



**Business Assistance
Policy & Application**

Business Assistance Policy

As a means to promote and encourage business development, retention and expansion, Traill County Economic Development Commission (TCEDC) works with existing and new businesses with the goal of helping to develop and retain jobs in Traill County. Assistance may take many forms including gap financing, general business support and alternative resource assistance with the objective of leveraging resources available to Traill County to capture additional capital for job development and business projects.

Eligibility

New or expanding businesses and entrepreneurs located in, or those looking to relocate or expand to, Traill County with the goal of job development.

Types of business projects eligible for consideration may include, but are not limited to:

- Acquisition of land, buildings, equipment, etc.
- Payment of professional fees (architect, engineer, attorney, etc.)
- Feasibility studies and/or marketing studies
- Business plans
- Interest buy-down
- Inventory
- Patent processing

Projects that may be considered ineligible may include, but are not limited to:

- Projects with inadequate personal/local commitments and investments
- Refinance situations
- Debt consolidation

Forms of Assistance

Gap Financing

Most economic development projects require a package of financing which may include a combination of personal investment, local financing and state and federal finance resources. TCEDC funds may be used to bridge the gap between various secured resources to reach the resource level required to accomplish project funding.



General Business Support

Apart from financial assistance, TCEDC is an available resource to guide or facilitate in a variety of business fundamentals such as the development of business plans, assistance with bookkeeping, marketing, etc.

Alternative Resource Assistance

At the present time, TCEDC does not have an approved alternative resource policy in place. Until such time, alternative resources are not available for consideration.

Financial Assistance Policy

Our priority is job development and job retention with an emphasis on primary sector businesses.

Types of Gap Financing:

- Low- to no-interest loans
 - Varying degrees of participation based on the priority level and job development.
 - Loan terms and start date will be determined by the Business Assistance Committee and the client; at this time, TCEDC is lending at +/- 2 percent of the Bank of North Dakota Prime Rate.
 - Security agreement to be completed by client.
 - TCEDC will work with applicants to leverage community support and investment through lending institutions, local economic development organizations, city government, etc.
 - A ratio will be created to determine adequate local/personal participation (e.g.: personal percentage, bank percentage, local development percentage, TCEDC percentage). A system such as this provides assurances that a shared commitment exists as well as the opportunity to level the risk factor incurred by all parties.
 - Applicant should be able to demonstrate an understanding of their market area as to the impact of the proposed project to the region, the effects to existing competing entity(s) and the sustainability of the related sector as a whole.
- Grants
 - Community investment funds will be considered for grants only in cases where job development and retention can adequately be shown.
- Stocks direct investment/shareholder situations
 - Community investment funds will be considered for direct investments only in cases where job development and retention can adequately be shown.

Financial Assistance Application

Fee

- A \$50 non-refundable application fee to defray costs associated with administrative and monitoring expenses
- Additional fees may apply

Application Process

- Requests for assistance will be accepted at any time. To submit a request, applicants must contact TCEDC. Completed applications will be reviewed by the Executive Director and Business Assistance Committee and, if successful, will move on to the full board.

Documentation and Monitoring

- As a means to remain current with approved projects, TCEDC will request for annual review documentation such as financial statements to assess the project's continued viability and to measure jobs retained and/or developed through the course of assistance.

Glossary of Terms, as Defined by TCEDC

Primary Sector Business – Businesses that bring new wealth from outside the county, thereby expanding the tax base and fueling the economic multiplier effect.

Secondary Sector Business – Businesses whose focus is to sell products and services to individuals and businesses within Traill County.

Competing Business – Businesses that compete for the same dollars within Traill County.

Business Assistance Committee – A committee to be appointed by the Chair as explained in Article IV of the Traill County Economic Development Commission By-Laws. The Committee is to be appointed on an annual basis by the Chair, with makeup to include the Chair and two other non-executive committee board members.

