**South Dakota Development Corporation**

Attention: LaJena Gruis, 504 Loan Officer

711 E Wells Ave Pierre, SD 57501

(605) 773-3301

Fax: (605) 773-3256

Email: LaJena.Gruis@state.sd.us www.sdreadytowork.com

**504 Loan Application**

**Company Information**

Company name\_

Address

City

State

Zip

Principal in charge

Phone ( )

Fax ( )

Secondary contact person

Phone ( )

Fax ( )

Email Address

Type of business

Date established \_

Type of Entity (check one) Proprietorship Partnership Corporation LLC Federal Tax ID Number

**Company Ownership**

Name

Title

% of Ownership

Name

Title

% of Ownership

Name

Title

% of Ownership

**Affiliate Business (If Applicable)**

Name

Owner\_

% of Ownership

(Applicant Company or Individuals)

Name

Owner\_

% of Ownership

If a corporation, please indicate who is President and Secretary

(Applicant Company or Individuals)

**Existing Business Locations**

Address Square Feet

Lease payment

Lease Expiration

Replaced by new facility?

Address Square Feet

Lease payment

Lease Expiration

Replaced by new facility?

**References**

Bank name

Acct. no.

Acct. officer

Phone

Bank name

Acct. no.

Acct. officer

Phone

Bank name

Acct. no.

Acct. officer

Phone

Accountant

Firm name

Phone

Attorney

Firm name

Phone

Trade reference\_

Contact Person

Phone \_

**Nature of Your Business**

Nature of your business

Type of products or services (include any catalogs or brochures)

Geographic market area

List key customers

List major competitors

**Project Information**

Street address of project

City State Zip County

What is the square footage of the new building? What is the square footage your company will occupy?\*

\*Please note – we require your company to occupy 51% of an existing building and 60% of a new building.

Escrow closing date Realtor’s name Phone\_

If known, how will the property be vested (i.e. individually, husband and wife, partnership, LLC, corporation, trust…)

Please provide appropriate document (i.e. Partnership Agreement, LLC documents, Articles of Incorporation, Trust Agreement…)

**Total Project Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Purchase existing building** |  | **Construction Project** |  |
| Purchase price | $  | Land acquisition | $  |
| Improvement | $  | Construction bid | $  |
| Equipment\* | $  | Architects, permits, other soft costs | $  |
| Other | $  | Equipment\* | $  |
| Total | $  | Other | $  |

Total $

\* Please note – equipment to be financed must have a useful life of 10 years or greater.

**If there are any tenants that will remain in the building, please provide the following Information:** *Also, please have your realtor provide copies of all existing leases.*

|  |  |  |  |
| --- | --- | --- | --- |
| Tenant name | Square footage | Lease expiration | Rent amount |
|  |  |  |  |
|  |  |  |  |

**Business Debt Schedule**

Indebtedness: Furnish the following information on all installment debts, contracts, notes,

and mortgages payable. Do not include accounts payable or accrued liabilities. Company Name Date: \*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CreditorName/address | OriginalAmount | OriginalDate | PresentBalance | InterestRate | MaturityDate | MonthlyPayment | Security | Current or delinquent |
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| Total present balance\*\* |  | Total monthly payment |  |  |  |

\* Should be the same date as current financial statement \*\* Total must agree with balance shown on current financial statement.

**Employee Questionnaire**

Number of current employees

Estimated number of new employees within the next two years as a result of this project

Key employees

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Title | Responsibilities | Years with company | Years in the industry |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Miscellaneous Questions**

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings?

Are you or your business involved in any pending or prior lawsuits?

*If yes, please provide details on a separate sheet.*

Have you ever received an SBA loan?

*If yes, please provide a copy of the SBA Loan Authorization Document and the following*:

Original Amount $

Date of the Loan

Current Balance $

Status

Where will your equity injection for this project be provided from?

