

Dakota Certified Development Corporation

4133 30th Ave S, Suite
100 Fargo, ND 58104

504 Loan Application

OPERATING ENTITY/BUSINESS INFORMATION ("OC"):

Name: _____ Tax ID # _____

Trade Name: _____ NAICS Code: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

County: _____ Contact Name: _____

Will address change after funding? Yes No Would you like to receive Dakota CDCs newsletter? Yes No

Phone# _____ Fax# _____ Cell# _____ Email: _____

Website: _____ Nature of business: _____

Does this business export more than 10% of gross revenues? Yes No

Business Franchise Name (if applicable): _____
If a Franchise is listed on the SBA Franchise Registry, the Franchisor must sign a Certificate of No Change Form. If not listed, please submit a copy of the Franchise Agreement.

Business Type	
Sole proprietor	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
LLC	<input type="checkbox"/>
S Corporation	<input type="checkbox"/>
C Corporation	<input type="checkbox"/>
Trust	<input type="checkbox"/>
Other	<input type="checkbox"/>

Ownership structure –you must provide the Operating Company ownership structure on page two of this application and Affiliate business information on page three. Please follow the 504 Application Checklist for other documentation required to be submitted.

Employment Question: Please note: If a SBA Public Policy Objective is not met, 1 job must be created or retained for every SBA \$50,000 borrowed.

How many full-time equivalent employees are presently employed? _____
(ex. Four (4) employees working 10 hours each would make up 1 full-time employee)

If financing is not obtained, how many jobs may be lost? _____
Please provide explanation of retained job numbers:

How many full-time employees do you estimate to have 2 years after the proposed project is complete? _____

BORROWING ENTITY INFORMATION:

Please complete the information below **ONLY** if you have/will be creating a **PASSIVE** real estate holding or some other sort of entity (other than the active business) that will hold title to the real estate you are purchasing, improving or constructing.

Name: _____ Tax ID # _____

Year Established: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Will this address change after funding? Yes No

Ownership structure- you must provide the Borrowing Entity ownership structure on page two of this Application and Affiliate business information on page three. Please follow the 504 Application checklist for other documentation required to be submitted.

Business Type	
Sole proprietor	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
LLC	<input type="checkbox"/>
S Corporation	<input type="checkbox"/>
C Corporation	<input type="checkbox"/>
Trust	<input type="checkbox"/>
Other	<input type="checkbox"/>

Ownership Structure of the OPERATING COMPANY

Please note: You must account for 100% of the Ownership. Each Officer, partner, & owner with 20% or more ownership must guaranty the debt, submit SBA Form 912 (personal history Stmt), SBA form 413 (personal financial stmt), 2 yrs Fed. Tax returns and Affiliate Business information. (Please print add'l copies if more space is needed.)

1.	NAME & ADDRESS	Title	% Ownership	SS#	Date of Birth	City & State of Birth	Does this individual control or own 20% of any other businesses? (If yes, complete Affiliate Business info.)	Does this individual have any other SBA or Federal Debts?
*Sex:		*Race:			*Ethnicity		*Military Service	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Amer. Ind./Alaska Native <input type="checkbox"/> Black/Afr.-Amer. <input type="checkbox"/> Native Haw./Pacific Islander			<input type="checkbox"/> Asian <input type="checkbox"/> White/Cauc.		<input type="checkbox"/> Hisp/Latino <input type="checkbox"/> NOT Hisp./Lat	
							From: _____ To: _____ Service Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	NAME & ADDRESS	Title	% Ownership	SS#	Date of Birth	City & State of Birth	Does this individual control or own 20% of any other businesses? (If yes, complete Affiliate Business info.)	Does this individual have any other SBA or Federal Debts?
*Sex:		*Race:			*Ethnicity		*Military Service	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Amer. Ind./Alaska Native <input type="checkbox"/> Black/Afr.-Amer. <input type="checkbox"/> Native Haw./Pacific Islander			<input type="checkbox"/> Asian <input type="checkbox"/> White/Cauc.		<input type="checkbox"/> Hisp/Latino <input type="checkbox"/> NOT Hisp./Lat	
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4.	NAME & ADDRESS	Title	% Ownership	SS#	Date of Birth	City & State of Birth	Does this individual control or own 20% of any other businesses? (If yes, complete Affiliate Business info.)	Does this individual have any other SBA or Federal Debts?
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Ownership Structure of the BORROWING ENTITY

Please complete the information below ONLY if you have/will be creating a PASSIVE real estate holding or some other sort of entity (other than the active business) that will hold title to the real estate you are purchasing, improving or constructing.

