



Capital Growth Solutions, LLC  
SBA Loan Application

**OPERATING COMPANY INFORMATION**

Business Name \_\_\_\_\_ Structure: \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Sole Prop \_\_\_ LLC  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Tax ID # \_\_\_\_\_ Date Established \_\_\_\_\_ Website \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**OPERATING COMPANY OWNERSHIP (Please complete Addendum A for each 20% or more owner of the business)**

Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ E-mail \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ E-mail \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ E-mail \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ E-mail \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ E-mail \_\_\_\_\_

**PROJECT INFORMATION (Actual location of business)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Size (sq. ft.) of the proposed facility? \_\_\_\_\_

**BORROWING COMPANY INFORMATION (if different from above - use if a real estate holding company is applicable)**

Business Name \_\_\_\_\_ Structure: \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Sole Prop \_\_\_ LLC  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Tax ID # \_\_\_\_\_ Date Established \_\_\_\_\_ Website \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**BORROWING COMPANY OWNERSHIP (Please complete Addendum A for each 20% or more owner of the business)**

Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ E-mail \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ E-mail \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ E-mail \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ E-mail \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ E-mail \_\_\_\_\_



**DETAIL OF PROPOSED USES OF FUNDS (PROJECT COSTS)**

**A. REAL ESTATE (New Purchase)**

**COMMENTS**

Address: \_\_\_\_\_ \$ \_\_\_\_\_  
(Complete Addendum C Section 2)

Total Cost \$ \_\_\_\_\_

**B. NEW CONSTRUCTION (to include remodeling & improvements)**

Land: New Purchase \$ \_\_\_\_\_  
(Complete Addendum C Section 3)

Land: Previously Acquired \$ \_\_\_\_\_  
(Complete Addendum C Section 3)

Building - New Construction Contract \$ \_\_\_\_\_

Remodeling Costs \$ \_\_\_\_\_

Leasehold Improvements \$ \_\_\_\_\_

Other (specify) \$ \_\_\_\_\_

Total Cost \$ \_\_\_\_\_

**C. MACHINERY/EQUIPMENT/FURNITURE/FIXTURES**

Machinery (provide list) \$ \_\_\_\_\_

Equipment (provide list) \$ \_\_\_\_\_

Furniture \$ \_\_\_\_\_

Fixtures \$ \_\_\_\_\_

Other (specify) \$ \_\_\_\_\_

Total Cost \$ \_\_\_\_\_

**D. OTHER**

Acquisition of Existing Business \$ \_\_\_\_\_

Inventory Purchase \$ \_\_\_\_\_

Debt Refinancing \$ \_\_\_\_\_  
(Complete Addendum B & Addendum C Section 4)

Working Capital \$ \_\_\_\_\_

Total Cost \$ \_\_\_\_\_

**TOTAL ESTIMATED PROJECT COST** \$ \_\_\_\_\_

**LESS OWN CASH/EQUITY TO BE USED IN PROJECT** \$ \_\_\_\_\_

**TOTAL LOAN REQUESTED FOR THE PROJECT** \$ \_\_\_\_\_

Brief Description of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SOURCE OF EQUITY INJECTION**

Cash \$ \_\_\_\_\_ Please provide a current bank statement verifying the funds are available.  
Gift \$ \_\_\_\_\_ Please provide a copy of the gift letter as well as a current bank statement verifying the funds are available from the person giving the gift funds.  
Seller \$ \_\_\_\_\_ Please provide a copy of the seller financing note outlining all terms and conditions.

**EMPLOYEE QUESTIONNAIRE**

Total Number of Existing Employees \_\_\_\_\_

The number of new employees anticipated as result of this project within the next two years:

Number of New Employees	Job Type
_____	_____
_____	_____
_____	_____
_____	_____

**HISTORY AND NATURE OF YOUR BUSINESS**

When was your company established and by whom? \_\_\_\_\_  
\_\_\_\_\_

When was current ownership structure established? \_\_\_\_\_

What products or services do you provide? (Enclose any catalogs or brochures) \_\_\_\_\_  
\_\_\_\_\_

What is your geographic market area? \_\_\_\_\_

Who are your major customers?

NAME	CITY, STATE, OR COUNTRY	PERCENT (%) SALES
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who are your major suppliers?

