

EDA Metropolitan Loan Program Application

All questions must be answered completely. If a question does not apply, please answer "N/A." If you do not know the answer, please answer "unknown." Do not leave any spaces blank. Please contact a St. Louis Economic Development Partnership loan officer if you have any questions or need help completing the application.

BUSINESS INFORMATION

Business Name: _____ Trade Name (DBA): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Contact: _____ Phone: _____ Email: _____

Secondary Contact: _____ Phone: _____ Email: _____

Type of Business Entity: LLC S-Corporation C-Corporation Sole Proprietor
 Partnership Other: _____

Date established: _____ Tax ID: _____ DUNS#: _____

Industry Description/NAICS Code: _____ State of Formation: _____

Describe the nature and history of the business:

OWNERSHIP INFORMATION

List all owners of the company. Ownership % must equal 100%.

Name: _____ Title: _____ Ownership %: _____

Name: _____ Title: _____ Ownership %: _____

Name: _____ Title: _____ Ownership %: _____

Name: _____ Title: _____ Ownership %: _____

Name: _____ Title: _____ Ownership %: _____

PROJECT INFORMATION

Describe the project being financed and the benefit to your company:

Project Costs

Project Financing

Real Estate Purchase: _____	Loan Request: _____
Building Improvements: _____	Maximum request of \$150,000
Equipment: _____	Other Financing: _____
Furniture & Fixtures: _____	Source: _____
Inventory: _____	Term (months): _____
Working Capital: _____	Interest Rate: _____
Other: _____	Borrower Contribution: _____
Please describe: _____	
TOTAL: _____	TOTAL: _____

Project costs must equal project financing

Describe the sources of the borrower's contribution to the project:

Participating Bank/Lender Contact Information (If applicable):

Organization: _____ Contact: _____

Phone: _____ Email: _____

Project Address Information:

Project address is the same as current business address

Street Address: _____

City: _____ State: _____ Zip: _____

Project Address Information (cont.):

Number of years that Business Applicant has been at this location: _____

Does or will the Business Applicant lease the Project Location? Yes No

If yes, term of existing or proposed lease: _____ Monthly lease payment: _____

Will the Business Applicant (or a related entity) be purchasing the project location? Yes No

If yes, provide the following information:

Total Square Footage: _____ Land Area: _____

Purchase Price: _____ Expected Closing Date: _____

Other Building Tenants:

Business will occupy 100% of the space

Tenant Name: _____ Square Footage: _____

Lease Expiration: _____ Rent Amount: _____

Tenant Name: _____ Square Footage: _____

Lease Expiration: _____ Rent Amount: _____

Tenant Name: _____ Square Footage: _____

Lease Expiration: _____ Rent Amount: _____

REAL ESTATE HOLDING COMPANY INFORMATION (if applicable):

Not applicable

Name of Entity: _____ Tax ID: _____

Type of Business Entity: LLC S-Corporation C-Corporation Sole Proprietor
 Partnership Other: _____

Date established: _____ State of Formation: _____

Entity Ownership. Ownership % must equal 100%.

Same as applicant business

Name: _____ Title: _____ Ownership %: _____

Name: _____ Title: _____ Ownership %: _____

Name: _____ Title: _____ Ownership %: _____

Name: _____ Title: _____ Ownership %: _____

AFFILIATE BUSINESSES

List any businesses that the applicant business entity has any ownership in.

Applicant business does not have any ownership in any other business entity.

Business Name: _____ Ownership %: _____

Tax ID: _____ NAICS Code: _____ DUNS#: _____

Business Name: _____ Ownership %: _____

Tax ID: _____ NAICS Code: _____ DUNS#: _____

Business Name: _____ Ownership %: _____

Tax ID: _____ NAICS Code: _____ DUNS#: _____

EMPLOYMENT IMPACT

For purposes of the following questions, the number of full-time equivalent employees is determined by adding up the total number of hours worked each week by all persons employed by the Applicant Business on a permanent basis and dividing that number by 40. Do not include independent contractors in this total.

Number of full-time equivalent employees currently employed by Applicant Business: _____

Number of full-time equivalent jobs expected to be created in the next two years: _____

Number of full-time equivalent jobs at risk of being lost if loan assistance is not received: _____

QUESTIONS

- Yes No Is the applicant business involved in any pending lawsuits?
- Yes No Has the applicant business ever filed for bankruptcy protection?
- Yes No Has the applicant business ever settled a debt for less than owed?
- Yes No Has the applicant business ever received a government loan?
- Yes No Has the applicant business ever received a loan or grant from the St. Louis Economic Development Partnership, STL Partnership CDC, St. Louis Development Corporation, or The St. Louis Local Development Corporation?
- Yes No Does the applicant business have any delinquent unpaid federal taxes or unresolved liens from taxes owed?
- Yes No Is the applicant business a franchise, or does it operate under a dealer or licensing agreement?