Request for Resources

Name of Company:

Client Name:

Street/Mailing Address:

City, State & Zip Code:

Telephone (Home):

(Cell):

(Work):

Email:

Type of Business:

☐ Retail

☐ Wholesale

☐ Construction

☐ Service

☐ Manufacturing

☐ Not in Business

Check the area for which you are seeking assistance:

☐ Starting a New Business

☐ Sources of Credit and Financing

☐ Feasibility Studies

☐ Marketing

☐ Business Plan

☐ Mentorship

☐ Other

I request assistance from the Traill County Economic Development Commission (TCEDC). I authorize TCEDC to furnish relevant information to resource providers and the TCEDC Business Assistance Committee and TCEDC Board. In consideration of TCEDC's assistance, I waive all claims against TCEDC personnel, board and other resource providers arising from this assistance. By signing this Request for Resources form, I acknowledge that I have read, understand and agree to the conditions of this request.

Signature and Title of Requestor

Date

Received and reviewed by TCEDC Executive Director

Date



Trail County EDC - Business Assistance Application

Thank you for your interest. If you have questions, please contact:

Trail County Economic Development Commission

102 1st Street SW | PO Box 856 | Hillsboro, ND 58045

Phone: 701.636.4746 Email: Director@TraillCountyEDC.com

Please provide the following information. If you need more space, attach additional sheets to this application.

SECTION I: BUSINESS INFORMATION

Business Name: _____

Business Location: _____

Business Mailing Address: _____

Business Owners (provide all who are involved)

| Name | % Ownership | Address | City/State/Zip | SSN |
|------|-------------|---------|----------------|-----|
|------|-------------|---------|----------------|-----|

| | | | | |
|----|--|--|--|--|
| a. | | | | |
| b. | | | | |
| c. | | | | |

Contact information

| Business Phone # | Home Phone # | Email Address | Website |
|------------------|--------------|---------------|---------|
|------------------|--------------|---------------|---------|

| | | | |
|----|--|--|--|
| a. | | | |
| b. | | | |
| c. | | | |

1. Business name: _____

2. Business location (if different from above): _____

City: _____ State: _____ Zip : _____

3. Describe type of business (product or service): _____

4. Business status (Check one): ☐ New (under 6 months) ☐ Existing (Over 6 months)

5. Have you met all the legal requirements necessary to establish your business? ☐ Yes ☐ No

6. Federal tax ID number: _____

7. Date business established: _____

8. Any personal/business judgments, liens, collection items, unsettled lawsuits or major disputes?

☐ Yes ☐ No If yes, please explain: _____

9. Have you reviewed a recent copy of your personal credit bureau report? ☐ Yes ☐ No

10. Has the business, or any principals of the business, been involved in bankruptcy or insolvency proceedings? ☐

Yes ☐ No

If yes, please explain: _____

11. Nearest relatives – Please list at least two (2) (not living with you):

| Name | Address | City/State/Zip | Phone Number |
|------|---------|----------------|--------------|
| | | | |
| | | | |
| | | | |

12. Tax information:

PERSONAL (OWNER(S))

| Name | Adjusted Gross Income | Tax Year | Dependents (Including self) |
|------|-----------------------|----------|-----------------------------|
| a. | | | |
| b. | | | |
| c. | | | |

BUSINESS

Cash Receipts and Net Profit

Fiscal Year End

\$ _____

SECTION II: FOR ALL NEW BUSINESSES – Individuals/Businesses applying for a loan are required to prepare a Business Plan that adequately describes the operation of their proposed business.

1. Have you completed a Business Plan? ☐ Yes ☐ No *(If so, please attach a copy of the Business Plan to this application.)*
2. When and by whom was the Business Plan prepared? _____

3. If a consultant or advisor prepared the plan, please provide their name, address and telephone number.

4. If you have not completed a Business Plan, would you like information on assistance available to help you prepare a Business Plan? ☐ Yes ☐ No

SECTION II A: OTHER INFORMATION – Please complete the following information.