**Checklist**

**Business Information**

**Personal information (for each owner of 20% or greater)**

|  |  |
| --- | --- |
|  | Personal tax returns for the last three years |
|  | Personal resume (form attached) |
|  | Personal financial statement (SBA Standard Form) |
|  | Personal history statement (SBA Standard Form) |
|  | Photocopy of driver’s license / I.D. card |

**Real estate/ equipment information**

|  |  |
| --- | --- |
|  | Business Plan |
|  | Business financial statements for the last three years |
|  | Business financial projections for the first three years after the loan |
|  | Interim financial statement dated within the last 45 days |
|  | Business debt schedule (form attached) |
|  | Federal tax returns for the last three years |
|  | Articles of Incorporation, Amendments thereto, and By-Laws (if corporation) |
|  | Articles of Organization and Operating Agreement (if LLC) |
|  | Partnership Agreement (if partnership) |
|  | Business License and Fictitious Business Name Statement (if proprietorship) |
|  | Franchise Agreement |

|  |  |
| --- | --- |
|  | Real Estate Purchase Agreement or settlement sheet |
|  | Construction cost budget and/or equipment invoices |
|  | Existing environmental studies |
|  | Current or ‘as built’ appraisal |

**Bank information**

|  |  |
| --- | --- |
|  | Letter from participating lender, including terms and conditions |
|  | Credit Report for the business, each owner, and any affiliates |

I/We hereby authorize the release to Dakota BUSINESS Finance of any information they may require at any time for any purpose related to my/our credit transaction with them, including but not limited to credit checks or inquiries concerning my/our creditworthiness, credit standing, credit capacity, character, or general reputation. I/We further authorize Dakota BUSINESS Finance to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

Name of applicant(s)

Signature of applicant(s)

Date

Name of applicant(s)

Signature of applicant(s)

Date

**IMPORTANT INFORMATION ABOUT IDENTIFICATION PROCEDURES WHEN OBTAINING A 504 LOAN**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all Certified Development Companies to obtain, verify, and record information that identifies each person who applies for a 504 Loan.

When you apply for a 504 Loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

Signature of applicant(s)

 Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Resume Form**

**To Be Completed by Each Principal Involved in the Loan**

Name First Middle Maiden Last

Date of birth Place of birth Race\_ Social Security No.

U.S. Citizen – if not, please provide alien registration number

Home address City State Zip

From (mo./yr.)\_ To (mo./yr.) Home phone Business phone

Are you employed by the U.S. Government? If so, give the name of the agency and position

Most Recent Prior Address (omit if over 10 years)\_

From (mo./yr.)\_ To (mo./yr.)

Spouse’s name First Middle Maiden Last

Date of birth Place of birth Race\_ Social Security No.

**Personal information**

Be sure to answer the next three questions correctly because they are important. The fact that you have an arrest or conviction record will not necessarily disqualify you; an incorrect answer will probably cause your application to be turned down.

Are you presently under indictment, on parole or probation? ------------------------------------------------------------------- Yes No

Have you ever been charged with or arrested for any criminal offense other than a minor vehicle violation? Include offenses which have been dismissed, discharged, or noll prosequi.

(All arrests and charges must be disclosed and explained on an attached sheet) ---------------------------------------- Yes No

Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor

motor vehicle violation?-------------------------------------------------------------------------------------------------------------------- Yes No

If yes to any of the above, furnish details in a separate exhibit. List name(s) under which held.

**Military service background**

Branch From To

Rank at discharge Honorable?

Job description

(Continued on Next Page)

**Personal Resume Form**

**Continued**

**Work experience**

*List chronologically, beginning with present employment*

Name of company

% of business owned

Full address City State Zip \_

From To Title Duties

Name of company

% of business owned

Full address City State Zip \_

From To Title Duties

Name of company

% of business owned

 Full address City State Zip \_

 From To Title Duties

**Education (College or Technical Training)**

Name and Location Dates Attended Major Degree or Certificate

1.

Comments

2.

Comments

3.

Comments

4.

