Rapid Intake Form Data Lookup

Application Number 3302121950
Name Vetted Couriers and Logistics
Business Name
IP Address 2600:6c40:7400:21b9:1cb0:4439:60dc:102c, 2600:6c40:7400:21b9:1cb0:4439:60dc:102c

FIELD #	FORM NAME	TYPE	REQUIRED	VALUE	TIMESTAMP
	PAGE 1				
1	Eligibility Requirements Applicant Type	Radio	Yes	Applicant is an individual who operates under a sole proprietorship, with or without employees, or as an independent contractor.	4/3/2020 6:00 PM
	HEADER: Review and Check all of the Following: Applicant must review and check all of the following (If Applicant is unable to check all of the following, Applicant is not an Eligible Entity)				
2	Applicant is not engaged in any illegal activity (as defined by Federal guidelines).	Checkbox*	Yes	1	4/3/2020 6:00 PM
3	No principal of the Applicant with a 50 percent or greater ownership interest is more than sixty (60) days delinquent on child support obligations.	Checkbox*	Yes	1	4/3/2020 6:00 PM
4	Applicant is not an agricultural enterprise (e.g., farm), other than an aquaculture enterprise, agricultural cooperative, or nursery.	Checkbox*	Yes	1	4/3/2020 6:00 PM
5	Applicant does not present live performances of a prurient sexual nature or derive directly or indirectly more than de minimis gross revenue through the sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature.	Checkbox*	Yes	1	4/3/2020 6:00 PM
6	Applicant does not derive more than one-third of gross annual revenue from legal gambling activities.	Checkbox*	Yes	1	4/3/2020 6:00 PM
7	Applicant is not in the business of lobbying.	Checkbox*	Yes	1	4/3/2020 6:00 PM
8	Applicant cannot be a state, local, or municipal government entity and cannot be a member of Congress.	Checkbox*	Yes	1	4/3/2020 6:00 PM
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	HEADER: Business Information				
9	Business Legal Name *	Text	Yes	Vetted Couriers and Logistics	4/3/2020 6:00 PM
10	Trade Name *	Text	Yes	Vetted Movers	4/3/2020 6:00 PM
11	EIN/SSN for Sole Proprietorship *	Text	Yes	[redacted]	4/3/2020 6:00 PM
12	Organization Type *	Picklist	Yes	Sole-Proprietorship	4/3/2020 6:00 PM
13	Is the Applicant a Non-Profit Organization? *	Radio	Yes	No	4/3/2020 6:00 PM
14	Is the Applicant a Franchise? *	Radio	Yes	No	4/3/2020 6:00 PM
15	Gross Revenues for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020) *	Text	Yes	$32,000.00	4/3/2020 6:00 PM
16	Cost of Goods Sold for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020) *	Text	Yes	$3,000.00	4/3/2020 6:00 PM
17	Rental Properties (Rental and Commercial) Only - Lost Rents Due to the Disaster	Text	No	NULL	4/3/2020 6:00 PM
18	Non-Profit or Agricultural Enterprise Cost of Operation for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)	Text	No	NULL	4/3/2020 6:00 PM
19	Compensation From Other Sources Received as Result of the Disaster	Text	No	NULL	4/3/2020 6:00 PM
20	Provide Brief Description of Other Compensation Sources	Text	No	NULL	4/3/2020 6:00 PM
21	Primary Business Address (Cannot be P.O. Box) *	Text	Yes	[redacted]	4/3/2020 6:00 PM
22	City *	Text	Yes	St Louis	4/3/2020 6:00 PM
23	State *	Picklist	Yes	MO	4/3/2020 6:00 PM
24	County	Text	No	NULL	4/3/2020 6:00 PM
25	ZIP *	Text	Yes	63101	4/3/2020 6:00 PM
26	Business Phone *	Text	Yes	[redacted]395	4/3/2020 6:00 PM
27	Alternative Business Phone	Text	No	[redacted]7395	4/3/2020 6:00 PM
28	Business Fax	Text	No	NULL	4/3/2020 6:00 PM
29	Business Email	Text	No	[redacted]@gmail.com	4/3/2020 6:00 PM
30	Date Business Established *	Date	Yes	8/7/2017	4/3/2020 6:00 PM
31	Current Ownership Since *	Text	Yes	8/7/2017	4/3/2020 6:00 PM
32	Business Activity *	Picklist	Yes	Transportation	4/3/2020 6:00 PM
33	Detailed Business Activity *	Picklist	Yes	NULL	4/3/2020 6:00 PM
34	Number of Employees (As of January 31, 2020) *	Text	Yes	6	4/3/2020 6:00 PM
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	HEADER: Business Owners Information				
35	Is Your Business Owned by a Business Entity? *	Radio	Yes	No	4/3/2020 6:00 PM
	HEADER: Business Applicant Parent Entity				
36	Legal Name *	Text	Yes	NULL	4/3/2020 6:00 PM
37	Street Address *	Text	Yes	NULL	4/3/2020 6:00 PM
38	City *	Text	Yes	NULL	4/3/2020 6:00 PM
39	State *	Picklist	Yes	NULL	4/3/2020 6:00 PM
40	EIN *	Text	Yes	NULL	4/3/2020 6:00 PM
41	ZIP *	Text	Yes	NULL	4/3/2020 6:00 PM
42	Business Phone *	Text	Yes	NULL	4/3/2020 6:00 PM
43	Business Email *	Text	Yes	NULL	4/3/2020 6:00 PM
44	Business Type *	Picklist	Yes	NULL	4/3/2020 6:00 PM
45	Ownership Percent *	Text	Yes	NULL	4/3/2020 6:00 PM
	HEADER: Individual Owners				
	HEADER: Owner 1				