1. Type of business organization:

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Not Yet Established |

2. Current number of employees: FT* PT *(*32 hours per week)*

Projected jobs by year-end: FT* PT *(*32 hours per week)*

Average hours per week for part-time employees: _____

3. Estimate of first year/current year revenue: _____ Fiscal year: _____

4. Does this business contain any:

Health care facilities: ☐ Yes ☐ No
Education facilities: ☐ Yes ☐ No
Child care facilities: ☐ Yes ☐ No
Job training initiatives: ☐ Yes ☐ No
Community/facility/service org.: ☐ Yes ☐ No
Housing units: ☐ Yes ☐ No

Number of patients: _____
Number of students: _____
Number of child care slots: _____
Number of people served: _____
New or expanding: _____
New or rehab: _____

SECTION III: FINANCING INFORMATION – Please be specific and provide all information requested in this section.

1. Purpose of loan request: _____
2. How will this loan help the business? _____
3. Have you contacted a bank for financing: ☐ Yes ☐ No What bank? _____
Contact at the bank: _____ Telephone number: _____
4. Total amount of loan request: \$ _____
5. Provide a breakdown of the specific use of loan funds.

| Item | Description (if needed) | Amount |
|-------|-------------------------|-----------------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| | | TOTAL \$ _____ |

6. Proposed repayment term: _____ months
7. Source of repayment: ☐ Operating profit ☐ Personal income
☐ Other: _____
8. Proposed collateral: _____
9. Other sources of income: _____
10. Amount and source of personal (non-loan) funds available to invest in the business/project:

SECTION IV: SUMMARY OF INFORMATION TO BE SUBMITTED – Please provide all of the following information and any additional information with your application form so our staff and loan review offers may quickly process your application.

- ☐ Business plan stating your mission or purpose, history (if applicable) and marketing plan
- ☐ Current (within 30 days) personal financial statement(s) for all business owners
- ☐ Personal tax returns for all business owners for the last three (3) years
- ☐ Company tax return for the last three (3) years (if an existing business)
- ☐ Balance Sheets and Income Statements for the most recent month-end of the business
- ☐ Cash flow projections with assumptions (include pre-startup costs with year one – monthly – and for year two – annually)
- ☐ Income Statement projection with assumptions for two (2) years
- ☐ Aging of receivables and payables (if an existing business)
- ☐ Resume(s) of owner(s) and management of the business

- ☐ Copies of permits and licenses necessary to your business
- ☐ Evidence of 10% equity requirement (*copy of bank statement funds*)
- ☐ Other

SECTION V: CERTIFICATIONS – Please read the following and sign the application form below. All owners, officers or partners must sign this application. If you have any questions, please call your account officer.

The information in this loan application is provided for the purpose of applying for funds under the Business Assistance Program. The information is accurate to the best of my knowledge. I understand that personal and/or business information may be requested to this loan application and I hereby give my consent for such information to be provided to Traill County Economic Development Commission. I also understand that the Business Assistance Program retains the sole decision as to whether this loan application is approved, disapproved or modified. It is my right to accept or decline the loan amount, rate and terms approved by the program.

| | |
|-------------------------------------|-------------------------------------|
| Name (<i>Printed</i>): _____ | Name (<i>Printed</i>): _____ |
| Signature: _____ | Signature: _____ |
| Title: _____ | Title: _____ |
| Date: _____ | Date: _____ |

| | |
|-------------------------------------|-------------------------------------|
| Name (<i>Printed</i>): _____ | Name (<i>Printed</i>): _____ |
| Signature: _____ | Signature: _____ |
| Title: _____ | Title: _____ |
| Date: _____ | Date: _____ |

The Business Plan and Its Parts

The following outline illustrates the complexity and detail of a good business plan. This information is available in more depth and as a downloadable template at <https://www.score.org/resource/business-plan-template-startup-business>.

You also can consult the nearest Small Business Development Center for help.