NAME	CITY, STATE, OR COUNTRY	PRODUCT PURCHASED
_____	_____	_____
_____	_____	_____
_____	_____	_____



**HISTORY AND NATURE OF YOUR BUSINESS (Continued)**

Who are your major competitors?

NAME	CITY, STATE, OR COUNTRY	COMPETING PRODUCT
_____	_____	_____
_____	_____	_____
_____	_____	_____

How will the proposed SBA loan change or aid in the growth of your business? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL QUESTIONS**

- a. Are you or any owner delinquent on any business or personal taxes?  Yes  No
- b. Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings?  Yes  No
- c. Are you or your business involved in any pending lawsuits?  Yes  No
- d. Does any applicant or their spouse or any member of their household, or anyone who owns, manages or directs your business or their spouses or member of their households, work for the Small Business Administration, Small Business Advisory Council, SCORE or ACE, any Federal Agency, or the participating lender?  Yes  No
- e. Do you buy from, sell to, or use the services of any concern in which someone in your company has a financial interest?  Yes  No
- f. Is this business a start-up or has it operated less than 24 months?  
If Yes, please complete Addendum C Section 1  Yes  No
- g. Is this business a franchise?  
If Yes, franchise name \_\_\_\_\_ (Please provide a copy of the agreement)  Yes  No
- h. Does your business presently, or will it as a result of this loan, engage in export trade?  
If Yes, total export sales this loan would support \$ \_\_\_\_\_  Yes  No
- i. Does your company or any owner own title to a patented, trademarked, or copyrighted product?  Yes  No
- j. Does your company or any owner have an existing or prior SBA or other government loan?  
If Yes, please complete Addendum D  Yes  No
- k. Does or will the company lease any real estate for operations?  
If Yes, please provide a copy of the Current or Proposed Lease  Yes  No



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SBA Loan Application

Addendum A

FOR EACH 20% OR MORE OWNER OF THE APPLICANT BUSINESS

Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOCUMENTATION CHECKLIST

- SBA Form 1919** (Form provided in Application packet)
- SBA Form 413** - If married spouse must sign and date the form as well. (Form provided in Application packet)
- SBA Résumé** (Form provided in Application packet)
- Credit Authorization** (Form Provided in Application packet)
- Complete **Personal Tax Returns** for the past 3 years
- W-2's** for both spouses, for the last fiscal year

AFFILIATE BUSINESSES

Do you hold any ownership in any other businesses?  Yes  No

If Yes, please complete and provide the following for each business:

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Title \_\_\_\_\_ % Ownership \_\_\_\_\_ Tax ID # \_\_\_\_\_ Date Established \_\_\_\_\_  
Total Number of Existing Employees \_\_\_\_\_

- Complete **Business Tax Returns** for the past 3 years
- Interim **P&L** and **Balance Sheet** (Current within the last 30 days)
- Business Debt Schedule** (Form provided in Application Packet)

*I hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my knowledge.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



**Capital Growth Solutions, LLC**  
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Addendum B

**BUSINESS DEBT SCHEDULE**

List all Installment Debts, Notes Payable, Contracts, and Mortgages  
*Do not include Accounts Payable or Accrued Liabilities.*

Business Name \_\_\_\_\_

As of Date \_\_\_\_\_

*Please star (\*) any SBA loans and complete Addendum F.*

Creditor Name	Original Date	Original Amount	Term	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral	Loan Purpose
*Total Present Balance					Total Monthly Payment				

\* Total must agree with the balance shown on your most recent business financial statement.

**NOTES AND COMMENTS:**

*This information is certified to the best of my knowledge.* SIGNED \_\_\_\_\_ DATE \_\_\_\_\_



Section 1: Business Start-Up

Documentation Checklist:

- Business Plan
- 3 year projections (First two years must be monthly)
- Written narrative explaining the assumptions used to formulate the projected income & expenses for each year
- Corporate Docs & Tax ID #

Section 2: Real Estate Purchase

Documentation Checklist:

- Executed Purchase Contract or Executed Letter of Intent

Section 3: New Construction

Documentation Checklist:

- Executed Land Purchase Contract or Executed Letter of Intent

If the Land was previously acquired:

- a. What Month & Year was the land acquired? \_\_\_\_\_
- b. What was the purchase price of the land? \_\_\_\_\_
- c. What is the anticipated current market value of the land? \_\_\_\_\_
- d. Who is the legal owner of the land? \_\_\_\_\_