Please note: You must account for 100% of the Ownership. Each Officer, partner, & owner with 20% or more ownership must guaranty the debt, submit SBA Form 912 (personal history Stmt), SBA form 413 (personal financial stmt), 2 yrs Fed. Tax returns and Affiliate Business information. (Please print add'l copies if more space is needed.)

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							From: _____ To: _____ Service Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary. One or more boxes may be selected.*

AFFILIATED BUSINESS

Must account for ALL businesses (excluding publicly traded) in which any principal holds any ownership interest
Must account for ALL businesses in which any principal has the power to exercise control.
Must account for ALL businesses in which an identity of interest is shared by two or more persons (principals and/or minority shareholders).

Business Name	ALL Owner's Name & Title	% of ALL Ownership	Business TIN	Nature of Business

**If any Principal(s) of this 504 Loan request maintain 20% or more ownership, controls the affiliate, or the affiliate is a closely related entity, then the Affiliate Businesses must also submit 2 years fiscal year end statements or tax returns and current financial statements (<120 days).*

ADDITIONAL APPLICATION QUESTIONS (circle yes or no):

Have you or any officer of your company been involved in Bankruptcy or insolvency proceedings? If yes, please provide details.	YES	NO
Are you or any officer of your company in any pending lawsuits? If yes, please provide details.	YES	NO
Do you or your spouse or any member of your household, or anyone who, manages, or directs your business or their spouses or members of their households work for the SBA, Small Business Advisory Council, SCORE, ACE, any Federal Agency, or the participating Lender? If yes, please provide the name and address of the person and the office where employed.	YES	NO
Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest? If yes, please provide details. If yes, please provide details.	YES	NO
Do you or any affiliates have any current or previous SBA or Government Debt? If yes, please complete Gov't debt section of this application.	YES	NO
From time to time, we prepare articles & stories about small businesses utilizing loan programs available through Dakota CDC. May we reference your business in a future article?	YES	NO
May Dakota CDC display a sign stating they participated in the lending on the project property?	YES	NO
Does the participating Lender (1st lien holder/Bank) approve of this display?	YES	NO

My signature acknowledges receipt of Dakota CDC's Disclosure Statement and SBA's Statements Required by Laws and Executive Orders (Part C) and that I have read these statements and acknowledge ALL the pages of this application, including exhibits, are true and complete to the best of my knowledge and I have the authority to sign on behalf of said borrower.

Signature: _____ Title: _____ Date: _____

PROJECT INFORMATION

Please complete the project information below for this loan application. Although some cost may change prior to funding, please complete this area to the best of your ability, including itemization or estimated itemization of professional fees.

Proposed Uses of Funds:

	\$
Purchase Land:	_____
Purchase Land & Existing Building:	_____
Construction/Remodeling:	_____
Purchase / Install NEW Equipment:	_____
Purchase / Install USED Equipment:	_____
*Professional Fees (related to closing):	_____
Interest & fees on the interim/construction loan:	_____
Contingency (Up to 10% of construction):	_____
Other Fees: _____	_____
TOTAL PROJECT COSTS =	_____

***Itemization of Professional Fees:**

	\$
Engineering Costs:	_____
Architect costs/expenditures:	_____
Appraisal:	_____
Environmental report(s):	_____
Impact / permit fees:	_____
Utility hook-up fees:	_____
Title Insurance/recording fees:	_____
Other: _____	_____
Other: _____	_____

Source of Funds & Equity Injection:

	\$	%
Equity Injection - Business Cash:	_____	_____
Equity Injection - Personal Cash:	_____	_____
Equity Injection - Seller carry note:	_____	_____
Equity Injection other: _____	_____	_____
SBA 504 Loan :	_____	_____
Bank: _____	_____	_____
Other: _____	_____	_____
TOTAL PROJECT COSTS =	_____	100%

(cannot be repaid faster than SBA note-may require stand-by & be subordinate to 504 debt)
(i.e. equity in project land or R/E owned <2 years)

Bank Officer: _____
Phone # _____ Fax# _____
Email: _____

*PLEASE ATTACH ALL SUPPORTING DOCUMENTATION SUCH AS PURCHASE AGREEMENTS, CONSTRUCTION BIDS, VENDOR QUOTES, ETC.
THE SUPPORTING DOCUMENTATION MUST MATCH THE TOTAL PROJECT COSTS.*

Please provide us with some further financing details: (please use a blank sheet of paper if more space is needed)