I. Executive Summary

- a. Describe your business
 - i. Location
 - ii. Products/services
 - iii. The market and your competition
 - iv. Why you and others are qualified to run the business
- b. Business goals and objectives
- c. How much financing you'll need and where you'll get it
- d. Projected business earnings

II. Company Description

- a. Mission statement
- b. Philosophy and vision
- c. Company goals
- d. Business structure

III. Products & Services

- a. Describe your products/services in detail
- b. Indicate whether you'll need to patent your idea, if you've already done so and other steps you've taken or will need to take to protect your products, business name and identity
- c. Compare your products/services, location and ability to reach the market to those of your competitors
- d. Include any product diagrams, licenses, permits or patents in the appendix

IV. Marketing Plan

- a. Describe your market and where your particular industry is headed
- b. Define your target market
- c. List, with analysis, your competitors
- d. State your overall strategy for reaching your goals
- e. Explain how you'll price your products/services
- f. Describe the advertising and marketing methods you'll use to get your products into the hands of your target market

V. Operational Plan

- a. List your business' legal structure
- b. Describe the main people in the business and their duties
- c. Explain the kinds of people you'll need to hire and how many
- d. State where your business will be located and the type of facility you'll need (you can even include building blueprints in the appendix)
- e. Explain your operating plans for the first 18 to 24 months
- f. For products, list any production materials you'll need, where you'll procure them and how you'll turn raw materials into a finished product
- g. For services, explain what sets you apart from your competitors and how you'll ensure customer loyalty

VI. Management & Organization

- a. Describe the business owners, key employees and overall organizational structure
- b. State who will keep your books
- c. You may want to list your attorney, accountant or other business consultants, and include in the appendix letters from each acknowledging your relationship

VII. Startup Expenses & Capitalization

- a. Describe the expenses involved in opening the business
- b. List how much capital you'll need
- c. Give a complete picture of your personal finances and present a carefully drawn-up budget for your business and personal finances

VIII. Financial Plan

- a. Project how your business will do over its first five years in operation
- b. Provide a breakdown of how you'll use your capital

IX. Other Information, Plans and Ideas (Appendix)

- a. Restate your case, inject your enthusiasm and show your determination to succeed
- b. Include supporting documents and refer to them in the body of the plan so readers can find them if needed
- c. Examples of inclusions might be agreements, intellectual property, resumes, advertising/marketing materials, blueprints/plans, lists of equipment, market research studies and a list of assets that can be used as collateral

CONFIDENTIAL FINANCIAL STATEMENT

| | | | | | | | |
|--|-----------------------------|-------------------------|---|---|---------------------|---------------------|-----|
| Name | | | Age | Home Phone No. | Home Address | | |
| Name of Spouse (if married) | | | Age | Dependent Children | City | State | ZIP |
| Name of Employer | Position | | Years | Bus. Phone No. | Address of Employer | | |
| City | State | ZIP | Name of Attorney | Bus. Phone No. | Name of CPA | Bus. Phone No. | |
| FINANCIAL CONDITION AS OF (DATE) | | | | | | | |
| PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED. USE "NO" OR "NONE" WHERE NECESSARY. | | | | | | | |
| ASSETS | | Market Value | | LIABILITIES | | (omit cents) | |
| Cash | In this bank | | Due to brokers in margin accounts | | | | |
| | Checking | | Notes payable to this bank (Sched. 6) | Unsecured | | | |
| | Savings, CD | | | Secured | | | |
| | Other | | Notes payable to other banks (Sched. 6) | Unsecured | | | |
| | In other banks | | | Secured | | | |
| | Checking | | Other notes payable (Sched. 7) | | | | |
| | Savings, CD | | Accounts payable (Sched. 7) | | | | |
| Securities (Sched. 1) | Marketable (NYSE, OTC, ASE) | | Mortgages payable (Sched. 8) | Homestead | | | |
| | Non-marketable | | | Partial interest in R/E | | | |
| | Restricted or stock control | | Taxes owing | Income taxes | | | |
| Accounts receivable (Sched. 2) | | | | Other taxes | | | |
| Notes receivable (Sched. 2) | | | Other liabilities (itemize) | | | | |
| Cash value of life insurance – Net (Sched. 3) | | | Revolving accounts/credit cards | | | | |
| Real Estate (Sched. 4) | Homestead | | Other | | | | |
| | Partial interest in R/E | | | | | | |
| | Real estate owned | | | | | | |
| Automobiles | | | | | | | |
| Other assets (itemize) | | | | | | | |
| Art | | | | | | | |
| Jewelry | | | | | | | |
| (Sched. 5) Oil & gas interests | | | | | | | |
| Aircraft | | | | | | | |
| Other | | | Total liabilities | | | | |
| Other | | | | | | | |
| Other | | | | | | | |
| Total assets | | | Net Worth | | | | |
| ANNUAL INCOME | Last year 20 | This year 20 | Projected 20 | CONTINGENT LIABILITIES | | | |
| Salary or wages | | | | Do you have any contingent liabilities? (If yes, summarize below and give details on page 4.) | | | |
| Bonuses and commissions | | | | As endorser or co-maker | | | |
| Dividends and interest | | | | As guarantor | | | |
| Trust income | | | | On leases or contracts | | | |
| Rentals (net of related expenses) | | | | Legal claims or judgments | | | |
| Royalties | | | | Letters of credit | | | |
| Capital gains or losses | | | | Other obligations or special expenses (alimony, child support, separate maintenance, etc.) | | | |
| Equipment leases | | | | | | | |
| Spouse's income* (source) | | | | Total contingent liabilities | | | |
| Other** | | | | | | | |
| Total income | | | | | | | |
| Amount of income tax paid | | | | | | | |