Comments

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

Name of Applicant (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



|  |  |
| --- | --- |
| United States of AmericaSMALL BUSINESS ADMINISTRATION**STATEMENT OF PERSONAL HISTORY** | **Please Read Carefully:** SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at [www.sba.gov.](http://www.sba.gov/) **DO NOT SEND COMPLETED FORMS TO OMB as****this will delay the processing of your application; send forms to the address****provided by your lender or SBA representative.** |
| Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code) | SBA District/Disaster Area Office |
| Amount Applied for (when applicable) | File No. (if known) |
| 1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.First Middle Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company | Social Security No. |
| 3. Date of Birth (Month, day, and year) |
| 4. Place of Birth: (City & State or Foreign Country) |
| Name and Address of participating lender or surety co. (when applicable and known) | 5. U.S. Citizen? YES NO **I**NITIALS:If No, are you a Lawful YES NOPermanent resident alien:If non- U.S. citizen provide alien registration number: |
| 6. Present residence address: Most recent prior address (omit if over 10 years ago): From: From:To: To: Address: Address:  Home Telephone No. (Include Area Code):  Business Telephone No. (Include Area Code): |
| **PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION. YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5, 7, 8 AND 9.****IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.** |
| 7. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?Yes No **INITIALS**: |
| 8. Have you ever been arrested in the past six months for any criminal offense?Yes No **INITIALS**: |
| 9. For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion;or 5) been placed on any form of parole or probation (including probation before judgment).Yes No **INITIALS**: |
| 10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act. |
| **CAUTION - PENALTIES FOR FALSE STATEMENTS:** Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to $250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than $5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than $1,000,000. |
| Signature | Title | Date |
| Agency Use Only11. Fingerprints Waived 12. Cleared for Processing Date Approving AuthorityDate Approving Authority 13. Request a Character EvaluationFingerprints Required Date Approving AuthorityDate Approving AuthorityDate Sent to OIG (Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMBapproval number. If you wish to submit comments on the burden for completing this form, direct these comments to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., WashingtonD.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178.**DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.** |

**NOTICES REQUIRED BY LAW**

The following is a brief summary of the laws applicable to this solicitation of information.

**Paperwork Reduction Act (44 U.S.C. Chapter 35)**

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

**Privacy Act (5 U.S.C. § 552a)**

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrieved by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section

7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act,15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When the information collected on this form indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 74 Fed. Reg. 14890 (2009) for other published routine uses.

 *OMB APPROVAL NO. 3245-0188*

 *EXPIRATION DATE: 09/30/2014*

*PERSONAL FINANCIAL STATEMENT*

 *U.S. SMALL BUSINESS ADMINISTRATION As of ,*

Complete this form for: (1) each proprietor, or (2) general partner; (3) managing members of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner’s spouse and any minor children)l and (5) any person providing a guaranty on the loan.

**Return completed form to:**

7(a) **loans-** to the lender processing the SBA application;

**5041oans-** to the Certified Development Company processing the SBA application;

**ALL Disaster loans-** to the Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243; and

**8(a)/BD** ·applicants who are individuals claiming social and economic disadvantaged status and their spouses

* electronically at [http://www.sba.gov](http://www.sba.gov/) or send hard copy with paper application to either of the two following offices listed below:

**Mail to the following address, if your firm is Mail to the following address, if your firm is located in one of the states below: located in one of the states below:**

US Small Business Administration

DPCE Central Office Duty Station US Small Business Administration

Parkview Towers Division of Program Certification and Eligibility

1150 First Avenue 455 Market Street, 6th Floor

10th Floor, Suite 1001 San Francisco, CA 94105

King of Prussia, PA 19406

MA, ME, NH, CT,VT, Rl, NY, PR (Puerto Rico), VI (US Virgin IL, OH, Ml, IN, MN, WI, TX, NM, AR, LA, OK, MO, lA, Islands) NJ, PA, MD,VA, WV, DC, DE, GA, AL, NC, SC, MS, NE, KS, CO, WY, NO, MT, UT, SD, CA, HI, GU (GUAM), , FL, KY, TN NV, AZ, WA, AK, ID, OR

