

South Dakota

**Department of Tourism and
State Development**

South Dakota

■ *Micro*LOAN



Building South Dakota Communities

South Dakota Department of Tourism and State Development
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MicroLOAN South Dakota Loan Program
Borrower Application

Date of Application	
Individual completing this form	
Individual's telephone number	
Company Affiliation	
Primary Lender--Include cover letter	

Section 1. Applicant Information

Name of Applicant Business	
Name (address) of parent company	
Name (address) of affiliates	
Name (title) of contact person	
Business Address	
City, State, Zip code	
Business Telephone number	
Fax number	
E-mail address	
Business or federal tax ID Number	
SD sales tax number	
SD unemployment insurance number	
Primary business activity	
SIC code	
Date business established	
Date business established in SD	
Business type	
Fiscal year end	

Management Information:

List all the officers, directors, or general partners. Attach resumes.

Name & Title	Address & Phone Number	Compensation	Social Security Number

Major Stockholders, Partners or Proprietors:

(Totaling 100% ownership. Attach Personal financial statement and resumes.)

Name	Address and Phone Number	Compensation	Social Security Number

Banks where business and principal personal accounts are maintained:

Name	City/State	Phone #	Type of Account	Account #

Present business trade creditors or trade references:

Name	Address	Phone #	Type of Account	Balance	Date

Section 2. Purpose of the Loan

Description of the Project:

Date project will begin	
Estimated completion date	
Is loan applicant planned occupant?	
Legal owner of the site	

Project Costs

	Uses (\$\$)	Sources (\$\$)
Land		
Building		
Site Improvements		
Equipment		
Equipment Installation Costs		
Inventory		
Receivables		
Other Costs		
Financing Fees		
Total		

(Attach information on specific data of the items above including description of equipment, inventory, land and building to be acquired, site improvements to be made, etc...)

Sources of Long Term Financing (Include MicroLOAN Funds, and Primary Lender):

Name of Lenders	Purpose	Amount	Terms	Collateral

*Positions may be negotiated among the parties involved.

Source of Interim Financing: _____

Source of Equity Contribution: _____

Section 3. Marketing Plan

Please attach Marketing Plan or Business Plan.

Section 4. Financial Information

Please attach last three years historical financial statements and/or tax returns to include a balance sheet and income statement and three years of proformas including a balance sheet and income statement. Please attach personal financial statement(s) for applicant(s) and guarantors, a cover letter from your bank including the terms of their portion of the loan and a current credit report.

Section 5. Employment Information

Please summarize current and projected job creation regarding this project.

Certification

The South Dakota Development Corporation is an equal opportunity lender. Under the Equal Credit Opportunity Act, it is illegal to discriminate in any credit transaction on the basis of race, color, national origin, religion, sex, marital status or age.

The applicant realizes that the Department of Tourism and State Development and any of its boards or committees may not process any application that is not complete. Incomplete applications will be returned to the applicant for completion.

The applicant further understands that there is no right to financing under the MicroLOAN Program. Approval of the application by the Loan Committee does not constitute a guarantee that the project will receive financing under the Program. Financing is contingent on the availability of MicroLOAN Program funds, compliance with all Program requirements, execution of all Agreements and the closing of the project loans by the Originating Bank.

“I declare and affirm under the penalties of perjury that the claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.” There is no intent to deceive or defraud the South Dakota Development Corporation or any potential participant in any loans to finance this project.

APPLICANT BUSINESS: _____

OFFICER’S SIGNATURE: _____

OFFICER’S NAME/TITLE: _____

TELEPHONE NUMBER: _____ DATE: _____