*Spouse information need not be revealed

**Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying obligations.

IF INSUFFICIENT SPACE, PLEASE ATTACH A SEPARATE CONTINUING SCHEDULE.

[illegible]

*Liens include any margin deposits, transfers, conditional sales, assignments, charges, encumbrances, pledges, hypothecations, security interests or other similar dispositions.

****Restricted securities meaning restrictions imposed by letter, legend or control.**

[illegible]

***If prior liens exist on any real estate notes listed above, please indicate lien holder and amount on page 4.**

| SCHEDULE 3 – LIFE INSURANCE | | | | | |
|-----------------------------|-------------|------------------------------|----------------------|----------------------------|-------------|
| Company | Face Amount | Cash Surrender or Loan Value | Policy Loan (if any) | Is Policy or C/V Assigned? | Beneficiary |
| | | | | | |
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| SCHEDULE 4 – REAL ESTATE OWNED | | | | | | | |
|---|---------------------------------|--------------|----------------|------|---------------|----------------|----------------------|
| Item No. | Location, Size and Improvements | Market Value | Type Appraisal | Cost | Year Acquired | Monthly Income | Title in the Name of |
| HOMESTEAD | | | | | | | |
| | | | | | | | |
| UNDIVIDED INTERESTS IN REAL ESTATE (your % only; indicate % ownership in description) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| OTHER REAL ESTATE OWNED | | | | | | | |
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CARRY TOTALS TO PAGE 1

| SCHEDULE 5 – OIL & GAS INTERESTS | | | | |
|---|------------------------|-------------------|----------------------|-------------------|
| Location and Description (no. of acres, field, county, no. of wells) | Fractional Interest | Monthly Income | Present Valuation | Valuation by Whom |
| | | | | |
| | | | | |
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| SCHEDULE 6 – NOTES PAYABLE TO BANKS | | | | | | | |
|-------------------------------------|------------------|--------------------|--------------------|----------|----------|---------|--------------------|
| Due To | Original Date | Original Amount | Present Balance | Payments | Maturity | Purpose | Collateral, if Any |
| | | | | | | | |
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| SCHEDULE 7 – OTHER NOTES AND ACCOUNTS PAYABLE | | | | | | | |
|---|------------------|--------------------|--------------------|----------|----------|---------|--------------------|
| Due To | Original Date | Original Amount | Present Balance | Payments | Maturity | Purpose | Collateral, if Any |
| | | | | | | | |
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| SCHEDULE 8 – RELATED INDEBTEDNESS ON REAL ESTATE | | | | | | |
|--|-----------------|-------------|---------------|-------------------|-----------------|-----------------|
| Item No. | Monthly Payment | Lien Holder | Interest Rate | Insurance Carried | Original Amount | Present Balance |
| HOMESTEAD | | | | | | |
| | | | | | | |
| UNDIVIDED INTERESTS IN REAL ESTATE | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| OTHER REAL ESTATE OWNED | | | | | | |
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CARRY TOTALS TO PAGE 1

If your liability exceeds your ownership %, please indicate amount in contingent liability section on page 1.
Please indicate market value source: MAI(M):SELF(S) – if self, list comparables if available on page 4.

