

Dakota Certified Development Corporation

4133 30th Ave S
 Fargo, ND 58104

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Washington, DC 20250

BUSINESS NAME: _____

Trade Name: _____

Year Company Established: _____ Tax ID#: _____ SIC Code: _____

Ownership Structure:	name	%	title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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"/>

Other Owners: (please list on a separate piece of paper)

Mailing Address (if different from project street address):

City: _____

State: _____ Zip: _____

County: _____

Tel: _____ Fax: _____

Will this address change after funding? Yes No

Contact Email: _____

Web Site: _____

Type of Business: _____

Employment Information Questions

How many full time equivalent employees does the operating co. presently employ?

(ex: 4 p/t working 10 hrs/wk = 1 f/t employee)

How many full time equivalent employees do you estimate you will have two years after the project is completed?

Business Questions (check if the answer is "yes" to any question)

Is any owner a displaced farm family?

Is any spouse employed off the farm to supplement income?

Is the business more than 51% woman owned?

Is the business more than 51% veteran owned?

Is the business more than 51% minority owned?

Affiliate Businesses (if applicable)

(ALL businesses in which any owner of either the OC, the borrowing entity or any guarantor maintain 20% or more ownership or control.)

Business: _____ Owner: _____ Title: _____ % of Ownership: _____ %

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Business: _____ Owner: _____ Title: _____ % of Ownership: _____ %

Affiliate Businesses may need to submit 2 years fiscal year end statements or tax returns, current financial statements (<120 days) & ownership lists.

Please complete the information immediately below **ONLY** if you are creating or already have established 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.

BORROWER: _____

Year Company Established: _____ Tax ID#: _____

Ownership Structure:	name	%	title
_____	_____	_____	_____

Principal #1: _____

Principal #2: _____

Principal #3: _____

Principal #4: _____

Principal #5: _____

Other Owners: (please list on a separate piece of paper)

Your Mailing Address (if different from project street address): _____ Will this address change after funding? Yes No

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"/>
Husband/wife	<input type="checkbox"/>
Other	<input type="checkbox"/>

Signature: _____ **Title:** _____ **Date:** _____

Project Information

Proposed Uses of Funds

Purchase Land : _____
 Purchase Land & Existing Building: _____
 *New Construction / Remodeling: _____
 Machinery & Equipment: _____
 Purchase / Install Furniture or Fixtures: _____
 Working Capital: _____
 Inventory: _____
 Other: _____
TOTAL PROJECT COST = _____

**If new construction, date building permit was obtained:* _____

Purpose of this Loan Request:

 Date financing needed: _____
 Desired Loan Term: _____ years.

PARTICIPATING BANK INFORMATION:

Bank: _____ Officer: _____
 Email: _____
 Ph# _____ Fax _____

MUST ATTACH ALL SUPPORTING DOCs - SUCH AS PURCHASE AGREEMENTS, CONSTRUCTION BIDS, VENDOR QUOTES, ETC.

Source of Funds & Equity Injection:

Amount applied for from DCDC \$ _____
 Amount applied for from Bank: \$ _____
 Amount applied for from State Funds: \$ _____
 Amount applied for from State/Regional Funds: \$ _____
 Other Source: _____ \$ _____
 Owner's Equity/Injection: \$ _____ Source of Equity: _____
TOTAL PROJECT COST = \$ _____

COLLATERAL	VALUE	CURRENT LIEN AMOUNT	LIEN HOLDER
_____	\$ _____	\$ _____	_____

Project Location

Project Address: _____

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

Please provide us with some general information about this project & facility:

Have there been any other structural alterations? _____ If so, when? _____ Please describe: _____

When was the facility built? _____ Original Architect: _____

Please describe what changes will be done to the facility with this project:

Current Annual Payroll: Existing \$ _____ Net Increase \$ _____

Average Wage per hour: \$ _____

Small Business Debt Schedule

Please list all contracts, notes, lines of credit and mortgages payable, and make sure these correspond with figures on your most recent balance sheet (Debts of the Operating Entity). Do not include trade accts payable (see separate section below), only notes, contracts, etc., which constitute fixed obligations. Indicate by asterick (*) items that are government debts.

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

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: _____
 Date: _____

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

Business Name: _____

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?)*

How will this loan benefit your company? _____

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)*

Primary Business Bank: _____ **Address:** _____

Please check if any apply to the Owners/Managers:

- Anyone involved in managing your business work for any Federal Agency or the Lender?
- Owner/Management has interest in any other business?
- Judgments
- Tax Liens
- Credit is unsatisfactory
- Presently under indictment or on parole or probation
- Has been charged with or arrested for a criminal offense
- Has been convicted or placed on probation

For any items checked, please explain: _____

I or any of the officers of my company **HAVE / HAVE NOT** been involved in bankruptcy or insolvency proceedings. If so, I have attached copies of the proceedings. I or my business **IS / IS NOT** involved in any pending lawsuits. If so, I have attached a description.

Signature: _____ Title: _____ Date: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans, in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the appropriate area below.

<p><input type="checkbox"/> Applicant I do not wish to furnish info. below</p> <p>Ethnicity (check one) Gender</p> <p><input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Male</p> <p><input type="checkbox"/> Hispanic of Latino <input type="checkbox"/> Female</p> <p>Race (check one or more)</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p>	<p><input type="checkbox"/> Applicant I do not wish to furnish info. below</p> <p>Ethnicity (check one) Gender</p> <p><input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Male</p> <p><input type="checkbox"/> Hispanic of Latino <input type="checkbox"/> Female</p> <p>Race (check one or more)</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p>	<p><input type="checkbox"/> Board Members/Corp. Officers I do not wish to furnish info. below</p> <p>Ethnicity (check one) Gender</p> <p><input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Male</p> <p><input type="checkbox"/> Hispanic of Latino <input type="checkbox"/> Female</p> <p>Race (check one or more)</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p>
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Please provide information for all applicants and all individuals with 20% or more ownership. (Print additional copies of this page if necessary)

DISCLOSURES

U.S. PATRIOT ACT NOTICE

IMPORTANT INFORMATION ABOUT IDENTIFICATION PROCEDURES WHEN OBTAINING AN IRP LOAN

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all Certified Development Companies to obtain, verify, and record information that identifies each person who applies for an IRP Loan.

What this means for you: When you apply for an IRP Loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

CERTIFICATION

I/We hereby authorize the release, to Dakota Certified Development Corporation (DCDC), of any and all information required at any time for any purpose related to our credit application. I/We further authorize DCDC to release such information to any entity deemed necessary for any purpose related to our credit application/transaction.

Intentional falsification of information, statements, or values for any purpose including, but not limited to the purpose of obtaining any loan, property, or anything of value from DCDC may lead to the disqualification of the applicant and possible criminal prosecution.

I/We hereby certify that I/We have read, understand and agree to the terms and conditions of the Dakota Certified Development Corporation.

I/We hereby certify that the information contained on this application (together with any attachments or exhibits) is valid and true, accurate and correct to the best of my/our knowledge.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

Each Applicant, Proprietor, each General Partner, each Limited Partner or Stockholder owning 20% or more, and each Guarantor must sign.