For Office Use Only
Application #
Date Rcvd

## SOUTH CENTRAL DAKOTA REGIONAL COUNCIL

429 2<sup>nd</sup> St SW Street NE, PO Box 903, Jamestown, ND 58402-0903 Phone: (701)952-8050

# **APPLICATION FORM**

Please provide the following information.

If you need more space, attach additional sheets to this application.

SECTION I: General Information					
Name					
Address	Address				
Telephone	Fax		E-mail		
Business Status 🛛 New	(under 6 months)	🗆 Existi	ing (Over 6 months)	Date Estab	lished
Describe your products of	r service				
Have you met all of the legal requirements to establish your business?			n't Know		
□ Partnership □ C		$\Box$ C Co	rporation rporation Profit Corporation	<ul><li>Public Bo</li><li>Indian Tri</li><li>Trust</li></ul>	•
Owner(s) of Business or Service (Provide all with more than 20% ownership interest)         Name(s)       % of Ownership       Address       City/State/Zip       Social Security #					
Tax Identification Number(Required)		DUNS Number(Re	quired)		
Number of existing full-time employees		Number of existing part-time employees			
Number of jobs to be created        Full-time        Full-time		Number of jobs to	<i>be retained</i> _Full-time	Part-time	
Have you reviewed a recent copy of your Credit Bureau Report?					
Have you, or any of the principals of the business, been involved in bankruptcy or insolvency proceedings?         □ Yes       □ No         If yes, please explain					

Proposed Lead Lender		
Name		
Address		
Telephone	Contact Person	
Existing Primary Bank Acc	count – Business Operating Checking/Savings	
Name		
Address		
Telephone	Contact Person	
Existing Primary Bank Acc	count – Loans (if different)	
Telephone	Contact Person	
Primary Bank Account(s) -	Personal	
Name		
Address		
Telephone	Contact Person	
Company Accountant(s) (if	<sup>f</sup> utilized)	
Name	·	
Address		
Telephone	Contact Person	
Company Attorney(s)(if uti	lized)	
	ιιζεα)	
Address		
Tolonhono	Contact Porcon	
i elepnone	Contact Person	

SECTION II: Financing Information		
Purpose of the loan		
Amount of this loan request	\$	
Breakdown of the expected s	sources and uses of all loans	:
Source	Use	Amount
		TOTAL
Proposed repayment term	Month	S
Proposed Structure   Ter	rm Debt 🛛 Equity Inj	ection (Preferred Stock)
Source of repayment	□ Personal Income □ 0	Other
Other Sources of Income		
Amount of personal (non-loc	an) funds you have invested	in the business
Proposed collateral		
		Vehicles – All business assets, but not limited to all
inventory, furniture, equipment, vehicles, accounts, contract rights, documents, instruments, chattel paper and cash and all general intangibles in whatever form and the building. <i>Please list accordingly as described above</i> .		

#### **SECTION III: Supplementary Information**

□ Resume of owner(s) and management

- □ Business Plan, stating your mission or purpose with cash flow projection with assumptions (including start-up cost for one year)
- Current personal financial statement
- □ Personal tax returns for the past three years
- Credit Report, may be obtained from your primary lender
- □ Pictures, brochures, advertising, samples of your product or service
- Copies of Driver's license (to comply with U.S. Patriot Act) of each owner of the business
- If an existing business please include:
- Company tax returns from the past three years
- □ Company financial statements for the past three years (including balance sheet, income statement, and statement of cash flows)
- Current aging of accounts receivables and accounts payables

### **SECTION IV: Civil Rights Compliance**

The following information is requested by the Federal Government in order to monitor compliance with applicable Federal Civil Rights laws. You are not required to furnish this information, but are encouraged to do so. The law states that a provider of services 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 the provider of services is required to note race, ethnicity, and sex on the basis of visual observation or surname.

Ethnicity (mark one)	Race (mark one or more)
<ul> <li>Not Hispanic or Latino</li> <li>Hispanic or Latino</li> </ul>	<ul> <li>White</li> <li>Black or African American</li> <li>American Indian/Alaskan Native</li> <li>Asian</li> <li>Native Hawaiian or Other Pacific Islander</li> </ul>
Sex:	Veteran Status:
□ Female	□ Veteran
	□ Non-Veteran

### **SECTION V: Certification and Authorization**

Please read the following and sign the application form below. All owners, officers or partners must sign this application:

The information in the loan application is provided for the purpose of applying for funds under the revolving loan funds of South Central Dakota Regional Council. The undersigned says he/she is duly authorized to verify the foregoing application, that he/she has read the same and is familiar with the statements contained herein and that the same are true in substance and in fact. The undersigned specifically authorizes the South Central Dakota Regional Council to do a background check on the applicant, including the checking of references and the verification of any information on the application.

I understand that personal and/or business information may be requested pursuant to this loan application and I hereby give my consent for such information be provided to the Board. I also understand that the Board retains the sole decision as to whether this loan application is approved, disapproved or modified. It is my right to accept or decline the loan amount, rate and terms approved by the program.

### RELEASE OF INFORMATION

The applicant hereby authorizes any third party to release to the South Central Dakota Regional Council, without limit, any and all financial information regarding the applicant that is requested by the South Central Dakota Regional Council, its representatives or employees. Further, the applicant hereby authorizes release of said records and information by the South Central Dakota Regional Council to a third party, as deemed necessary by the South Central Dakota Regional Council, its representatives or employees.

Signature	Date
Signature	Date

Rev: 5/18/16