citizen? If "No", are you a Lawful Permar Provide Alien Begistration Nu				□Yes □No

Business Debt Schedule

Company:	Date: :
Furnish the following information on all installment debts, co	ntracts, notes, and mortgages payable. Indicate by asterisk (*) items to be paid by loan proceeds and reason for paying same
(present balance should agree with latest balance sheet subr	nitted). Do not include accounts payable or accrued liabilities.

Creditor Name and Address	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral/Security
	_			%			
				%			
				%			
				%			
				%			
				%			
				%			
				%			
				%			
Total Present Balance / Total Mo	onthly Payment						

Form **4506-C** (September 2020)

Department of the Treasury - Internal Revenue Service

OMB Number 1545-1872

IVES Request for Transcript of Tax Return

Do not sign this form unless all applicable lines have been completed.

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

	Name first)	shown on tax return (if a joint return, enter the name shown	1b. First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)				
2a . l	f a joi	nt return, enter spouse's name shown on tax return	2b. Second s if joint tax		r individual taxpayer identification number		
3 . C	urrent	name, address (including apt., room, or suite no.), city, state, ar	nd ZIP code (se	e instructions)			
4 . P	reviou	s address shown on the last return filed if different from line 3 (s	ee instructions)				
5a . l	VES p	participant name, address, and SOR mailbox ID					
5b. (Custo	mer file number (if applicable) (see instructions)					
Cau	tion:	This tax transcript is being sent to the third party entered on Line	5a. Ensure tha	t lines 5 through 8 are co	mpleted before signing. (see instructions)		
6.		script requested. Enter the tax form number here (1040, 1065, equest	1120, etc.) and	check the appropriate bo	x below. Enter only one tax form number		
		Return Transcript, which includes most of the line items of a ta made to the account after the return is processed. Transcripts at 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120 during the prior 3 processing years	re only available	e for the following returns	: Form 1040 series, Form 1065, Form		
		Account Transcript, which contains information on the financia assessments, and adjustments made by you or the IRS after the estimated tax payments. Account transcripts are available for me	e return was file				
		Record of Account, which provides the most detailed information Available for current year and 3 prior tax years	on as it is a con	nbination of the Return Tr	anscript and the Account Transcript.		
7.	inforr for up 2016	NW-2, Form 1099 series, Form 1098 series, or Form 5498 series and in returns. State or local information is not included with the to to 10 years. Information for the current year is generally not available in 2017, will likely not be available from the IRS until 2018 at Security Administration at 1-800-772-1213	Form W-2 informailable until the	mation. The IRS may be year after it is filed with the	able to provide this transcript information ne IRS. For example, W-2 information for		
		f you need a copy of Form W-2 or Form 1099, you should first cuse Form 4506 and request a copy of your return, which includes			rm W-2 or Form 1099 filed with your return,		
8.	Year	or period requested. Enter the ending date of the tax year or per	riod using the n	m/dd/yyyy format <i>(see in</i>	structions)		
Cau	tion:	Do not sign this form unless all applicable lines have been comp	leted.				
requ man	ested aging	of taxpayer(s). I declare that I am either the taxpayer whose national fitted that I am either the taxpayer whose national fitted that I am either the taxpayer whose must member, guardian, tax matters partner, executor, receiver, admorm 4506-C on behalf of the taxpayer. Note : This form must be a	t sign. If signed inistrator, truste	by a corporate officer, 1 pe, or party other than the	percent or more shareholder, partner, taxpayer, I certify that I have the authority to		
		atory attests that he/she has read the attestation clause and nstructions.	l upon so read	ing declares that he/she	has the authority to sign the Form 4506-C.		
		Signature (see instructions)		Date	Phone number of taxpayer on line 1a or 2a		
		Print/Type name					
	ign ere	Title (if line 1a above is a corporation, partnership, estate, or tr	rust)				
		Spouse's signature			Date		
		Print/Type name					



Name

OMB APPROVAL NO.: 3245-0188 EXPIRATION DATE: 03/31/2021

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

U.S. SMALL BUSINESS ADMINISTRATION

As of	,	

Business Phone

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, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

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 guarantee

Home Address	Home Phone
City, State, & Zip Code	
Business Name of Applicant	
ASSETS (Omit Cent	s) LIABILITIES (Omit Cents)
Cash on Hand & in banks	Notes Payable to Banks and Others\$ (Describe in Section 2) Installment Account (Auto)\$ Mo. Payments \$
Section 1. Source of Income.	Contingent Liabilities
Salary\$ Net Investment Income\$ Real Estate Income\$ Other Income (Describe below)*\$	Legal Claims & Judgments\$ Provision for Federal Income Tax\$
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.

