



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: _____

For AGC Staff Use Only

DATE RECEIVED: ___/___/___ NAICS: _____ DUNS: _____

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

II. BUSINESS OWNERSHIP

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

=====

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: _____

=====

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: _____

=====

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: ____
For AGC Staff Use Only			
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. ATTACHMENT CHECKLIST

All Applicants

- Projected business profit and loss forecast for one to two years
- Personal Financial Statements from all 10% owners
- Two years of personal tax returns from all 10% owners
- Check written out to Appalachian Growth Capital, LLC for your non-refundable \$50 application fee

New Businesses and Businesses Less than 3 years Old

- Business Plan
- Actual financial statements for any completed years of operation
- Any business tax returns filed to date

Businesses 3+ Years Old

- Three years of financials statements
- Three years of business tax returns
- List of current business debts and repayment schedule
- Accounts receivable and accounts payable aging reports

****COVID19 Request- 10 to 12 Week Cash Flow Report**

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

Mail to Appalachian Growth Capital, LLC 35 Public Square, Nelsonville, OH 45764 or e-mail to Loan.Applications@appart.org