If you answered yes to any of the previous questions, provide a detailed explanation:

COVID-19 IMPACT

Describe how the business has been affected by the COVID-19 pandemic, if at all:

Describe how the business has changed its operations during the COVID-19 pandemic, i.e. reduced capacity or additional safety measures:

Please attach additional pages as necessary.

I authorize the release to the St. Louis Economic Development Partnership (“SLEDP”) any information that may be required at any time for any purpose related to the loan request and credit transaction with it.

I authorize SLEDP to obtain a credit report on the Applicant Business using the credit reporting agency of its choice and to make any inquiries it deems necessary to verify the accuracy of the statements made and to determine its creditworthiness. I also authorize SLEDP to release any information to any person or entity it deems necessary for purposes related to the loan request and credit transaction.

I certify that the information provided in this application, including all attachments and financial statements submitted with this application or at a later date, are true to the best of my knowledge.

I certify that I have the authority to submit this application on behalf of the Applicant Business. Applicant Business agrees to update the information provided if any significant changes occur prior to a decision on the loan request.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

EDA/MLP APPLICATION CHECKLIST

General Information

- Complete Application (signed)
- Bank Commitment Letter (if applicable)
- Cost Documents (Bids, Invoices, Sales Contracts, ect.)
- \$100 Application Fee (Non-refundable - Your application cannot be processed until application fee is received)

Personal Information

Persons owning 20% or more of the Applicant Business, the real estate holding company, if any, and all guarantors must submit the following documents:

- Personal Federal Tax Returns for the last two years (signed)
- Personal Financial and History Statement (signed)
- Management Biographies (may be in synopsis, CV, or resume form)

Business Information

Applicant Business, real estate holding company, if any, and any affiliate businesses must submit the following documents:

- Business Federal Tax Returns (Previous 2 years)
- Interim Balance Sheet and Profit & Loss Statements (Current within 60 days of application)
- Accounts Receivable & Accounts Payable Aging (Current within 60 days of application)
- Business debt schedule
- Entity Documents (Articles of Organization and Operation agreement, if an LLC; Articles of Incorporation and Bylaws, if a corporation; Partnership Agreement, if a Partnership)
- Lease (if applicable)

If the business is a start-up (under 2 years in operation) or historic cash flow cannot support the request, also include:

Business Plan (including a marketing plan, area demographics, relevant experience, and factors for success

- Financial Projections (3 years of projections with the 1st year broken out month by month)

Please include note with the application fee check indicating the name of the business applicant the project is or will be located in St. Louis County, please send a check in the amount of \$100, payable to the **St. Louis Economic Development Partnership**, to the following address:

Ms. Netta Kowalski
St. Louis Economic Development Partnership
7733 Forsyth Blvd. Suite 2200
St. Louis, MO 63105

If the project is or will be located in the City of St. Louis, please send a check in the amount of \$100, payable to The **St. Louis Local Development Company**, to the following address:

Mr. Chris Maguire
St. Louis Development Corporation
1520 Market Street, Suite 2000
St. Louis, MO 63103

BUSINESS DEBT SCHEDULE

Complete a debt schedule for all businesses and affiliates.

Business Name: _____

Business has no debt

Creditor	Loan Purpose	Original Debt Amount	Present Balance	Monthly Payment	Interest Rate	Term (months)	Date Approved	Maturity Date	Security or Collateral	Current?	Government Source?
										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Owner Signature: _____ Date: _____

Print Name: _____ Title: _____

Personal Financial and History Statement

This form must be completed by each personal having an ownership interest of 20% or more in the borrowing entity and/or all guarantors.

Name of Business Applicant: _____ Ownership %: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

First Name: _____ Middle Name: _____ Last Name: _____

Former Names & dates each name used:

Social Security Number: _____ Date of Birth: _____ Place of birth: _____

Are you a U.S. Citizen? Yes No If No, are you a lawful permanent resident alien? Yes No

Present Resident Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Most Recent Prior Address: _____ From: _____ To: _____

City: _____ State: _____ Zip: _____

Spouse Name: _____ SSN: _____ DOB: _____

QUESTIONS

- Yes No Are you involved in any pending lawsuits?
- Yes No Have you ever filed for bankruptcy protection?
- Yes No Have you ever settled a debt for less than owed?
- Yes No Have you ever received a government loan?
- Yes No Do you have any delinquent unpaid federal taxes or unresolved liens from taxes owed?
- Yes No Has any business you own ever received a loan or grant from the St. Louis Economic Development Partnership, STL Partnership CDC, St. Louis Development Corporation, or The St. Louis Local Development Corporation?
- Yes No Are you or your immediate family members by blood, marriage, or adoption related to a board member of the St. Louis Economic Development Partnership, STL Partnership CDC, St. Louis Development Corporation, or The St. Louis Local Development Corporation?

