

The purpose of the Dakota Business Lending's Special Program Loans is to encourage the creation and stability of small businesses in North Dakota. The Special Program we choose will provide financing in participation with a local economic development entity to assist start up and/or emerging small businesses as well as support their job retention mission. Dakota Business Lending intends to be an integral part of the economic growth and development of North Dakota.

Business Name:			Tax ID #	D
Trade Name:			NAICS Code:	Business Type Sole proprietor
Mailing Address:				D . 1.
State:	Zip_		County:	L
Contact Name(s):			Phone#	Trust _
Fax#	_ Cell#			Other
Email:			Website:	
Nature of business:				
Employment Questions: How many f				
How many full-time employees do yo	ou estimate	to have 2 years a	after the proposed project is	complete?
Ownership Structure:				
Name & Title:	%:	Networth:	Experience:	
	%	\$		
Please check if any apply for above		Ψ		
Anyone involved in managi Owner/Management has in Judgments Tax Liens Credit is unsatisfactory Presently under indictment of the Has been charged with or ar	terest in ar or on paro rested for	ny other busines le or probation a criminal offens	s?	Lender?
For any items checked, please exp	olain:			
I or any of the officers of my c insolvency proceedings. If so, I l				n involved in bankruptcy or
I or my business IS / IS NOT (cir	cle one) inv	olved in any pe	ending lawsuits. If so, I h	ave attached a description.
Signature:		Title:	:	Date:

Project Information

Proposed Uses of Funds				
Purchase Land:			Purpose of this Loan	Request:
Purchase Land & Existing Buil	ding:			
*New Construction / Remodeli	ng:		Date financing needed:	
Machinery & Equipment:			Desired Loan Term:	years.
Purchase / Install Furniture or F	Fixtures:			
Working Capital:			PARTICIPATING BA	ANK INFORMATION
Inventory:				
Other:				
TOTAL PROJECT COST =			Ph#	Fax
*If new construction, date building pe	ermist was obtained:			
MUST ATTACH ALL SUDDODTING	G DOCs - SUCH AS D	IIDCHAS	SE AGREEMENTS, CONSTRUCTION B	IDS VENDOR OLIOTES I
MIOOT ATTAOTT ALL OUT TOKTING	5 5003 - 00011 A0 1 V	OROHAC	SE AGREEMENTO, GONOTROGTION D	ibo, vendor gootes, i
S	F 4			
ource of Funds & Equity 1	іпјесиоп:			
Amount applied for from Dako	_			
Amount applied for from Bank		\$		
Amount applied for from Local	-			
Other Source: Owner's Equity/Injection:			Source of Equity:	
Owner's Equity/Injection.		p	Source of Equity.	
TOTAL PROJECT COST =		\$		
COLLATERAL	VALUE		CURRENT LIEN AMOUNT	LIEN HOLDER
	\$		\$	
			<u> </u>	
Name				
o				
Purpose of Project/Loan:				
Purpose of Project/Loan:				
Purpose of Project/Loan:				
Project Address:				
Purpose of Project/Loan: Project Address:	County:	 :	State:	
Purpose of Project/Loan: Project Address: City: ocal Economic Develop	County:	zatio	State:	Zip:
Purpose of Project/Loan: Project Address: City: ocal Economic Develop Name of Organization:	County:	zatio	State:	Zip:
Purpose of Project/Loan: Project Address: City: ocal Economic Develop Name of Organization: Name of Contact:	County:	zatio	State:	Zip:
Purpose of Project/Loan: Project Address: City: ocal Economic Develop Name of Organization: Name of Contact: Address:	County:	zatio	State:	Zip:

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.

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

Aging	Accounts Receivable	Accounts Payable
Under 30 days	\$	\$
30 to 59 days	\$	\$
60 to 89 days	\$	\$
90 to 119 days	\$	\$
120 days & over	\$	\$
Uncollectible	\$	\$
TOTALS	\$	\$
		Signature: Date:
		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.

Applicant I do not wish to furnish info. below Ethnicity (check one) Gender _Not Hispanic or LatinoMale _Hispanic of LatinoFemale Race (check one or more) _Black/African American _Asian	I do not wis Ethnicity (check _Not Hispanic of Hispanic of La Race (check one Black/African Asian	or LatinoMale tinoFemale or more) American	Board Members/© I do not wish to fu Ethnicity (check one) _Not Hispanic or Lati _Hispanic of Latino Race (check one or n _Black/African Amer _Asian	urnish info. below Gender inoaMale aaaFemale nore)		
White/CaucasianAmerican Indian/Alaskan NativeNative Hawaiian/Other Pacific Islander Please provide information for all applicants a	Native Hawaii	an/Alaskan Native an/Other Pacific Islander	White/Caucasian American Indian/Ala Native Hawaiian/Ott (Print additional copies of	her Pacific Islander		
	DIS	CLOSURES				
IMPORTANT INFORMATION AT To help the government fight the funding of Development Companies to obtain, verify, at What this means for you: When you apply information that will allow us to identify	BOUT IDENTIFIC f terrorism and mor and record informa for a Special Prog	ney laundering activities, ition that identifies each poram Loan, we will ask fo	Federal law requires all Cerson who applies for a Ser your name, address, da	Certified Special Program Loan te of birth, and other		
	CERT	TIFICATION				
I/We hereby authorize the release, to Dake related to our credit application. I/We furth necessary for any purpose related to our credit Intentional falsification of information, state loan, property, or anything of value from Decriminal prosecution. I/We hereby certify that I/We have read,	her authorize Dako dit application/tran ements, or values fo akota Business Len	ota Business Lending to resaction. or any purpose including, ading may lead to the disquare.	but not limited to the pur	pose of obtaining any ant and possible		
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.						
""aaaa "' Signature	a ''''Date	'''''''''''''''''''aaaaaaaa ''''S	aa ignature	"""'Date		
'''aaaaa '''''''Signature	' <u>'</u> ''Date	'''''''aaaaaaaaaaa '' 'Si	aaaa gnature	''''''Date		

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