



Florida Business Development Corporation

The Source for 504 Lending

SBA 504 Loan Application

Florida Business Development Corporation

1715 N Westshore Blvd.

Suite 780

Tampa, FL 33607

Document Instructions

Please see instructions below for the documents within this application:

- **SBA Form 1244 (*detailed instructions on first page of form*)**
 - Section Two (pages 4 & 5) must be completed by the Associates of the Applicant. If more than one Associate is required to complete this section, each person must separately complete and sign Section Two.
 - Section Three (Page 11) must be signed by the Applicant Representative and the Associate(s) who completed Section Two.
- **Form 4506T**
 - Please complete this for the Operating Company only
- **Management Resume**
 - Please complete and execute
 - If you currently have a resume in a different format, please execute the form and submit it in lieu of the attached management resume form.
- **Acknowledgment Form**
 - Please have executed by all individuals who will be guaranteeing the loan
- **Please provide a legible copy of a valid driver's license for all guarantors**

You may forward all completed documents to the applicable FBDC office for processing. Should you have any general questions, please do not hesitate to contact FBDC via info@fbdc.net.



U.S. Small Business Administration
Application for Section 504 Loans
OMB Control No.: 3245-0071 (Expiration Date 7/31/2023)

Purpose of This Form

This form and exhibits are to be completed by the Small Business Applicant (“Applicant”) and the Certified Development Company (CDC). The information is used to review the Applicant’s eligibility for a loan, indebtedness, creditworthiness, and certain other disclosures. The Applicant submits the requested information to the CDC, which will then upload the completed form to the SBA’s E-Tran system. This form must be completed and uploaded by both PCLP and non-PCLP CDCs.

Structure and Instructions for this Form

This form is divided into four sections:

Section One (Pages 2-3) is completed by the Applicant. This section requests information about the Applicant and its ownership structure. If there are Co-Applicants (e.g., “Eligible Passive Company (EPC)” and “Operating Company (OC)”), both entities must submit the information requested on page 2 and enter ownership information in the relevant table on page 3. The CDC may provide guidance to the Applicant in filling out this section; however, the Applicant is responsible for, and certifies to, the accuracy of the information.

Section Two (Pages 4-5) is completed by the Associates of the Applicant, including:

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm; or any partner that is involved in management of the Applicant;
- For a corporation, all owners of 20% or more of the corporation, and each officer and director;
- For limited liability companies, all members owning 20% or more of the company, each officer, director, and managing member;
- Any person or entity hired by the business to manage day-to-day operations (“key employee”); and
- Any Trustor (if the Applicant is owned by a trust).

All parties listed above are considered “Associates” of the Small Business Applicant (as defined in 13 CFR § 120.10). If more than one person is required to complete this section, each person must separately complete and sign Section Two.

Section Three (Pages 6–11) contains the Statements Required by Law and Executive Order. These statements must be reviewed and signed by the Applicant representative and the Associates who completed section two.

Section Four (Pages 12–20) is completed by the CDC. This section contains fields for information regarding the CDC, the Third Party Lender and Interim Lender, the 504 Project, the Applicant, and potential conflicts of interest; identifies the exhibits required for a complete Application; and includes the CDC Agreements and Certifications that an authorized CDC official must sign on behalf of the CDC.



Application for Section 504 Loans

Section Two: Information Required to be Submitted by each Associate of the Applicant

Each Associate of the Applicant must separately complete and sign this Section. If the Applicant is operating under an EPC/OC structure, each of the EPC's and OC's Associates must complete and sign this section.

Name (Last, First, Middle)		Former Names and Dates Used	
U.S. Citizen?	USCIS Registration # (if Legal Permanent Resident)	If a non-US citizen or LPR, provide Country of Citizenship	
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Place of Birth (City and State or Foreign Country)		SSN or IRS TIN	Date of Birth
Phone Number (Home or Cell)		Home Address (Street, City, State, Zip code)	

Answer the following Yes/No Questions and Initial to the Right of Each Answer

Initial

1. Do you have an ownership interest in any other entity that has existing SBA loans? Yes No _____
 If yes, provide loan numbers and current status: _____

2. 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 _____
If yes, the Applicant is not eligible for SBA assistance

3. Have you been arrested in the last 6 months for any criminal offense? Yes No _____
 If yes, please provide relevant documents as a part of Exhibit 28

4. For any criminal offense – other than a minor vehicle violation – have you ever: Yes No _____
 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? (If “Yes,” furnish the dates, locations, fines, sentences, level of charge (whether misdemeanor or felony), dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information as part of Exhibit 28)

5. Are you presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or agency? **If yes, the Applicant is not eligible for SBA assistance** Yes No _____



Application for Section 504 Loans

Section Two: Information Required to be Submitted by each Associate of the Applicant

6. If you are a 50% or more owner of the Applicant, are you more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services? **If yes, the Applicant is not eligible for SBA assistance** Yes No _____

7. Have you ever declared bankruptcy? Yes No _____
If yes, please provide relevant documents as a part of Exhibit 27

8. Are you currently the subject of any pending lawsuits (including divorce)? Yes No _____
If yes, please provide relevant documents as a part of Exhibit 27

9. Has the Applicant or any affiliated company of the Applicant as well as any Associate of the Applicant received any previous government financing? Yes No _____
If yes, please provide relevant documents as a part of Exhibit 9

Veteran/Gender/Race/Ethnicity Information

This data is collected for program reporting purposes only. Disclosure is voluntary and has no bearing on the credit decision.

