

City of St. Paul

LB 840 Loan Application

Please Answer Every Question (If question does not apply mark NA).

A. Business (Borrowers) Information:

Name of Business to Receive Assistance: _____

Federal ID#: _____

Address: _____

_____ City _____ State _____ Zip

_____ () _____

Contact Person

Telephone #

_____ Fax #

_____ Email Address

Business Classification: *(Mark One)*

Manufacturing

Warehousing and Distribution

Service

Research and Development

Administrative Mgmt HDQT

Other

Business Organization: *(Mark One)*

Proprietorship

Corporation - Status _____

Partnership (Type) _____

Other _____

Does the Company have a Parent or Subsidiaries?

Yes

No

If Yes, Identify Name: _____

Address: _____

_____ City _____ State _____ Zip

Business Type:

Start-up (0-5 years old)

Buyout

Existing*

*If existing, years in business: _____

Ownership Identification: List all officers, directors, partners, owner, co-owners and all stockholders with 20 percent or more of the stock. Enter under Minority Code, a "1" if the person identified is a woman; a "2" if a member of a minority group; and "3" if a disabled person.

<u>Name</u>	<u>Title</u>	<u>Ownership Percent</u>	<u>Minority Code</u>
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Personnel: (Full-Time-Equivalent, FTE is based upon 2,080 hours per year.)

Existing Number of Full-Time-Equivalent Positions: _____

Full-Time Equivalent Positions to be created within 18 months of Application Approval: _____

Total Number of Seasonal and/or Full-Time-Equivalent Jobs Created: _____
(i.e. Jobs which will be available for at least 3 continuous months and recur annually)

B. Project Information

<u>Uses of Funds</u>	<u>Total Project Cost</u>	<u>LB840 Funds Requested</u>
Land Acquisition	_____	_____
Building Acquisition/Renovation	_____	_____
New Facility Construction	_____	_____
Acquisition of Machinery/Equipment	_____	_____
Working Capital (Includes Inventory)	_____	_____
Other (Specify)	_____	_____
Total:	_____	_____

C. Sources of Funds:

Note: Public sources of financing require the participation of a bank and/or an injection of equity (non-debt) funds.

Participating Lender Information:

Name of Lending Institution: _____

Address: _____

_____ () _____
 Contact Person Telephone #

Loan Amount: \$ _____ Loan Term (Years): _____

Interest Rate: _____ % Variable Fixed

Collateral Required: _____ Equity Required: _____

D. Equity Information:

Amount available by business or owners for investment: \$ _____

Project Location (*Choose one*):

Within the City Limits of:

_____ *Name of City* _____ *Population of City*

Outside of City Limits, but within the Zoning Jurisdiction of:

_____ *Name of City* _____ *Population of City*

Unincorporated Area in:

_____ *Name of County*

Signatures --I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature Date

Other Signature Date
(If Applicable)

Attach the Following:

- 1) A brief description of the business and personal history and summary of request.
- 2) Two (2) year historical balance sheets and operating statements. Current Statements less than sixty (60) days old. Start-up provide projected year-end statements for first two (2) years of operation.
- 3) Personal Financial Statement for each person owning twenty (20) percent or more of the business.
- 4) List of Current Obligations for Existing Business.
- 5) For new business and existing business expanding into a new product line, please include a business plan.
- 6) Last two (2) years tax returns (Business and Personal).
- 7) Other documentation maybe requested.