



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
 Applications 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: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership	<input type="checkbox"/> Public Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Other _____	
Owner's Name (s) if Sole Proprietorship or Partnership:		
Is your company currently a member of Stark Development Corporation: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PROJECT INFORMATION

Estimated Project Completion Date:			
Present Number of Employees		Proposed Number of Employees	
Full Time:	Part Time:	Full Time:	Part Time:
Titles of Jobs Created:			

FINANCIAL INFORMATION

Type of Assistance Requesting:		<input type="checkbox"/> Affordable Housing Flex PACE Loan	
<input type="checkbox"/> PACE Loan		<input type="checkbox"/> Grant	
<input type="checkbox"/> Flex PACE Loan		<input type="checkbox"/> 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: <input checked="" type="checkbox"/> Business Operations <input checked="" type="checkbox"/> Management Plan <input checked="" type="checkbox"/> Existing and Planned Facilities	Financial Statements: <input checked="" type="checkbox"/> Source and Use of Funds Table <input checked="" type="checkbox"/> Previous 3 years of financial statements <input checked="" type="checkbox"/> Projected 3 years of financial statements
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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:
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