Name Business Phone

Residence Address Residence Phone

City, State, & Zip Code

Business Name of Applicant/Borrower

 **ASSETS** (Omit Cents) **LIABILITIES** (Omit Cents)

Cash on hand & in Banks $

Savings Accounts $

IRA or Other Retirement Account $

 (Describe in Section 5)

Accounts & Notes Receivable $

 (Describe in Section 5)

Life Insurance-Cash Surrender Value Only $

 (Complete Section 8)

Stocks and Bonds $

 (Describe in Section 3)

Real Estate $

 (Describe in Section 4)

Automobiles-Total Present Value $

 (Describe in Section %, and include

 Year/Make/Model)

Other Personal Property $

 (Describe in Section 5)

Other Assets $

 (Describe in Section 5)

 **Total** $

Accounts Payable $

Notes Payable to Banks and Others $

 (Describe in Section 2)

Installment Account (Auto) $

 Mo. Payments $

 Mo. Payments $

Installment Account (Other) $

 Mo. Payments $

 Mo. Payments $

Loan on Life Insurance $

Mortgages on Real Estate $

 (Describe in Section 4)

Unpaid Taxes $

 (Describe in Section 6)

Other Liabilities $

 (Describe in Section 7)

Total Liabilities $

**Net Worth** $

 **Total**  $

**Section 1. Source of Income** **Contingent Liabilities**

Salary $

Net Investment Income $

Real Estate Income $

Other Income (Describe below)\* $

As Endorser or Co-Maker $

Legal Claims & Judgments $

Provision for Federal Income Tax $

Other Special Debt $

| Description of Other Income in Section 1. |
| --- |
|  |
|  |
|  |
| \*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income. |
| **Section 2. Notes Payable to Banks and Others.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) |
| Name and Address of Noteholder(s) | Original Balance | Current Balance | Payment Amount | Frequency (monthly, etc.) | How Secured or EndorsedType of Collateral |
|  |  |  |  |  |  |
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| --- |
| **Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).** |
| Number of Shares | Name of Securities  | Cost  | Market Value Quotation/Exchange | Date of Quotation/Exchange  | Total Value |
|  |  |  |  |  |  |
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| --- | --- |
| **Section 4. Real Estate Owned.** | (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.) |
|  | Property A | Property B | Property C |
| Type of Real Estate (e.g Primary Residence, Other Residence, Rental Property, Land, etc) |  |  |  |
| Address |  |  |  |
| Date Purchased |  |  |  |
| Original Cost |  |  |  |
| Present Market Value |  |  |  |
| Name & Address of Mortgage Holder |  |  |  |
| Mortgage Account Number |  |  |  |
| Mortgage Balance |  |  |  |
| Amount of Payment per Month/Year |  |  |  |
| Status of Mortgage |  |  |  |

|  |
| --- |
| **Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)  |
|  |
| **Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.) |
|  |
| **Section 7. Other Liabilities.** (Describe in detail.) |
|  |
| **Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries) |
|  |
|  I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. **CERTIFICATION:** (to be completed by each person submitting the information requested on this form)By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders, or Certified Development Companies will rely on this information when making decisions regarding an application for a loan from SBA or an SBA Participating Lender, or for participation in the SBA 8(a) Business Development (BD) program.Signature ---------------------------- Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name -------------------------- Social Security No. \_Signature ---------------------------- Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name ---------------------- Social Security No. \_**NOTlCE TO LOAN APPLICANTS: CRIMINAL PENALTlES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:**Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than $5,000; and, if submitted to a Federally insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than 30 years and/or a fine of not more than$1,000,000.**NOTlCE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BD PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATlVE REMEDIES FOR FALSE STATEMENTS:**Any person who misrepresents a business concern's status as an 8(a) Program participant or SOB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to $500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) Subject to civil and administrative remedies, including suspension and debarment; and (4) Ineligible for participation in programs conducted under the authority of the Small Business Act.PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OVB.**  |

