|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Stark Development Corporation application for assistance Please complete & return to PO 765, Dickinson, ND 58602-0765  Phone: (701) 225-5997 Fax: (701) 227-8647 E-mail: [team@starkdev.com](mailto:team@starkdev.com)  SDC Logo0001.jpgApplications will be reviewed at Stark Development Corporation’s Board of Director Meetings. Meetings are the 3rd Tuesday of every month, applications must be submitted 10 days prior. | | | | | |
| **Business Information** | | | | | |
| **Company Name:** | | | | | |
| **Contact Person:** | | **Title:** | | | |
| **Company Address:** | | | | | |
| **City:** | | **State:** | | **ZIP Code:** | |
| **Phone:** | | **Fax:** | | | |
| **E-mail:** | | **Website:** | | | |
| **Date Business Commenced:** | | **Tax ID #:** | | | |
| **Ownership Structure:**  Sole Proprietorship  Partnership | | Public Corporation  Limited Liability Corporation  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Owner’s Name (s) if Sole Proprietorship or Partnership:** | | | | | |
| **Is your company currently a member of Stark Development Corporation:** Yes No | | | | | |
| **Project Information** | | | | | |
| **Estimated Project Completion Date:** | | | | | |
| **Present Number of Employees**  Full Time: | Part Time: | | **Proposed Number of Employees**  Full Time: | | Part Time: |
| **Titles of Jobs Created:** | | | | | |
| **Financial Information** | | | | | |
| **Type of Assistance Requesting:**  PACE Loan  Flex PACE Loan | | Affordable Housing Flex PACE Loan  Grant  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Total Project Cost:** | | **Owners Equity:** | | | |
| **Stark Development Corporation Dollars Requested:** | | | | | |
| **Total Financed (all sources):** | | | | | |
| **Financial Institution:** | | Loan Officer: | | | |
| Financial Institution Address: | | | | | |
| City: | | State: | | ZIP Code: | |
| Phone: | | Fax: | | | |
| **Other Funding Sources:** | | | | | |
| Company Name: | | Contact Person: | | | |
| **Accountant:** | | Firm Name: | | | |
| Phone: | | Fax: | | | |
| **Attorney:** | | Firm Name: | | | |
| Phone: | | Fax: | | | |
| **Documents to be submitted along with application** (a complete business plan is preferred)  **Please contact us if any are not yet available.** | | | | | |
| **Project Description Summary Including:**   * Business Operations * Management Plan * Existing and Planned Facilities | | **Financial Statements:**   * Source and Use of Funds Table * Previous 3 years of financial statements * Projected 3 years of financial statements | | | |
| BY SUBMITTING THIS APPLICATION, YOU MAY BE REQUIRED TO ENTER A BUSINESS INCENTIVE AGREEMENT WITH STARK DEVELOPMENT CORPORATION FOLLOWING THE APPROVAL OF YOUR REQUEST PER REQUIREMENTS OUTLINED IN ND CENTURY CODE 54-60.1 | | | | | |
| **Applicant Signature** | | | | | |
| Signature: | | Title:  Date: | | | |