

**General Information**

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

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Legal Entity    Sole Proprietorship    Partnership    Corporation    Limited Liability Corporation

Federal Employer ID #: \_\_\_\_\_ Date Business Established \_\_\_\_\_

D-U-N-S Number: \_\_\_\_\_ Contact Person \_\_\_\_\_

**Ownership of Business Entity**

Co-Applicant/Owner	Co-Applicant/Owner
Percentage Owned: _____ Name: _____ Home Address: _____ _____ Home Phone: _____	Percentage Owned: _____ Name: _____ Home Address: _____ _____ Home Phone: _____
Co-Applicant/Owner	Co-Applicant/Owner
Percentage Owned: _____ Name: _____ Home Address: _____ _____ Home Phone: _____	Percentage Owned: _____ Name: _____ Home Address: _____ _____ Home Phone: _____

- |   |  |
|---|--|
| Is the Applicant a United States Citizen or Entity?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the Applicant been declared bankrupt in the last 10 years?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there any legal action pending against the Applicant?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the Applicant ever been charged with a felony?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the Applicant a registered sex offender?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the Applicant ever co-signed someone else's liabilities?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the Applicant have any taxes in delinquent status or in dispute? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all state and federal income taxes filed?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other business names used by the Applicant? If yes, please list.      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Uses and Sources of Funds**

**Uses of Funds** – (Enter Gross Dollar Amounts Rounded to the Nearest Hundreds.

Real Estate Acquisition – Describe:	\$ _____
New Construction and Facility Improvements – Describe:	\$ _____
Purchase and/or Repair of Machinery and Equipment – Describe:	\$ _____
Inventory Purchase – Describe:	\$ _____
Working Capital – Describe:	\$ _____
Acquisition of Existing Business – Describe:	\$ _____
Refinance Debt – Describe:	\$ _____
Other – Describe:	\$ _____
<b>Total Funds Required</b>	<b>\$ _____</b>

**Sources of Funds**

Personal Investment – Describe where funds will come from: _____	\$ _____
Financial Institution – Name: _____ Payment Amount: _____ Payment Frequency: _____ Maturity Date: _____ Collateral: _____	\$ _____
Other – Source: _____ Payment Amount: _____ Payment Frequency: _____ Maturity Date: _____ Collateral: _____	\$ _____
Other – Source: _____ Payment Amount: _____ Payment Frequency: _____ Maturity Date: _____ Collateral: _____	\$ _____
EMU Revolving Loan Fund – Terms Requested Payment Amount: _____ Payment Frequency: _____ Maturity Date: _____ Collateral: _____ Use of Funds _____	\$ _____
<b>Total Sources of Funds</b>	<b>\$ _____</b>

**Job Creation**

Please complete the following tables concerning jobs created or brought into the Emmetsburg community within the first two years of operation.

**Full-Time Hourly Employees**

Position	Starting Regular Hourly Rate	Average Regular Hourly Rate	Number of jobs Created or Brought into Emmetsburg	
			First Year	Second Year
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		

**Part-Time Hourly Employees**

Position	Starting Regular Hourly Rate	Average Regular Hourly Rate	Number of jobs Created or Brought into Emmetsburg	
			First Year	Second Year
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		

**Full-Time Salaried Employees**

Position	Starting Regular Hourly Rate	Average Regular Hourly Rate	Number of jobs Created or Brought into Emmetsburg	
			First Year	Second Year
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		

**Existing Employees**

Position	Starting Regular Hourly Rate	Average Regular Hourly Rate	Number of jobs Created or Brought into Emmetsburg	
			First Year	Second Year
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		

**Check Benefits Provided**

- Health Insurance Portion of premium paid by employee: \_\_\_\_\_ Is family coverage available? Y/N
- Dental Insurance Portion of premium paid by employee: \_\_\_\_\_ Is family coverage available? Y/N
- Retirement Plan Describe: \_\_\_\_\_

***EMU is an equal opportunity provider, employer & lender.***

**Required Attachments**

1. To apply, applicants will need to submit a non-refundable application fee in the sum of \$250.00.
2. Name of financial institution applicant is working with and commitment letters from banks and all others participating in the project, with terms and conditions of their participation.
3. Personal resume(s) of company management and brief history of the company.
4. Business Plan.
5. Copies of purchase agreements, appraisals, bids, quotes, estimates, and/or other cost documentation for the project.
6. Current balance sheet and YTD profit and loss statement for the business. (if available)
7. Business balance sheets and profit and loss statements for each of the past 3 years. (if available)
8. Three year income and expense projection
9. Current personal financial statement.
10. Current Credit Report
11. Federal Tax returns filed by the business for the previous three years, if the applicant is a sole proprietorship, partnership or corporation that does not have audited financial statements.

I certify that everything I have stated in this application and on any attachments is correct. Emmetsburg Municipal Utilities Board are authorized to make all inquires it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify Emmetsburg Municipal Utilities Board of any subsequent changes that would affect the accuracy of this Statement. Emmetsburg Municipal Utilities Board are further authorized to answer any questions about Emmetsburg Municipal Utilities' credit experience with applicant(s).

By signing below, each representative of the applicant declares that he/she has read and understands the statement above.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

“The following information is requested by the Federal Government for certain types of loans and grants, in order to monitor compliance with civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that a program recipient 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 regulation, this program representative is required to note race/ethnicity on the basis of visual observation or surname.”

\_\_\_\_\_ I do not wish to furnish this information

Ethnicity:

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Not Hispanic or Latino

Race: (Mark one or more)

\_\_\_\_\_ White

\_\_\_\_\_ Black or African American

\_\_\_\_\_ American Indian/Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

Gender:

\_\_\_\_\_ Male

\_\_\_\_\_ Female