



BUSINESS LOAN INQUIRY

Business Information Center

I. BUSINESS INFORMATION

Business Name (exact legal name)		Doing Business As (if applicable)	
Business Street Address		Business Mailing Address	
Website:	Business Phone		Contact E-mail Address
		Date Business Established	
Sum of all PAID employees and owners			

Are you "Certified" as any of the following Enterprises? (Please mark all that apply)

<input type="checkbox"/>	Minority Business Enterprise	<input type="checkbox"/>	Women's Business Enterprise	<input type="checkbox"/>	Service-Disabled Veteran Owned	<input type="checkbox"/>	None of These
Find Information about related "Certification" at: https://www.utah.gov/business/running/counseling_running.html							

II. PROJECT OVERVIEW – For a projected two-year period

How much money do you need to borrow?	\$
Please mark collateral available for a loan?	<input type="checkbox"/> Real Estate <input type="checkbox"/> Equipment <input type="checkbox"/> Other:

How will a loan benefit your business?

INSTRUCTIONS: For a projected two-year period, please describe all sources of funding that will contribute to the costs of executing the plan you describe in your Business Plan.

	TOTAL Project Costs	Desired Sources of Funding		
		Ogden City Loan Proceeds* <i>Maximum \$90,000.00</i>	Borrower Funds/Equity	Other Loan/Private Financing
Real Estate Purchase	\$	\$	\$	\$
Fixtures, Furniture or Equipment	\$	\$	\$	\$
Operating Expenses	\$	\$	\$	\$
Debt payoff or consolidation	\$	\$	\$	\$
Purchase Existing Business	\$	\$	\$	\$
Other – Please describe:	\$	\$	\$	\$
Total	\$	\$	\$	\$

What is the source of your "Other Loan/Private Financing"?	
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JOB CREATION PLAN – For a projected two-year period

- Your job creation plan is an important factor considered for Ogden City business loans.

Job Title	Year Job Will Be Created	Estimated Hourly Wage	Hours Working Each Week	# of Positions
		\$		
		\$		
		\$		
		\$		





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III. OWNERSHIP INFORMATION

Complete this section for each person with any ownership in the business (even 1% or less). Use additional sheets as necessary. Any owner of 20% or more is required to sign a personal guarantee.

Years Under Current Management	
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Managing Owner Name		Estimated Credit Score	Percentage Owned
			%
Address	City	State	Zip
Email Address	Household Adjusted Gross Income	Household Size	Phone Number
	\$		

Owner 2 Name		Estimated Credit Score	Percentage Owned
			%
Address	City	State	Zip
Email Address	Household Adjusted Gross Income	Household Size	Phone Number
	\$		

Owner 3 Name		Estimated Credit Score	Percentage Owned
			%
Address	City	State	Zip
Email Address	Household Adjusted Gross Income	Household Size	Phone Number
	\$		

IV. DISCLOSURE AND CERTIFICATION

Per OMB Approval Number 2535-0113, collection of Race and Ethnic Data is required under 24 CFR—PART 1—Nondiscrimination in Federally Assisted Programs of the Department of Housing and Urban Development (HUD)—Effectuation of the Title VI of the Civil Rights Act of 1964. HUD's Title VI regulations, specifically 24 CFR 1.6, require recipients of Federal financial assistance to maintain and submit racial and ethnic data so HUD may determine whether such programs comply with Title VI data collection requirements.

Owner	
Ethnic Categories <i>(Select One)</i>	
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not-Hispanic or Latino
Racial Categories <i>(Select All That Apply)</i>	
<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian /Other Pacific Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Other
Is anyone in your household disabled?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Owner	
Ethnic Categories <i>(Select One)</i>	
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not-Hispanic or Latino
Racial Categories <i>(Select All That Apply)</i>	
<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian /Other Pacific Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Other
Is anyone in your household disabled?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Owner	
Ethnic Categories <i>(Select One)</i>	
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not-Hispanic or Latino
Racial Categories <i>(Select All That Apply)</i>	
<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian /Other Pacific Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Other
Is anyone in your household disabled?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

The information provided in the attached application is true and complete to the best of my/our knowledge and belief. I/We certify that household income and family size information provided herein is accurate and shall be used by Ogden City to determine if owner(s) meet the [HUD criteria defined in 570.506\(b\)](#) for low to moderate income benefit. I/We consent to the disclosure of such information for purposes of verification related to my/our application for financial assistance. I/We understand that any willful misstatements will be grounds for disqualification.

Signature of Managing Owner

Date

