

## SOUTH CENTRAL DAKOTA REGIONAL COUNCIL

429 2nd Street SW- Ste 208, 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.*

<b>SECTION I: General Information</b>														
Name														
Address														
Telephone	Fax	E-mail												
Business Status <input type="checkbox"/> New (under 6 months) <input type="checkbox"/> Existing (Over 6 months) Date Established _____														
Describe your products or service _____														
Have you met all of the legal requirements to establish your business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know														
Type of Business Organization <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S Corporation <input type="checkbox"/> Public Body <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other _____														
Owner(s) of Business or Service (Provide all with more than 20% ownership interest)														
<table><thead><tr><th><u>Name(s)</u></th><th><u>% of Ownership</u></th><th><u>Address</u></th><th><u>City/State/Zip</u></th><th><u>Social Security #</u></th></tr></thead><tbody><tr><td colspan="5">_____</td></tr></tbody></table>					<u>Name(s)</u>	<u>% of Ownership</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Social Security #</u>	_____				
<u>Name(s)</u>	<u>% of Ownership</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Social Security #</u>										
_____														
Tax Identification Number(Required)			DUNS Number(Required)											
Number of existing full-time employees			Number of existing part-time employees											
Number of jobs to be created _____ Full-time    _____ Part-time			Number of jobs to be retained _____ Full-time    _____ Part-time											
Have you reviewed a recent copy of your Credit Bureau Report? <input type="checkbox"/> Yes <input type="checkbox"/> No														
Have you, or any of the principals of the business, been involved in bankruptcy or insolvency proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain _____														

*Proposed Lead Lender*

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

*Existing Primary Bank Account – Business Operating Checking/Savings*

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

*Existing Primary Bank Account – Loans (if different)*

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

*Primary Bank Account(s) - Personal*

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

*Company Accountant(s) (if utilized)*

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

*Company Attorney(s)(if utilized)*

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

**SECTION II: Financing Information**

*Purpose of the loan*

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*Amount of this loan request* \$ \_\_\_\_\_

*Breakdown of the expected sources and uses of all loans:*

Source	Use	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL		_____

*Proposed repayment term* \_\_\_\_\_ Months

*Proposed Structure*    Term Debt       Equity Injection (Preferred Stock)

*Source of repayment*  
 Operating Profit    Personal Income    Other \_\_\_\_\_

*Other Sources of Income*

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*Amount of personal (non-loan) funds you have invested in the business*

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*Proposed collateral*

Example: Building and/or Equipment and/or Inventory and/or 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. *Please list accordingly as described above.*

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**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.*

<b>Ethnicity</b> (mark one)	<b>Race</b> (mark one or more)
<input type="checkbox"/> Not Hispanic or Latino  <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White  <input type="checkbox"/> Black or African American  <input type="checkbox"/> American Indian/Alaskan Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<b>Sex:</b>  <input type="checkbox"/> Female  <input type="checkbox"/> Male	<b>Veteran Status:</b>  <input type="checkbox"/> Veteran  <input type="checkbox"/> 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