Categories	Category Codes	Response
Veteran	1=Non-Veteran; 2=Veteran; 3=Service-Disabled Veteran; 4=Spouse of Veteran; X=Not Disclosed	
Gender	M=Male; F=Female; X=Not Disclosed	
Race	1=American Indian or Alaska Native; 2=Asian; 3=Black or African American; 4=Native Hawaiian or Pacific Islander; 5=White; X=Not Disclosed	
Ethnicity	H=Hispanic or Latino; N=Not Hispanic or Latino; X=Not Disclosed	

Criminal Penalties for False Statements – The undersigned certifies that all information provided in this Section Two is true and complete to the best of his or her knowledge. The undersigned acknowledges that whoever makes any false statement or report, or willfully overvalues any land property or security for the purpose of influencing in any way the action of the SBA under the Small Business Investment Act, as amended, may be fined up to \$250,000 and/or be put in jail for up to 5 years under 18 USC § 1001, may be fined not more than \$5,000 and/or put in jail for not more than 2 years under 15 USC § 645, and if false statements are submitted to a Federally insured institution, may be punished by a fine of not more than \$1,000,000 or by imprisonment for up to 30 years, or both, pursuant to 18 U.S.C. 1014. The undersigned further acknowledges that, in connection with a 504 loan, submission of any false statement to the CDC or SBA or submission of any record to the CDC or SBA omitting material information can result in civil money penalties and additional monetary liability up to three times the amount of damages which the Government sustains because of the false statement under the False Claims Act, 31 U.S.C. 3729.

Signature: _____ Date: _____

Print Name: _____

Signer's Relationship with Applicant Business: _____



Application for Section 504 Loans

Section Three: Statements Required by Law and Executive Order and Certifications

(Signed by the Applicant and Associates)

undersigned further acknowledges that, in connection with a 504 loan, submission of any false statement to the CDC or SBA or submission of any record to the CDC or SBA omitting material information can result in civil money penalties and additional monetary liability up to three times the amount of damages which the Government sustains because of the false statement under the False Claims Act, 31 U.S.C. 3729.

The Applicant's authorized representative must sign below. If the project involves an EPC/OC structure, an authorized representative for each co-borrower must sign. Attach additional signature pages if needed.

Legal Name of Applicant Business: _____ EPC or OC: _____

DBA/Trade Name (if applicable): _____

Authorized Signature: _____ Date: _____

Print Name of Authorized Representative: _____ Title: _____

Attested By: _____ (seal, if required)

Legal Name of Business: _____ EPC or OC: _____

DBA/Trade Name (if applicable): _____

Authorized Signature: _____ Date: _____

Print Name of Authorized Representative: _____ Title: _____

Attested By: _____ (seal, if required)

Each Associate of the Applicant must sign below. Each individual should only sign once. Attach additional signature pages if needed.

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

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-T, visit www.irs.gov/form4506t.**

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

| / / | / / | / / | / / |

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ _____
Signature (see instructions) Date

▶ _____
Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ _____
Spouse's signature Date



MANAGEMENT RESUME

Please fill in ALL BLANKS. If an item is not applicable, please indicate as such. You may include additional relevant information on a separate exhibit. SIGN/DATE where indicated.

PERSONAL INFORMATION:

NAME _____ SSN _____ - _____ - _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
(City, State)

RESIDENCE PHONE (____) _____ - _____ BUSINESS TELEPHONE (____) _____ - _____

EMAIL ADDRESS _____

RESIDENCE ADDRESS _____
(Street Name) (City) (State) (ZIP)

LIVED AT RESIDENCE FROM _____ TO PRESENT DATE _____
(Month/Year)

PREVIOUS ADDRESS _____
(Street Name) (City) (State) (ZIP)

LIVED AT RESIDENCE FROM _____ TO _____
(Month/Year) (Month/Year)

SPOUSE'S NAME _____ SSN _____ - _____ - _____

ARE YOU EMPLOYED BY THE U.S. GOVERNMENT? Yes No AGENCY/POSITION _____

ARE YOU A U.S. CITIZEN? Yes No IF NO, GIVE ALIEN REGISTRATION NUMBER _____

EDUCATION:

High School/College/Technical-Name/Location	Dates Attended	Degree/Certificate	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE BACKGROUND:

Branch of Service _____ Dates of Service _____ to _____

WORK EXPERIENCE: List chronologically, beginning with present employment

Company Name _____ Location (City/State) _____

From _____ To _____ Job Title _____

Duties _____

Company Name _____ Location (City/State) _____

From _____ To _____ Job Title _____

Duties _____

Company Name _____ Location (City/State) _____

From _____ To _____ Job Title _____

Duties _____

Signature

Date (Month/Day/Year)



ACKNOWLEDGEMENT FOR SECTION 504 LOAN

Name of Borrower: _____

Name of Small Business Concern (SBC) (if different): _____

Table with 4 columns: #, Question, Yes, No. Contains 8 numbered questions regarding loan terms, guarantors, and SBA requirements.

Acknowledged by Applicant (each Proprietor, General Partner, Limited Partner or Stockholder owning 20% or more, and each Guarantor must sign once)

Signature: _____ Date: _____

Acknowledged by Guarantors

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____