Names and Addresses of Noteholder(s)		of	Original Balance	Current Balance	Payment Amount		Frequency (monthly, etc.)		How Secured or Endorsed Type of Collateral	
Section 3. Stocks and	d Bond	S. (Use at	tachments if nec	essary. Each at					.)	
Number of Shares	Na	ame of S	Securities	Cost		t Value /Exchange		nte of n/Exchange	Total Value	
ection 4. Real Estate d signed.)	Owned	d. (List ea	ich parcel separa	ately. Use attach	ment if necessary	. Each attachn	nent must be	identified as a par	t of this statement	
			Property	Α	ı	Property B		Pro	operty C	
Type of Real Estate (e.gentler) Primary Residence, Othe Residence, Rental Proplement, etc.)	ner									
Address										
Date Purchased										
Original Cost										
Present Market Value										
Name & Address of Mortgage Holder										
Mortgage Account Num	ber									
Mortgage Balance										
Amount of Payment per Month/Year	r									
Status of Mortgage										
Section 5. Other Pers holder, amount of lien, t							s security, s	state name and	l address of lien	
Section 6. Unpaid Ta	axes.	(Describ	e in detail as	to type, to wh	nom payable, v	when due, a	mount, and	d to what prop	erty, if any, a ta	
ien attaches.)		`		31 /	. , ,	•	<u> </u>			

Section 7. Other Liabilities. (Describe in detail.)		
Section 8. Life Insurance Held. (Give face amount and cas Beneficiaries.)	h surrender value of policies – name of insurance company a	ınd
I authorize the SBA/Lender/Surety Company to make inquiries determine my creditworthiness.	as necessary to verify the accuracy of the statements made a	and to
CERTIFICATION : (to be completed by each person submitting more owner when spousal assets are included)	the information requested on this form and the spouse of any	y 20% or
By signing this form, I certify under penalty of criminal prosecut information submitted with this form is true and complete to the Lenders or Certified Development Companies or Surety Compa	best of my knowledge. I understand that SBA or its participa	ating
application for a loan or a surety bond. I further certify that I ha	•	-
Signature	Date	
Print Name	Social Security No.	
Signature	Date	
Olymatore		
Print Name	Social Security No.	

NOTICE TO LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALITIES 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:

According to the Paperwork Reduction Act, you are not required to respond to this request for information unless it displays a valid OMB Control Number. 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 collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND COMPLETED FORMS TO OMB.

Authorization and Notice of Intent



I request Meadows Bank to use the information provided in this questionnaire and any included exhibits to evaluate this request for a Small Business Loan. I believe the information in this package to be true and accurate. The undersigned authorizes Meadows Bank to make all inquiries it deems necessary to verify the accuracy of the information provided herein, and to determine my/our creditworthiness. (All owners and guarantors must sign this form. Spouses should sign when applicable.)

Name	Signature	Title	Date
Name	Signature	Title	 Date
Name	Signature	Title	Date
AUTHORIZATION TO FILE FINANCI	NG STATEMENT		
Applicant herby authorizes Lender t agreement, pledge, or control agree		cing Statements for the following colla	iteral prior to executing a security
Applicant	 Date		Date
REGULATION B-NOTICE OF INTEN	T TO APPLY FOR JOINT CR	EDIT	
joint credit. Failure to complete this	information when required	a lender obtain evidence of each loan may render the application / request transfer is referred to below as "applican	for credit incomplete. Each
☐ Each of the undersigned intend t☐ Each of the undersigned Applica		f a copy of this notice on Today's Date	
	INDIVIDU	UAL APPLICANTS	
	X		
Print or Type Individual Name	Applic	cant Signature	Today's Date
Print or Type Individual Name	Applic	cant Signature	Today's Date
Print or Type Individual Name	X Applic	cant Signature	Today's Date
	ENTIT	Y APPLICANTS	
	X		
Print or Type Entity Applicant Name	Applicar	nt Signature, Its	Today's Date
Print or Type Entity Applicant Name	X Applicar	nt Signature, Its	Today's Date
Print or Type Entity Applicant Name	X e Applican	nt Signature, Its	 Today's Date