



ENVIRONMENTAL QUESTIONNAIRE

This Environmental Questionnaire is for the Lender's information. We suggest that you review the entire form before beginning to complete it. If you should need additional space to complete any question, please attach a sheet and number your response corresponding to the question number on this form.

1. Address of subject property			
2. Name of current property owner(s) and operator(s).			
3. Describe the type(s) of business(es) operated and to be operated by the Applicant and all tenants on the property.			
4. Describe the type(s) of business(es) operated and to be operated on the property if Applicant is not the only operator and/or tenant.			
5. To the best of your knowledge, describe the past use(s) of, or businesses operated on, the property.			
6. Did or does the Applicant, current owner or any tenant have in the past, now have, or plan to obtain, an environmental permit? If yes, attach list of the type of permits, expiration date(s), and copies of the permits. If any such permit has expired or is otherwise no longer in effect, also indicate the reason(s) why. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
7. Are you aware of any citations, claims, complaints, notices of violations, correspondence with governmental agencies, or internal correspondence regarding or relating to the release, threatened release, or cleanup of hazardous substances or any other environmental violation or problem at this property by the previous or current owner(s) or tenant(s)? If yes, attach an explanation of your knowledge of such notices and/or correspondence. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (as to previous owner(s) or tenant(s))			
8. To the best of your knowledge, describe the past uses of all properties adjacent to this property, the current uses of the properties, and the planned uses of the properties (if different from current uses).			
North	Past:	Current:	Future:
South	Past:	Current:	Future:
East	Past:	Current:	Future:
West	Past:	Current:	Future:
Please provide additional information on a separate sheet describing information where the question was answered "Yes."			
9. Are there currently or have there been previously stored on the property, or otherwise used in connection with the property, any of the following:			
• Any drums or containers of chemicals greater than 5 gallons	Currently	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
• Underground or above ground storage tanks	Currently	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
• Asbestos or lead based paints or coatings	Currently	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
10. Is there now or has there been previously any of the following on or leaking from or to the property:			
• Oily films on standing water or unusual odors?	Currently	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
• Dying or dead vegetation?	Currently	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
• Stains or discoloration on or around soil, concrete, flooring, walls, or drains?	Currently	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Previously <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
11. Are there now or have there ever been any ground water monitoring wells on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
12. Has an environmental assessment ever been performed on the property? If yes, please attach. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
13. Are you aware of or has there been any environmental litigation, administrative action, or environmental clean up or remediation action related to a release or threatened release of any chemicals, hazardous substance, petroleum product, or other environmental problem or issue involving the property or an adjacent property Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Previously? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
14. Are there currently any septic systems, dry wells, leach fields, wastewater pits, ponds, or lagoons on the property? (If yes, describe) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
14(a). If yes to 14, have chemicals, hazardous substances, or petroleum products ever been discharged into these systems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
15. Have any demolition debris, hazardous substances, petroleum products, waste materials, waste piles, automotive or industrial batteries, tires, trash, or refuse been stored, dumped, buried, and/or burned on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
16. Is there a transformer, capacitor, or any hydraulic equipment on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
SIGNATURE OF APPLICANT:			DATE:
PRINTED NAME OF APPLICANT			TITLE OF APPLICANT:
ACKNOWLEDGEMENT OF OWNER/OPERATOR (IF NOT THE APPLICANT) Each of the undersigned, as a current owner or operator of the subject property described in the attached Environmental Questionnaire agrees that, to my knowledge, the information set forth in such Environmental Questionnaire is materially true, accurate, and complete.			
SIGNATURE OF CURRENT OWNER/OPERATOR:			DATE:
PRINTED NAME OF CURRENT OWNER/OPERATOR:			TITLE OF CURRENT OWNER/OPERATOR

PROJECTION SPREAD SHEET

Profit & Loss Projection													
Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
Sales: Gross													
Cost of Sales													
Gross Profit													
Expenses													
Officer Salaries													
Wages													
Rent-Property													
Rent-Equip													
Auto/Truck Exp													
Office Supplies													
Advertising													
Telephone & Utilities													
Bad Debts													
Taxes/Licenses													
Depreciation													
Repairs/Maintenance													
Accounting/Legal													
Interest													
Interest-Other													
Insurance													
Office Expense													
Royalties													
Miscellaneous													
R & D													
Total Expenses													
Net Profit													
Break Even													