QUESTIONS (cont.)

Yes No Are you or your immediate family members by blood, marriage, or adoption related to an elected or appointed official or employee of the City of St. Louis or St. Louis County?

Yes No Do you buy from, sell to, or use the service of any concern in which someone in the company has a significant financial interest? (This includes project contractors)

If you answer yes to any of the previous questions, provide a detailed explanation:

It is important that the next three questions be answered completely. An arrest or conviction record will not necessarily disqualify you; however, an untruthful answer will cause your application to be denied.

If you answer "yes" to the following questions, please furnish details on a separate sheet. Include dates, locations, fines, sentences, whether misdemeanor or felony, date(s) of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information.

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

If yes, indicate date parole or probation is to expire: _____

Yes No 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 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 vehicle violation?

AFFILIATE BUSINESSES

List any business that you (or your spouse) have any ownership in.

I/We have no ownership in any other business entity.

Business Name: _____ Ownership %: _____

Tax ID: _____ NAICS Code: _____ DUNS#: _____

Business Name: _____ Ownership %: _____

Tax ID: _____ NAICS Code: _____ DUNS#: _____

Business Name: _____ Ownership %: _____

Tax ID: _____ NAICS Code: _____ DUNS#: _____

PERSONAL FINANCIALS

ASSETS

Cash: _____
 Savings Accounts: _____
 Retirement Accounts: _____
 Life Insurance (surrender value): _____
 Stocks & Bonds: _____
 Real Estate: _____
 Automobiles: _____
 Other Personal Property: _____
 Ownership in Business: _____
 Other Assets: _____
TOTAL ASSETS: _____

LIABILITIES

Credit Cards: _____
 Accounts Payable: _____
 Notes Payable: _____
 Auto Loans: _____
 Installment Accounts: _____
 Loans Against Life Insurance: _____
 Mortgages: _____
 Unpaid Taxes: _____
 Unpaid Judgements: _____
 Other Liabilities: _____
TOTAL LIABILITIES: _____

SOURCES OF INCOME

Salary: _____
 Net Investment Income: _____
 Real Estate Income: _____
 Business Distributions: _____
 Social Security Benefits: _____
 IRA, Pensions & Annuities: _____
 Other Income: _____

ANNUAL DEBT PAYMENT

Residence: _____
 HELOC or Other Mortgage: _____
 Auto Loans: _____
 Student Loans: _____
 Credit Cards: _____
 Other Notes Payable: _____

Description of other income:

*Alimony or child support need not be disclosed in "Other Income" unless it is desired to have such payments counted towards total income

Notes Payable (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)

Creditor	Purpose	Payment (monthly)	Current Balance	Original Balance	Collateral

Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as part of this statement and signed)

Security	# of Shares	Valuation	Cost per	Market value	Total Market

Real Estate Owned

	Property A (Primary)	Property B	Property C
Property Type			
Title Holder			
Street Address			
City, State, Zip			
Present Value Amount			
Original Cost Amount			
Purchase Date			
Mortgage Holder			
Monthly Payment			
Current Balance			
Rental Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes No

Other Personal Property and Other Assets. Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.

Unpaid Taxes. Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.

Other Liabilities. Describe in detail below.

Contingent Liabilities. Describe any contingent liabilities, such as loans guaranteed or pending lawsuits.

Life Insurance Held. Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.

I authorize the release to the St. Louis Economic Development Partnership (“SLEDP”) any information that may be required at any time for any purpose related to the loan request and credit transaction with it.

I authorize SLEDP to obtain a credit report on me through the credit reporting agency of its choice and to make any inquiries it deems necessary to verify the accuracy of the statements made and to determine my creditworthiness. I also authorize SLEDP to release any information to any person or entity it deems necessary for purposes related to the loan request and credit transaction.

I certify that the information provided in this Personal History and Financial Statement, including all attachments and financial statements submitted along with it or at a later date, are true to the best of my knowledge. I understand that this information is being provided for the purpose of either obtaining a loan or guaranteeing a loan.

I agree to update the information provided if any significant changes occur prior to a decision on the loan request.

Signature: _____ Date: _____

Printed Name: _____

Spouse Signature: _____ Date: _____

Printed Name: _____

CONTACT INFORMATION

St. Louis Economic Development Partnership

120 S. Central Ave., Suite 1200

St. Louis, MO 63105

Main phone: 314.615.7663 | Fax number: 314.615.7666

SLEDP LOAN OFFICERS

Zack Folk

Roger Schlueter

Tim Bohnert

zfolk@stlpartnership.com

rschlueter@stlpartnership.com

tbohnert@stlpartnership.com

314.276.4203

314.615.8146

314.615.7693