| OTHER CREDIT REFERENCES (Do not include any listed on Schedule 6) | | | |
|--|-------------|-----------|----------------------|
| Name | High Credit | Date Paid | Secured or Unsecured |
| | | | |
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| GENERAL INFORMATION | |
|--|---|
| Are you a partner or officer in any other venture? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe below: | Have you made a composition settlement or taken bankruptcy within the past 10 years? If yes, please describe below: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a defendant in any suit or legal action? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe below: | Are any assets, other than real estate securities, subject to any security interests, liens or claims of any other persons? If yes, please describe below: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed) | |
| A. Were any of the assets listed (A) owned or claimed by your spouse before marriage, or (B) acquired by your spouse during marriage by gift or inheritance? If yes, please describe below: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| B. Are any of the assets listed held in trust, or in an estate or in any other name or capacity? If yes, please describe below. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| C. Were any of the assets listed purchased in whole or in part with (A) personal earnings of your spouse or (B) revenue or liquidation proceeds from your spouse's property of either kind described in Question A?* If yes, please describe below: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of executor: | Do you have a trust in your will? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of trustee: |

The above financial and supporting schedules, which are submitted for the purpose of establishing, obtaining and maintaining credit, present a true, complete and correct statement of my financial condition as of the date shown. I agree to notify Traill County Economic Development Commission of any material adverse change in my financial condition; and to furnish current financial information upon request by Traill County Economic Development Commission from time to time. Traill County Economic Development Commission is authorized to contact any appropriate third parties for the purpose of verifying any information at any time furnished by me to Traill County Economic Development Commission, and/or obtaining additional credit information deemed necessary by Traill County Economic Development Commission. This financial statement and other information furnished shall be the property of Traill County Economic Development Commission.

*Spouse information need not be revealed unless you reside in the State of Texas, or other community property state.

| |
|-----------------------------------|
| Signature |
| Signature |
| Prepared by (if other than maker) |
| Witnessed by |
| Date |

*Spouse information need not be revealed

**Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying obligations.

BALANCE SHEET - SUGGESTED FORMAT

| | <u>YEAR 1</u> | <u>YEAR 2</u> |
|---|----------------|----------------|
| <u>CURRENT ASSETS:</u> | | |
| Cash | _____ | _____ |
| Accounts Receivable | _____ | _____ |
| Other | _____ | _____ |
| TOTAL CURRENT ASSETS: | ===== | ===== |
| <u>PROPERTY AND EQUIPMENT:</u> | | |
| Land and Building | _____ | _____ |
| Fixtures and Equipment | _____ | _____ |
| Vehicle | _____ | _____ |
| Less Accumulated Dep. | () | () |
| NET FIXED ASSETS: | ===== | ===== |
| <u>OTHER ASSETS:</u> | | |
| License | _____ | _____ |
| Goodwill | _____ | _____ |
| TOTAL OTHER ASSETS: | ===== | ===== |
| TOTAL ASSETS: | ===== | ===== |
| <u>CURRENT LIABILITIES:</u> | | |
| Notes Payable (1 year or less) | _____ | _____ |
| Accounts Payable | _____ | _____ |
| Accrued Expenses | _____ | _____ |
| Taxes Owed | _____ | _____ |
| Long-Term Debt (current amount) | _____ | _____ |
| Other | _____ | _____ |
| TOTAL CURRENT LIABILITIES: | ===== | ===== |
| <u>LONG-TERM DEBT:</u> | | |
| Loans | _____ | _____ |
| Other | _____ | _____ |
| TOTAL LIABILITIES: | ===== | ===== |
| <u>STOCKHOLDERS' EQUITY:</u> | | |
| Capital Stock | _____ | _____ |
| Paid-In Capital | _____ | _____ |
| Retained Earnings | _____ | _____ |
| TOTAL NET WORTH: | ===== | ===== |
| TOTAL LIABILITIES AND NET WORTH: | ===== | ===== |

