**2483 Addendum – Additional Information**

**If the borrower applied for an EIDL Loan please complete the following (If N/A, please write in N/A):**

**When did you apply for the EIDL Loan?**

**How much was the EIDL Loan?**

**What were the EIDL loan funds used for? Please provide an itemized breakdown by use and dollar amount.**

**When did you receive the funds/ when was the EIDL loan disbursed?**

**If the borrower is a Franchise please complete the following (If N/A, please write in N/A):**

**What is the Name of the Franchise?**

**Is the Franchise Approved on the SBA Franchise Directory?**

**Please provide a brief summary of the nature of your business:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Supplemental Information**

|  |  |
| --- | --- |
| **General** | **Supplemental Information** |
| Company Name |   |
| NAICS Code | 00000 |
| Franchise | Yes or No  |
| Number of Current Employees |   |
| Number of Jobs Created |   |
| Number of Jobs Retained |   |
| Date Business Established |   |
| Primary Business |   |
| EPC or Operating Company | Yes or No  |
| Does the Small Business Applicant operate under a Franchise / License / Distributor / Membership / Dealer / Jobber or other type of Agreement? (If “Yes,” provide copies of your agreement(s) and any other relevant documents? | Yes or No |

**Principal Owner Information (*Please complete for all owners of the borrower. If nonprofit, please complete for the authorized signer*)**

|  |  |
| --- | --- |
| **Principal Person information** |  # 1 |
| First Name |   |
| Middle Initial |   |
| Last Name |   |
| Controlling Interest Management | Yes or No  |
| Percentage of Ownership |   |
| Date of Birth |   |
| Place of Birth (City) |   |
| Place of Birth (State) |   |
| Place of Birth (Country) |   |
| Citizenship |   |
| If you are not a US Citizen, are you a lawful permanent Resident Alien? If so, please include a copy of your LPR card as part of back-up documentation | Yes or No |
| Gender |   |
| Veteran |   |
| Primary Race | American Indian or Alaska Native, Asian, Black or African-American, Native Hawaiian or Pacific Islander, White, Not Disclosed  |
| Ethnicity | Hispanic or Latino, Not Hispanic, Not Disclosed |
| Office Phone |  |
| Home Phone |  |
| Zip |   |
| Street Address |   |
| City and State |   |
| Current Residence (From Date) |  |
| Current Residence (To Date) |  |

|  |  |
| --- | --- |
| **Principal Person information** |  # 2 |
| First Name |   |
| Middle Initial |   |
| Last Name |   |
| Controlling Interest Management | Yes or No  |
| Percentage of Ownership |   |
| Date of Birth |   |
| Place of Birth (City) |   |
| Place of Birth (State) |   |
| Place of Birth (Country) |   |
| Citizenship |   |
| If you are not a US Citizen, are you a lawful permanent Resident Alien? If so, please include a copy of your LPR card as part of back-up documentation | Yes or No |
| Gender |   |
| Veteran |   |
| Primary Race | American Indian or Alaska Native, Asian, Black or African-American, Native Hawaiian or Pacific Islander, White, Not Disclosed  |
| Ethnicity | Hispanic or Latino, Not Hispanic, Not Disclosed |
| Office Phone |  |
| Home Phone |  |
| Zip |   |
| Street Address |   |
| City and State |   |
| Current Residence (From Date) |  |
| Current Residence (To Date) |  |

***If there is an affiliate of your company, please complete the information below. If there are multiple affiliates, please provide detail for each affiliate business. For purposes of this form, affiliation means any organization in which a principal owner has an ownership stake in.***

**Affiliate Information**

**Affiliate Supplemental Information**

|  |  |
| --- | --- |
| **General** | **Supplemental Information** |
| Company Name |   |
| Company Address |   |
| Company Contact Name |   |
| Company Contact Email |   |
| Company Contact Phone |   |
| NAICS Code | 00000 |
| Franchise |   |
| Number of Current Employees |   |
| Number of Jobs Created |   |
| Number of Jobs Retained |   |
| Date Business Established |   |
| Primary Business |   |

**Affiliate Principal Owner Information**

|  |  |
| --- | --- |
| **Affiliate Person information** |  # 1 |
| First Name |   |
| Middle Initial |   |
| Last Name |   |
| Controlling Interest Management |   |
| Percentage of Ownership |   |

|  |  |
| --- | --- |
| **Principal Person information** |  # 2 |
| First Name |   |
| Middle Initial |   |
| Last Name |   |
| Controlling Interest Management |   |
| Percentage of Ownership |   |