

Name and Address of Business		Phone Number	
		Fax Number	
		EIN Number	
Email Address			
<b>Business Organization:</b>	Corporation	Sole Proprietorship	
	Partnership	Other	
<b>Business Owners Names and</b>	d Addresses		
1		Title	
		Percent of Ownership	
,		Social Security Number	
2.		Title	
		Percent of Ownership	
		Social Security Number	
Type of Business			
New Business	Existing	Number of Years Existing	
Describe the company's bus	iness:		



Describe the Proposed Project:				

## **Source of Funds:**

Sources of Funds:	Amount Needed	Amount Committed
Bank (Conventional financing)	\$	
Equity (funds the business will be applying)	\$	
FEDA (funds requested)		
Fixed Assets:		
Acquisition of Land	\$	
Acquisition of Building	\$	
Building Rehabilitation	\$	
Machinery and Equipment	\$	
Fixed Asset Total:	\$	
Working Capital		
Inventory	\$	
Operating Capital	\$	
Working Capital Total:	\$	
TOTAL PROJECT COSTS	\$	



# Describe the Details of the Loan you are Requesting: Loan Amount \$\_\_\_\_\_ Term \_\_\_\_\_ Special Payment Terms or Conditions Requested \_\_\_\_\_ Conventional Business Lender Name and Contact Person: \_\_\_\_\_\_ Job Impact: Current Additional Created within 2 years Full Time Positions

Part Time Positions

Average Full Time Wages

Average Part Time Wages

\_/hr



### All Businesses:

- ➤ Articles of Incorporation (if applicable)
- Certificate of Good Standing (Secretary of State)
- Personal Financials on individuals owning 20% or more of the company
- Written commitment letters from all other sources of funding
- Purchase Agreement (if applicable)
- ➤ Building Cost Estimates/Plans and Specifications
- > Appraisal

### **New Business Start-Ups Only:**

- Business Plan
- Pro-forma balance sheet and projected operating statement for two years
- ➤ Monthly forecasted cash flow analysis for 3 years

## **Existing Businesses:**

- The last two fiscal year end and current financial statements
- ➤ Balance Sheet and Profit and Loss Statement for the previous 3 years
- ➤ Current balance sheet and current operating statement, no older than 90 days
  - o Aging accounts payable/receivable
  - List current obligations



### **Information Release Authorization**

I authorize the Fairmont Economic Development Authority to obtain background information needed in connection with my loan application such as:

- Credit report.
- Employment history, dates of employment, title, income, hours worked, stability, etc.
- ➤ Banking and savings accounts, deposits and balance verifications.
- ➤ All loan ratings, opening date, high credit, payment amount, loan balances, payment records, and pay off information.
- Any other information requested in connection with a determination of credit worthiness.

This information is for the use of this lender in connection with my/our loan application and the conduct of "Post Closing" Quality Control Audits as required by various government and quasi-government agencies.

A photocopy of this authorization, bearing the photocopied signatures of the undersigned, may be deemed to be the equivalent of the original and may be treated and used as a duplicate original.

Applicant Name and Address	Social Security Number:	
	Date of Birth:	
Co-Applicant Name and Address	Social Security Number:	
	Date of Birth:	
Applicant Signature	Co-Applicant Signature	



### **Tennessen Warning: Data Privacy Statement**

The information provided in the application materials or to be obtained separately as a part of the application process will be used by the lender to determine whether you qualify as a prospective borrower for the Fairmont Economic Development Authority (EDA) Revolving Loan Fund. The information provided in the application and information authorized above for assistance will become a matter of public record with the exception of those items protected under Minnesota Statutes Chapter 13 *Government Data Practices*.

The private data whom this information may be shared include:

- 1. The EDA Loan Review Committee and EDA Board; and
- 2. Staff who are involved in program administration; and
- 3. Auditors who perform required audits of the program; and
- 4. Authorized personnel from other County, State, Federal or Regional Agencies providing funding assistance to you; and
- 5. Those other persons who you authorize to see the information; and
- 6. Law enforcement personnel in the case of suspected fraud.

Unless otherwise authorized by MN Statutes or Federal Law, other government agencies using the private data must also handle the data as private. You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. Those rights include:

- 1. The right to see and obtain copies of the data maintained on you; and
- 2. Be told the contents and meaning of the data; and
- 3. Challenge the accuracy and completeness of the data.

Applicant Signature	Applicant Signature
Applicant Full Name	Applicant Full Name