

SPECIALTY LENDERS, LTD.

3205 McKnight East Drive, Pittsburgh, PA 15237-6423

LOAN APPLICATION

Date: _____

This Application is submitted to obtain a loan in the amount of \$ _____ by the undersigned Licensee/ represented by it's corporate officers, said loan to be used for the purchase/consolidation of debts/remodeling of a restaurant with liquor license. Submitted herewith is the amount of \$ _____ to be used for the appraisal of the restaurant and credit examination. This sum may be retained by Specialty Lenders, Ltd. whether this application is approved or not.

Referred to Specialty Lenders, Ltd.: _____

Purpose of Loan: _____

Applicant & Business Information

Corporation Name: _____ Trading as: _____

Premises Address: _____ Zip Code: _____ Municipality: _____

Is the Corporate Entity applying for this loan free and clear of any liens, judgments and/or secured transactions? () yes () no

Corporate Officers: President: _____ Secretary: _____

Treasurer: _____ Manager: _____

If leasing, is your rent current? () yes () no If not, how much are you in arrears? \$ _____

If you own your property, is your mortgage current? () yes () no If not, how much are you in arrears? \$ _____

How long have you owned your liquor license? _____ Is your liquor license current? _____ Expiration Date: _____

Do you owe taxes to PA Dept of L & I? _____ PA Dept of Revenue? _____ Allegheny Co. Drink Tax? _____

Tax filings with L & I and Revenue Current? () yes () no Has an extension been filed for your corporate tax return? () yes () no

Corporate Officer/President's Name: _____ Social Security No.: _____

Present Home Address: _____ City: _____ Zip Code: _____

DOB: _____ E-mail Address: _____ Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Marital Status: M – S – D Number of Dependants: _____ Ages: _____ Spouse's Name: _____

Corporate Officer/Secretary's Name: _____ Social Security No.: _____

Present Home Address: _____ City: _____ Zip Code: _____

DOB: _____ E-mail Address: _____ Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Marital Status: M – S – D Number of Dependants: _____ Ages: _____ Spouse's Name: _____

Additional Properties Owned

Name of Landlord or Mortgage Holder: _____

Title in Name of: _____ Date Purchased: _____ Price: \$ _____

Mortgage Balance: \$ _____ Monthly Payment: \$ _____

Name of Landlord or Mortgage Holder: _____

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LOAN APPLICATION (continued)

Title in Name of: _____ Date Purchased: _____ Price: \$ _____

Mortgage Balance: \$ _____ Monthly Payment: \$ _____

Have you had any citations issued by the Pennsylvania Liquor Control Board during the past 5 years? () yes () no

If so, how many and what was/were the charge(s)? _____

Banking Information

Business Checking

Institution and Branch _____ Account # _____

Personal Checking

Institution and Branch _____ Account # _____

Personal Savings

Institution and Branch _____ Account # _____

Credit Reference

Creditor	Original Debt	Creditor	Original Debt
1. _____	\$ _____	4. _____	\$ _____
2. _____	\$ _____	5. _____	\$ _____
3. _____	\$ _____	6. _____	\$ _____

Are you a co-maker, endorser, or guarantor on any loan or contract? () Yes () No

If yes, for whom? _____ To whom? _____

Are there any unsatisfied judgments against you? () Yes () No

If yes, to whom? _____ Amount? _____

Has the entity that owns the restaurant declared bankruptcy in the last 14 years? () Yes () No

If yes, where? _____

I/We certify, for the purpose of inducing Specialty Lenders, Ltd. to grant credit applied for herein, that all statements made in this credit application are true and correct, and I/We authorize Specialty Lenders, Ltd. to investigate and obtain such additional credit information as it may deem necessary or desirable in evaluation of my/our credit for the purposes of this application and in the future on an as needed basis

Applicant's Signature (Corporate Officer) Date: _____

Applicant's Signature (Corporate Officer) Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

TO BE FILED WITH:

Pennsylvania Department of Revenue
Bureau of Field Operations
Room 104, 300 Liberty Avenue
Pittsburgh, PA 15222
412-565-7540

PA Department of Labor & Industry
Office of Employment Security
933 Penn Avenue
Pittsburgh, PA 15222
412-565-2400

Allegheny County Treasurer
Office of Alcohol Beverage Tax
436 Grant Street-Room 108
Pittsburgh, PA 15219-2497
412-350-4100

Authorization For Release of Information:

I authorize the above named Departments of the Commonwealth of Pennsylvania to disclose, verbally and/or in written form, all tax filing and tax payment information under the jurisdiction of these respective departments to Specialty Group, Specialty Lenders, Ltd. and/or Specialty Bar & Restaurant Brokers, Ltd.

Business Identification:

Business Name: _____

Business Address: _____

Business Identification numbers:

Pennsylvania State Sales Tax Number _____

Federal Employer ID Number (EIN#) _____

Unemployment Compensation ID Number _____

Corporation Box Number (If incorporated) _____

Social Security Number (Sole Prop/Partnerships) _____

Witness:

Authorization:
Owner

By: _____