46-a	First Name *	Text	Yes	Cortney	4/3/2020 6:00 PM
47-a	Last Name *	Text	Yes	Merritts	4/3/2020 6:00 PM
48-a	Mobile Phone *	Text	Yes	[redacted]-7395	4/3/2020 6:00 PM
49-a	Title / Office *	Picklist	Yes	Owner	4/3/2020 6:00 PM
50-a	Ownership Percent *	Text	Yes	100	4/3/2020 6:00 PM
51-a	Email *	Text	Yes	[redacted]@gmail.com	4/3/2020 6:00 PM
52-a	SSN *	Text	Yes	[redacted]-1471	4/3/2020 6:00 PM
53-a	Birth Date *	Date	Yes	[redacted]1977	4/3/2020 6:00 PM
54-a	Place of Birth *	Text	Yes	[redacted] Il	4/3/2020 6:00 PM
55-a	US Citizen *	Radio	Yes	Yes	4/3/2020 6:00 PM
56-a	Residential Street Address *	Text	Yes	[redacted]	4/3/2020 6:00 PM
57-a	City *	Text	Yes	[redacted]	4/3/2020 6:00 PM
58-a	State *	Picklist	Yes	IL	4/3/2020 6:00 PM
59-a	ZIP *	Text	Yes	62234	4/3/2020 6:00 PM
HEADER: Owner 2					
46-b	First Name *	Text	Yes	NULL	4/3/2020 6:00 PM
47-b	Last Name *	Text	Yes	NULL	4/3/2020 6:00 PM
48-b	Mobile Phone *	Text	Yes	NULL	4/3/2020 6:00 PM
49-b	Title / Office *	Picklist	Yes	NULL	4/3/2020 6:00 PM
50-b	Ownership Percent *	Text	Yes	NULL	4/3/2020 6:00 PM
51-b	Email *	Text	Yes	NULL	4/3/2020 6:00 PM
52-b	SSN *	Text	Yes	NULL	4/3/2020 6:00 PM
53-b	Birth Date *	Date	Yes	NULL	4/3/2020 6:00 PM
54-b	Place of Birth *	Text	Yes	NULL	4/3/2020 6:00 PM
55-b	US Citizen *	Radio	Yes	NULL	4/3/2020 6:00 PM
56-b	Residential Street Address *	Text	Yes	NULL	4/3/2020 6:00 PM
57-b	City *	Text	Yes	NULL	4/3/2020 6:00 PM
58-b	State *	Picklist	Yes	NULL	4/3/2020 6:00 PM
59-b	ZIP *	Text	Yes	NULL	4/3/2020 6:00 PM
HEADER: Owner 3					
46-c	First Name *	Text	Yes	NULL	4/3/2020 6:00 PM
47-c	Last Name *	Text	Yes	NULL	4/3/2020 6:00 PM
48-c	Mobile Phone *	Text	Yes	NULL	4/3/2020 6:00 PM
49-c	Title / Office *	Picklist	Yes	NULL	4/3/2020 6:00 PM
50-c	Ownership Percent *	Text	Yes	NULL	4/3/2020 6:00 PM
51-c	Email *	Text	Yes	NULL	4/3/2020 6:00 PM
52-c	SSN *	Text	Yes	NULL	4/3/2020 6:00 PM
53-c	Birth Date *	Date	Yes	NULL	4/3/2020 6:00 PM
54-c	Place of Birth *	Text	Yes	NULL	4/3/2020 6:00 PM
55-c	US Citizen *	Radio	Yes	NULL	4/3/2020 6:00 PM
56-c	Residential Street Address *	Text	Yes	NULL	4/3/2020 6:00 PM
57-c	City *	Text	Yes	NULL	4/3/2020 6:00 PM
58-c	State *	Picklist	Yes	NULL	4/3/2020 6:00 PM
59-c	ZIP *	Text	Yes	NULL	4/3/2020 6:00 PM
HEADER: Owner 4					
46-d	First Name *	Text	Yes	NULL	4/3/2020 6:00 PM
47-d	Last Name *	Text	Yes	NULL	4/3/2020 6:00 PM
48-d	Mobile Phone *	Text	Yes	NULL	4/3/2020 6:00 PM
49-d	Title / Office *	Picklist	Yes	NULL	4/3/2020 6:00 PM
50-d	Ownership Percent *	Text	Yes	NULL	4/3/2020 6:00 PM
51-d	Email *	Text	Yes	NULL	4/3/2020 6:00 PM
52-d	SSN *	Text	Yes	NULL	4/3/2020 6:00 PM
53-d	Birth Date *	Date	Yes	NULL	4/3/2020 6:00 PM
54-d	Place of Birth *	Text	Yes	NULL	4/3/2020 6:00 PM
55-d	US Citizen *	Radio	Yes	NULL	4/3/2020 6:00 PM
56-d	Residential Street Address *	Text	Yes	NULL	4/3/2020 6:00 PM
57-d	City *	Text	Yes	NULL	4/3/2020 6:00 PM
58-d	State *	Picklist	Yes	NULL	4/3/2020 6:00 PM
59-d	ZIP *	Text	Yes	NULL	4/3/2020 6:00 PM
HEADER: Owner 5					
46-e	First Name *	Text	Yes	NULL	4/3/2020 6:00 PM
47-e	Last Name *	Text	Yes	NULL	4/3/2020 6:00 PM
48-e	Mobile Phone *	Text	Yes	NULL	4/3/2020 6:00 PM
49-e	Title / Office *	Picklist	Yes	NULL	4/3/2020 6:00 PM
50-e	Ownership Percent *	Text	Yes	NULL	4/3/2020 6:00 PM
51-e	Email *	Text	Yes	NULL	4/3/2020 6:00 PM
52-e	SSN *	Text	Yes	NULL	4/3/2020 6:00 PM