**504 Loan Application Checklist**

**PLEASE NOTE: Not all of the items will be applicable to your business, please put a N/A if it does not. All financial/tax return info must be signed by applicants.**

**BUSINESS INFORMATION**

1. \_\_\_\_\_ 504 Application – Attached
2. \_\_\_\_\_ Business Plan or a History and Nature of your Business to include: Type of Products or services(include any catalogs or brochures); Geographic Market Area; List Key Costumers; List Major Competitors.
3. \_\_\_\_\_ Business financial statements for the last three years for both the operating company and the real estate holding company, if applicable**; as well as three years federal tax returns with all schedules – MUST BE SIGNED BY APPLICANT**
4. \_\_\_\_\_ Balance Sheet and Income statement dated within the last 60 days of the application together with an aging of the accounts receivable and accounts payable listed. **MUST BE SIGNED BY APPLICANT**
5. \_\_\_\_\_ Projected Balance Sheet and Income Statement for first two years after the loan and a description of assumptions.
6. \_\_\_\_\_ For a new business (less than two years in existence) a monthly cash-flow analysis for the first 12 months of operation or for three months beyond the break-even point (whichever is longer) together with a description of assumptions.
7. \_\_\_\_\_ List of any term debt and lines of credit for both operating company and real estate holding company, if applicable; **See business debt section of application**
8. \_\_\_\_\_ Articles of Incorporation and By-Laws (if a Corporation)
9. \_\_\_\_\_ Articles of Organization and Operating Agreement (if LLC)
10. \_\_\_\_\_ Partnership Agreement(if Partnership)
11. \_\_\_\_\_ Franchise Agreement and FTC Disclosure document if applicable**(must be approved by SBA before application is submitted to SBA)**
12. \_\_\_\_\_ The names of affiliated (through ownership or management control) businesses as well as the last 2 fiscal year-end financial statements and/or Federal tax returns with all schedules, for each of these firms, if applicable-**MUST BE SIGNED BY ALL APPLICANTS**

**PERSONAL INFORMATION (anyone with 20% or more ownership)**

1. \_\_\_\_\_ Personal Federal Tax returns for the last year with all schedules – **MUST BE SIGNED BY ALL APPLICANTS**

 **AND SPOUSES**

2. \_\_\_\_\_ Personal Information **(form 912 and photo ID)** and Resume Form (**Included in application)**

3. \_\_\_\_\_ Personal Financial Statement (**See form 413)MUST BE SIGNED BY ALL APPLICANTS AND SPOUSES**

4. \_\_\_\_\_ Previous Government Financing

**REAL ESTATE INFORMATION**

**MUST HAVE ALL COST DOCUMENTATION TO SUPPORT PROJECT COSTS**

1. \_\_\_\_\_ Real Estate Purchase Agreement
2. \_\_\_\_\_ Construction Bids and/or equipment invoices

**BANK** \_\_\_\_\_ Letter from banker stating terms and conditions of it participation and the reason why it will not finance the entire project.

**South Dakota Governor’s Office of Economic Development**

**AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION**

The undersigned Applicant has applied for a loan or other financial assistance from a program administered by the South Dakota Governor’s Office of Economic Development (“GOED”). GOED provides support staff and acts as a servicing agent for the South Dakota Board of Economic Development (“BED”), the South Dakota Economic Development Finance Authority (“EDFA”) and the South Dakota Development Corporation (“SDDC”). GOED also administers other grant and loan programs not under the supervision of any board or similar entity.

The undersigned Applicant hereby authorizes all other lenders (including but not limited to banks and other commercial lending companies, development corporations and governmental entities) proposed to or actually providing financing in connection with the Project described below to disclose to GOED confidential financial information relating to Applicant’s financial and business dealings with that lender. This authorization includes, but is not limited to, authorization to disclose any loan application made or given by Applicant to lender whether or not the requested loan has been approved or funded.