INCOME PROJECTION - SUGGESTED FORMAT

| | <u>YEAR 1</u> | <u>YEAR 2</u> |
|---|---------------|---------------|
| <u>SALES:</u> | | |
| <u>COST OF GOODS SOLD:</u> | | |
| Material | | |
| Inventory (parts) | | |
| Labor | | |
| Supplies | | |
| Inbound Freight | | |
| GROSS PROFIT: | | |
| <u>OPERATING EXPENSES:</u> | | |
| Officers' Salaries | | |
| Office/Managers' Salaries | | |
| Payroll | | |
| Payroll Taxes | | |
| Office Supplies | | |
| Advertising | | |
| Travel | | |
| Depreciation | | |
| Outbound Freight and Postage | | |
| Insurance | | |
| Utilities | | |
| Accounting/Legal | | |
| Telephone | | |
| Repairs/Maintenance | | |
| Vehicle | | |
| Rent/Lease | | |
| Other | | |
| TOTAL EXPENSES: | | |
| <u>NET OPERATING PROFIT:</u> | | |
| Interest Expense | | |
| Other Income | | |
| Other Expense | | |
| <u>NET PROFIT (before income taxes)</u> | | |
| Estimated Income Tax | | |
| <u>NET PROFIT:</u> | | |

BORROWER'S MONTHLY LISTING AND AGING OF ACCOUNTS RECEIVABLE

For the month ending _____, _____.

[illegible]

*Non-trade payable

**Payable to affiliated company or individual

Borrower Signature: _____ Date: _____



PROPERTY TAX CLEARANCE RECORD

OFFICE OF STATE TAX COMMISSIONER

SFN 28202 (09-2017)

Part 1 - To Be Completed by Taxpayer

| | |
|--|---|
| Taxpayer's name as shown on North Dakota application form, tax return, or refund claim document | |
| For each parcel of real property in which the taxpayer holds a 50% or more ownership interest that is located in the county, provide the property or parcel number from the county property tax statement. In addition, if the taxpayer owns a single-member limited liability company (SMLLC) that is disregarded for federal income tax purposes, and the SMLLC holds a 50% or more ownership interest in real property located in the county, provide the property or parcel number for that property and the name of the SMLLC. If there are more than three parcels that meet this condition, attach a separate statement. | |
| Property or parcel number from property tax statement | Name on property tax statement, if different from taxpayer's name above |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

Part 2 - To Be Completed by County Auditor's or Treasurer's Office

| | |
|--|-------|
| Name of County | |
| I certify that the records for the above-named county show that, on the date reviewed, there is no delinquent property tax owed on any parcel of real property identified in Part 1 of this form. | |
| Signature of authorized person in county auditor's or treasurer's office | Date |
| Printed name of person signing this form | Title |

Purpose of form

Use this form to satisfy the property tax clearance record requirement under North Dakota Century Code § 57-01-15.1.

After July 31, 2017, certain state and local tax incentives listed under North Dakota Century Code § 54-35-26 may not be granted to, or claimed by, a taxpayer unless the taxpayer has satisfied all state and local tax obligations and tax liens of record for taxes owed to North Dakota or a political subdivision. The listed state tax incentives are shown on page 2 of this form.

Property tax clearance record. Before a listed state tax incentive may be granted or claimed, a taxpayer must obtain a property tax clearance record from each North Dakota county in which the taxpayer holds a 50 percent or more ownership interest in real property. The property tax clearance record(s) must be attached to the applicable state tax form - see "Applicable state tax form."

If the taxpayer is a corporation or a passthrough entity, the property tax clearance record requirement also applies to any officer, partner, governor, or managing member responsible for the business's tax obligations if that person holds a 50 percent or more ownership interest in real

property in North Dakota. A passthrough entity means a partnership, S corporation, or limited liability company treated like a partnership or S corporation.

Applicable state tax form. The required property tax clearance record(s) for the taxpayer and, if applicable, any responsible officer, partner, governor, or managing member must be attached to the applicable state tax form filed with the Office of State Tax Commissioner. An "applicable state tax form" means the North Dakota application form, tax return, or other document on which the taxpayer applies for or claims a listed state tax incentive.