53-e	Birth Date *	Date	Yes	NULL	4/3/2020 6:00 PM
54-e	Place of Birth *	Text	Yes	NULL	4/3/2020 6:00 PM
55-e	US Citizen *	Radio	Yes	NULL	4/3/2020 6:00 PM
56-e	Residential Street Address *	Text	Yes	NULL	4/3/2020 6:00 PM
57-e	City *	Text	Yes	NULL	4/3/2020 6:00 PM
58-e	State *	Picklist	Yes	NULL	4/3/2020 6:00 PM
59-e	ZIP *	Text	Yes	NULL	4/3/2020 6:00 PM
	PAGE 4				
HEADER: Additional Information					
60	In the past year, has the business or a listed owner been convicted of a felony committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction? *	Radio	Yes	No	4/3/2020 6:00 PM
61	Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans? *	Radio	Yes	No	4/3/2020 6:00 PM
62	a. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? b. Have you been arrested in the past six months for any criminal offense? c. For any criminal offense - other than a minor vehicle violation - have you ever been convicted, plead guilty, plead nolo contendere, been placed on pretrial diversion, or been placed on any form of parole or probation (including probation before judgment)? *	Radio	Yes	No	4/3/2020 6:00 PM
HEADER: If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must enter their information below.					
63	Individual Name	Text	No	NULL	4/3/2020 6:00 PM
64	Name of Company	Text	No	NULL	4/3/2020 6:00 PM
65	Phone Number	Text	No	NULL	4/3/2020 6:00 PM
66	Street Address, City, State, ZIP	Text	No	NULL	4/3/2020 6:00 PM
67	Fee Charged or Agreed Upon	Text	No	NULL	4/3/2020 6:00 PM
68	I give permission for SBA to discuss any portion of this application with the representative listed above. *	Radio	Yes	No	4/3/2020 6:00 PM
69	I would like to be considered for an advance of up to $10,000.	Checkbox*	No	1	4/3/2020 6:00 PM
HEADER: Where to Send Funds					
70	Bank Name *	Text	Yes	Navy Federal	4/3/2020 6:00 PM
71	Account Number *	Text	Yes	[redacted]2454	4/3/2020 6:00 PM
72	Routing Number *	Text	Yes	[redacted]	4/3/2020 6:00 PM
73	I hereby certify UNDER PENTALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES that the above is true and correct. **	Checkbox*	Yes	1	4/3/2020 6:00 PM
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HEADER: Summary					
74	I'm not a robot *	Checkbox*	Yes	1	4/3/2020 6:00 PM
75	Submit *	Button	Yes	1	4/3/2020 6:00 PM

* Checkbox: 0 = unchecked, 1 = checked

** The checkbox field "I hereby certify UNDER PENTALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES that the above is true and correct." is preceded by the following statement:

On behalf of the individual owners identified in this application and for the business applying for the loan:

I/We authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application and for the SBA to obtain credit information about the individuals completing this application.

If my/our loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds. I/We hereby authorize the SBA to verify my/our past and present employment information and salary history as needed to process and service a disaster loan. I/We authorize SBA, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my/our SBA application, evaluating eligibility for additional assistance, or notifying me of the availability of such assistance.

I /We will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.

I/We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/We have not paid anyone connected with the Federal government for help in getting this loan.

CERTIFICATION AS TO TRUTHFUL INFORMATION: By signing this application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge, and that you will submit truthful information in the future.

WARNING: Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. 645, 18 U.S.C. 1001, 18 U.S.C. 1014, 18 U.S.C. 1040, 18 U.S.C. 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.