 This authorization shall remain in effect until the later of, as applicable, the date the loan from the GOED-administered entity loan has been paid in full (including any damages payable under the Employment Agreement signed by Applicant), the Applicant’s obligation to provide reports to GOED has ended or the GOED-administered entity providing the financial assistance no longer has the legal right to seek repayment from Applicant, and may not be earlier revoked by Applicant. Lender may rely on GOED’s representation that this Authorization remains in effect under the conditions described in this paragraph.

 The Project to which this Authorization refers is described generally as follows:

INITIAL BOX IF APPLICABLE – DISCLOSURE BY GOED [ ] Applicant acknowledges that SDCL 1-53-6, 1-16B-14.1, 1-16G-11 and other applicable law prohibit or may prohibit GOED from disclosing Applicant’s confidential financial information to third parties, including other lenders involved in financing the Project. Applicant is not required to authorize disclosure to other lenders involved with the Project, but Applicant’s failure to do so may affect GOED’s ability to provide financing or financial assistance for the Project. By initialing the box above, the undersigned Applicant hereby further authorizes GOED to disclose confidential financial information relating to Applicant’s financial dealings with GOED to any other lenders proposed to or actually providing financing in connection with the Project.

Applicant Business:

Officer’s Signature:

Officer’s Name/Title:

Telephone Number: Date:

*STATE OF SOUTH DAKOTA*

**GOVERNOR’S OFFICE OF ECONOMIC DEVELOPMENT**

**CREDIT REPORT AUTHORIZATION**

 **THIS AUTHORIZATION** is given effective the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_, 20\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the South Dakota Governor’s Office of Economic Development, 711 E. Wells Avenue, Pierre, South Dakota, 57501 (“GOED”).

WHEREAS, GOED administers certain loan programs on its own behalf and for the South Dakota Board of Economic Development, the South Dakota Economic Development Finance Authority and the South Dakota Development Corporation; and

WHEREAS, the loan programs administered by GOED are all restricted for use for commercial purposes in order to create jobs and other economic opportunities in South Dakota; and

WHEREAS, the undersigned has expressed an interest in making formal application for a loan, either for the undersigned or for a company in which the undersigned has a financial interest, from one or more of the programs administered by GOED; and

WHEREAS, in the case of an application on behalf of a company in which the undersigned has a financial interest, the undersigned acknowledges that a personal guarantee from the undersigned may be a condition of any such loan; and

 WHEREAS, in order to properly evaluate the eligibility and qualification of the undersigned or the undersigned’s company for a loan or loans from the programs administered by GOED, it is necessary for GOED to evaluate the undersigned’s creditworthiness; and

WHEREAS, some of the loan programs administered by GOED have entered into Loan Servicing Agreements with BankWest, Inc., a state chartered financial institution, of Pierre, South Dakota (“BankWest”), whereby BankWest will act as those programs’ agent for purposes of closing, funding, receiving payment and servicing any loan made under those programs, and under which BankWest may take any and all action on behalf of those programs consistent with the terms of the applicable Loan Servicing Agreement;

NOW, THEREFORE, based upon the foregoing Recitals and for good and valuable consideration, the receipt and sufficiency of which is acknowledged by the undersigned, the undersigned hereby states and agrees as follows:

1. The undersigned understands that GOED has a need to review the undersigned’s creditworthiness as an individual for the reasons set forth above.

2. The undersigned hereby authorizes GOED (and where applicable, BankWest, acting on behalf of GOED) to check the undersigned’s credit account and employment history and/or have a credit reporting agency prepare a credit report on the undersigned.

3. The undersigned further acknowledges and agrees that GOED will also evaluate the creditworthiness of the undersigned and the undersigned’s company, as applicable. The undersigned agrees that nothing about the method or means used by GOED to evaluate the undersigned’s credit or that of the undersigned’s company, or the results of said evaluation, shall in any way affect the undersigned’s liability under any guarantee or other agreement the undersigned may execute with or in favor of any loan program administered by GOED in connection with any loan made by any loan program administered by GOED to the undersigned or the undersigned’s company.

4. This Authorization shall remain in effect for a period of one year from the date of the signature below.

 Dated this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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