- Construction Contract or Bid
- Breakdown of Construction Costs

Section 4: Debt Refinancing

Documentation Checklist:

- Copy of the Original Note to be refinanced including all modifications, extensions, and renewals

What was the original use of funds? \_\_\_\_\_

What is the collateral on the existing Note? \_\_\_\_\_

Is any debt being refinanced credit card debt?  Yes  No

If Yes, provide the most recent statement for each credit card account

*IF THE CREDIT CARD IS A PERSONAL ACCOUNT, PLEASE PROVIDE RECIEPTS VERIFYING THE PURCHASES WERE FOR BUSINESS PURPOSE. The receipts must total the full amount being refinanced.*



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**SBA Loan Application**

Addendum D

**PREVIOUS GOVERNMENT FINANCING**

List any previous government financing received by the applicant small business concern or any affiliated company of the applicant as well as any associate or principal of the applicant.

*Loan Status: **C**urrent, **DE**linquent, **PAID** in full, or **CH**arged off*

Agency Name and SBA Loan #	Borrower's Name	Date of Application	Original Amount	Outstanding Balance	Loan Status	Collateral	\$ Amount of Loss to the Government

Other Information, explanations, or comments:

*I certify that the above fairly and accurately reflects any and all previous and current government financing.*

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_





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Credit Authorization

The undersigned authorizes Capital Growth Solutions LLC. ("Lender") / or its assignees to make such inquiries and gather such information as the lender deems necessary and reasonable concerning and information provided to the lender on this Application or on any such required document, including inquiries to the Internal Revenue Service, and any local Credit Bureau Reporting Agencies. The undersigned further agrees to notify the Lender of any material change in any such information. Please note, by signing this authorization your credit report will be pulled and there will be a non-refundable \$25 fee incurred.

BY (AUTHORIZED SIGNATURE) \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**Capital Growth Solutions LLC.**  
6650 E. Brainerd Road, Suite 212  
Chattanooga, TN 37421  
423-475-5700



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Full Legal Name: First Middle Last Maiden

Spouse's Full Legal Name: First Middle Last Maiden

Corporate Office Held: S.S. #:

Current Home Address: Address Apt. # State Zip

Lived There From: Month & Year to Current Phone #: ( ) -

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

If Yes, please provide the name of the agency and position held:

PERSONAL

Are you a U.S. Citizen? Yes No Place of Birth: Date of Birth:

If No, Are you a Lawful Permanent Resident Alien? Yes No INS Alien Reg. Card #:

Previously Used Names: Dates:

Marital Status: Single Married Separated

Are you offering your personal guaranty? Yes No (Owners of 20% of the business must guaranty)

Have you ever been convicted, charged with, or arrested for any criminal offense other than minor traffic violations?

Yes No If Yes, please furnish details in separate exhibit

Are you presently under indictment, on parole or probation? 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 vehicle violation? Yes No

Have you ever filed bankruptcy? Yes No

EDUCATION

High School: From: To: Graduated?

College or Technical Training:

Name: From: To: Graduated?

City: Major: Degree:

Name: From: To: Graduated?

City: Major: Degree:

MILITARY SERVICE BACKGROUND

Branch:

From: To: Rank at Discharge: Honorable?

Major Assignments & Accomplishments:



**WORK / PROFESSIONAL EXPERIENCE**

List all your jobs beginning with your present employment, going back to when you were a student. Emphasize accomplishments as well as responsibilities.

*If a formatted résumé is available, you can put "see attached" below and provide a copy of your formatted résumé. Please still fill out page one of the résumé form and sign below.*

1. Name of Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_  
Month & Year Month & Year

Duties:

2. Name of Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_  
Month & Year Month & Year

Duties:

3. Name of Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_  
Month & Year Month & Year

Duties:

4. Name of Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_  
Month & Year Month & Year

Duties:

5. Name of Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_  
Month & Year Month & Year

Duties:

**COMMUNITY / PROFESSIONAL ACTIVITIES & AWARDS:**

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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Beginning Month/Year \_\_\_\_\_

Name of Business \_\_\_\_\_

	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month	Total
Gross Sales or Receipts													
Less: Cost of Goods Sold													
Gross Profit													
Less Expenses													
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
Total Expenses													
Net Profit Before Taxes													

*This information is certified correct to the best of my knowledge .*

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_