A new property tax clearance record must be obtained and attached to the North Dakota tax return filed for each year the listed state tax incentive is claimed or to each new claim for refund.

If a taxpayer electronically files a North Dakota tax return, the property tax clearance record should be submitted as a PDF attachment to the return. If a taxpayer is not able to provide a PDF attachment, the taxpayer must retain the property tax clearance record and make it available upon request.

Instructions to taxpayer

Complete Part 1 of this form. Then mail, fax, or take the form to the county auditor's or treasurer's office for the North Dakota county from which the property tax clearance record is required. Complete a separate form for each county from which a property tax clearance record is required.

If there is no property tax delinquency on the parcel(s) listed in Part 1, the county will complete and sign Part 2. **The county will not complete Part 2 if there is a property tax delinquency on any listed parcel.** This form, if completed and signed by the county, constitutes the property tax clearance record that must be attached to the applicable state tax form.

Instructions to county

Please review your records to see if there is a property tax delinquency with respect to any parcel of real property identified in Part 1. This does not include property tax due that the taxpayer elected to pay in installments. If there is no property tax delinquency on the listed parcel(s), complete and sign Part 2. **Do not complete or sign Part 2 if there is a property tax delinquency on any listed parcel.** Whether or not you are able to complete this part, return the form to the taxpayer.

Need assistance?

See page 2 for contact information.

State Income and Sales Tax Incentives Subject to Property Tax Clearance Record Requirement

The state income and sales tax incentives subject to the property tax clearance requirement are listed below along with their statutory references in the North Dakota Century Code. If you have any questions about a specific incentive or the use of this form, contact our office at the number or email address shown. If speech or hearing impaired, call Relay ND at 1.800.366.6888.

| Income tax incentives | Phone number | Email |
|--|---------------------|----------------------|
| Agricultural commodity processing facility investment tax credit (Ch. 57-38.6) | 701-328-1247 | individualtax@nd.gov |
| Angel fund investment tax credit (§ 57-38-01.26; effective before 7/1/2017) | 701-328-1247 | individualtax@nd.gov |
| Angel investor investment tax credit (§ 57-38-01.26; effective after 6/30/2017) | 701-328-1247 | individualtax@nd.gov |
| Biodiesel fuel blending tax credit (§ 57-38-01.22) | 701-328-1249 | corptax@nd.gov |
| Biodiesel fuel equipment tax credit (§ 57-38-01.23) | 701-328-1249 | corptax@nd.gov |
| Biodiesel fuel production facility construction or retrofit tax credit (§ 57-38-30.6) | 701-328-1249 | corptax@nd.gov |
| Internship program tax credit (§ 57-38-01.24) | 701-328-1247 | individualtax@nd.gov |
| Manufacturing automation equipment tax credit (§ 57-38-01.33) | 701-328-1249 | corptax@nd.gov |
| New or expanding business income exemption (Ch. 40-57.1) | 701-328-1249 | corptax@nd.gov |
| Renaissance zone income exemptions and tax credits (Ch. 40-63) | 701-328-1247 | individualtax@nd.gov |
| Research expense tax credit (§ 57-38-30.5) | 701-328-1249 | corptax@nd.gov |
| Seed capital investment tax credit (Ch. 57-38.5) | 701-328-1247 | individualtax@nd.gov |
| Soybean or canola crushing facility construction or retrofit tax credit (§ 57-38-30.6) | 701-328-1249 | corptax@nd.gov |
| Workforce recruitment tax credit (§ 57-38-01.25) | 701-328-1247 | individualtax@nd.gov |
| Sales tax incentives | | |
| Manufacturing and recycling equipment exemption (§ 57-39.2-04.3) | 701-328-1246 | salestax@nd.gov |
| Fertilizer or chemical processing facility construction materials exemption (§ 57-39.2-04.15) | 701-328-1246 | salestax@nd.gov |
| Exemption for materials relating to carbon dioxide usage in enhanced oil or natural gas recovery (§ 57-39.2-04.14) | 701-328-1246 | salestax@nd.gov |
| Qualified data center information technology equipment and computer software exemption (§ 57-39.2-04.13) | 701-328-1246 | salestax@nd.gov |