Is there currently any financing being provided for this project? Yes No
If yes, please disclose terms of any pre-project financing (including lender, amt financed & maturity) and specify whether it will be taken out with the 504 funds or re-financed by the 3rd party lender:

Is this project transaction associated with a business acquisition? Yes No
If yes, please provide details concerning the entire acquisition, including non-project financing sources & terms:

Please provide us with some general information about this project:

Project Address: _____ City _____ State _____ Zip _____ County _____
Type of Property: _____
How large is this facility (square feet)? _____ How large is the parcel of land this facility sits on? _____
How much space in the facility will your business occupy? _____%
Are there any existing tenants who will remain in the facility? Yes No How many months (approx.) remain on these leases? _____
What is the approx. age or construction date of the facility? _____
How would you describe this facility's condition? _____
Are any of the project assets currently owned by the borrower? Yes No If yes, provide the purchase date & amount: _____
If there is equipment involved, whom was it purchased from? Manufacturer/Dealer Private Party This equipment is: New Used
Est. remaining useful life of the equipment: _____ years

Signature: _____ Title: _____ Date: _____

SMALL BUSINESS DEBT SCHEDULE

Please furnish the following information on all outstanding installment debts, contracts, notes, and mortgages payable. (Debts of the Operating Entity). (Present balances should agree with latest balance sheet). Indicate by asterick (*) items to be paid by loan proceeds and reason for paying them.

To whom payable (i.e. current lender)	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral Securing this Specific Obligation
			\$	%		\$	
			\$	%		\$	
			\$	%		\$	
			\$	%		\$	
			\$	%		\$	
			\$	%		\$	

CURRENT AND PREVIOUS SBA AND OTHER GOVERNMENT DEBTS

Complete the chart for the following: 1) SBA loan applications Pending for the applicant or any of its affiliates; 2) Federal debt, including SBA, received by the applicant including loans that have been paid in full or charged off; 3) Federal debt (including student loans and disaster loans) borrowed by any principal of the applicant; 4) Federal debt borrowed by any other business currently or previously owned by any principal of the applicant. If there has been a loss to the government as a result of a charge off, compromise, or discharge due to bankruptcy for any of the listed debt, it must be identified below. LOSS is the outstanding principal balance of the loan that the government agency had to write off after all collection activities (including compromises) were finalized.

Name of Agency Agency Loan #	Borrower's Name	Original Amount	Date	Loan Status	Outstanding Balance	Amount of Loss to the Gov't
#		\$			\$	
#		\$			\$	
#		\$			\$	
#		\$			\$	

AGING OF ACCOUNTS RECEIVABLE AND ACCOUNTS PAYABLE (if applicable)

Please provide a summary of the aging of your Accounts Receivable and Accounts Payable below. Totals must reconcile with figures on the latest balance sheet that you have provided with this loan application.

<u>Aging</u>	<u>Accounts Receivable</u>	<u>Accounts Payable</u>
Under 30 days	\$ _____	\$ _____
30 to 59 days	\$ _____	\$ _____
60 to 89 days	\$ _____	\$ _____
90 to 119 days	\$ _____	\$ _____
120 days & over	\$ _____	\$ _____
Uncollectible	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

Signature: _____

Title: _____ Date: _____

ASSISTANCE

List below the name(s), occupation, and address of anyone (including the lender) who assisted in the preparation of this form and who received (or will receive) compensation from the applicant for this assistance. For any person listed, an SBA Form 159 must be completed by the applicant and listed person and submitted as part of the application. The lender must complete the "Lender's Certification" on any SBA Form 159 prior to the loan being approved.

Name & Occupation	Address	Total Fees Paid	Fees Due

BUSINESS PROFILE

(Use Separate Attachments to Answer Questions if necessary or attach business plan)

Key Management (please complete a management resume form or attach current resume for each key Manager. Only list below those that were not included in the ownership section (page 2))

Name & Position/Title	SS #	Complete Address	% Owned

Type of Business: *(Describe the type of business you are in & how/why you became involved)*

Outlook: *(What is your outlook concerning the business activity in which you are engaged)*

Customer Profile: *(What are the primary markets for your products)*

List Key Customers:

Geographic Sales Area:

List Major Competitors:

Major Suppliers:

Future Plans: *(What is your growth strategy? Rapid growth, moderate, or maintain market position? What are the impediments that may impact your success?)*

Major past accomplishments: *(How your business differs from the competition and your competitive advantages)*

Marketing Analysis & Strategy: *(Explain your promotional, pricing and distribution strategies)*

How will this loan benefit your company?

Primary Business Bank

Name: _____ Address _____

Signature: _____ Title: _____ Date: _____