



214 East Center St.  
 Pocatello, Idaho 83201  
 Phone: 208-233-4535  
 Fax 208-233-5232  
 www.sicog.org

<b><u>Loan Application</u></b>		
<b><u>Company Information</u></b>		
<b>OPERATING COMPANY</b>		
Company Name:		DBA (trade name):
Duns No.	NAICS Code:	
Company Address (Street, City, ST, Zip):		
Mailing Address:		
Company Website:		
Principal in Charge:	Phone:	Email:
Type of Business:	Date Established:	
Type of Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
<b>Company Ownership</b>		
Name:	% Ownership:	
Name:	% Ownership:	
Name:	% Ownership:	
Name:	% Ownership:	
Name:	% Ownership:	
<b>REAL ESTATE HOLDING COMPANY</b>		
<i>(If Real Estate is personally owned, please indicate name of owner below)</i>		
Company Name:		Date Established:
Mailing Address:		
Principal in Charge:	Phone:	Email:
Type of Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
<b>Company Ownership</b>		
Name:	% Ownership:	
Name:	% Ownership:	
Name:	% Ownership:	
Name:	% Ownership:	
Name:	% Ownership:	
<b>Loan Department Contacts</b>		
<b>Jake Osweiler</b>	<b>Layne Bourgeois</b>	
<b>RLF Loan Officer</b>	<b>Executive Director</b>	
208-233-4535 Ext. 1013	208-233-4535 Ext. 1001	
jake.osweiler@sicog.org	layne.bourgeois@sicog.org	
<b>This application can be completed online at <a href="http://www.sicog.org">www.sicog.org</a></b>		

PROJECT INFORMATION			
Project Address:			
Sq. Footage of New Building:		Sq. Footage to be used:	
Will any portion of the new building be leased out?			
If so, to whom and how many square feet?			
TOTAL PROJECT COSTS			
Purchase of Existing Building		New Construction	
Purchase Price	\$	Land Acquisition	\$
Remodel	\$	Construction Costs	\$
Equipment	\$	Architects, Permits, Etc.	\$
Other/Refinance	\$	Equipment	\$
Total	\$	Total	\$
Please describe how loan funds will be used:			
Please explain where the down payment will come from:			
ECONOMIC BENEFIT			
Number of Current Employees:		Full Time:	Part Time:
Estimated number of employees in two years as a result of the project:			
Estimated Full-Time:		Estimated Part-Time:	
MISCELLANEOUS QUESTIONS			
Have you or any of your businesses filed for bankruptcy? ___ Yes ___ No		<b>Attach an explanation if needed</b>	
Are you and your businesses involved in any pending or prior lawsuits? ___ Yes ___ No		<b>Attach an explanation if needed</b>	
Have you ever received an SBA loan?			
Original Loan Amount: \$		Date of Loan:	Status of Loan:
Current Loan Balance: \$		Current Loan Number:	

**HISTORY & NATURE OF BUSINESS**

When was your company established and by whom?

When did you gain control of the business?

What products or services do you sell?

How do you market your products and/or services?

How will this loan benefit your business?

Please provide narrative on any other unique aspects of your business such as patents pending, awards, special contracts, management style, business model, etc.

**Personal History & Resume**

***One copy of this form needs to be completed by individuals who own 20% or more of the Operating Company and/or Real Estate Holding Company***

Full Legal Name:

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email:

Previous Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Marital Status:  Married  Single  Divorced Number of Children: \_\_\_\_\_

Spouse's Name:

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Government Questions**

***The following information is requested by the Federal Government in order to monitor compliance with Federal Law. You are not required to provide it, but are encouraged to do so. This information will not be used to evaluate your application or to discriminate against you in any way. SICOG is an Equal Opportunity Lender.***

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

Are you employed by the U.S. Government?  Yes  No

If yes, please provide the name of the agency and your position:

Branch of Military: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Honorable:  Yes  No

Job Description:

Are you currently under indictment, on parole or probation?  Yes  No If yes, indicate the date that parole or probation is to expire.

Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted (all arrests and charges must be disclosed and explained on an attached, signed sheet).  Yes  No

Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor motor vehicle violation?  
 Yes  No

**Education**

College or Training Institution	Dates Attended	Major
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1)	_____ to _____	
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2)	_____ to _____	
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3)	_____ to _____	
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<b>Work Experience</b>	
<i>List chronologically, beginning with present employment</i>	
Name of Company:	% Ownership:
Full Address:	
Title:	From _____ to _____
Duties:	
Name of Company:	% Ownership:
Full Address:	
Title:	From _____ to _____
Duties:	
Name of Company:	% Ownership:
Full Address:	
Title:	From _____ to _____
Duties:	
<b>Disclosure &amp; Signature</b>	
<i>To the best of my/our knowledge, the information contained in this application is true and accurate. I/we have not paid anyone for help in preparing this application, nor have we relied on SICOG for the information contained therein. There is no direct or indirect conflict of interest between me/us and SICOG. This application authorizes SICOG and its affiliates to verify any and all of the information contained herein, and to check any and all of my/our credit, wherever it may be.</i>	
Date: _____	Name: _____
	Signature: _____