

REQUEST FOR ASSISTANCE PRELIMINARY APPLICATION

1. General information:

Business Name: _____
Address: _____
Email: _____
Telephone #: _____ Fax #: _____
Contact Person: _____
Business Form: _____ Corporation _____ Partnership _____ Sole Proprietorship
State of Incorporation or Organization: _____
Years in Business: _____ Years a Minnesota Business: _____

2. Brief description of the business:

3. Proposed project site:

Location: _____ Present Ownership: _____
Zoning: _____ Rezoning Required: _____
Will property be subdivided? _____ If so, please attach a layout of planned subdivision.
Will variances of the Zoning Ordinance be requested? _____ If so, please list.

4. Estimated Project Costs:

a.	Land Acquisition	\$ _____
b.	Site Development	_____
c.	Building Cost	_____
d.	Equipment	_____
e.	Architectural/Engineering Fees	_____
f.	Legal Fees	_____
g.	Financing Costs	_____
h.	Broker Costs	_____
i.	Contingencies	_____
j.	Other (please specify)	_____
	Total:	\$ _____

5. Total Estimated Market Value at completion: \$ _____

6. Description of proposed project: Building square footage, size of property, description of buildings, materials, etc.

7. Estimated land preparation or infrastructure costs:

- a. Land Acquisition \$ _____
 - b. Utilities _____
 - c. Site Work Architectural/
Engineering Fees _____
 - d. Site Work _____
 - e. Legal Fees _____
 - f. Parking Lot/Landscaping _____
 - g. Other (please specify) _____
- Total \$ _____

8. Sources of Financing:

- a. Equity \$ _____
 - b. Bank Loan _____
 - c. Other (please specify) _____
 - d. Other (please specify) _____
- Total \$ _____

9. Professional services of applicant:

Architectural Firm/Contact: _____
Address: _____
Telephone #: _____ Fax #: _____

Engineering Firm/Contact: _____
Address: _____
Telephone #: _____ Fax #: _____

General Contractor/Contact: _____
Address: _____
Telephone # _____ Fax #: _____

Attorney Firm/Contact: _____
Address: _____
Telephone # _____ Fax #: _____

Accounting Firm/Contact: _____
Address: _____
Telephone # _____ Fax #: _____

10. Project construction schedule:

- a. Construction Start Date: _____
- b. Construction Completion Date: _____

If construction will not be completed at year end, what % of construction will be completed by year end?

11. Current and projected employment:

<u>Type</u>	<u>Existing Jobs</u>	<u>Employment Projections</u>		<u>Wage</u>
		<u>First Year</u>	<u>Second Year</u>	
Professional/Managerial	___FT ___ PT	___FT ___PT	___FT ___PT	\$_____/____
Technical/Skilled	___FT ___ PT	___FT ___ PT	___FT ___ PT	\$_____/____
Unskilled/Semi-Skilled	___FT ___ PT	___FT ___ PT	___FT ___ PT	\$_____/____

12. Statement of necessity for the use of assistance for the project:

13. Signatures:

I declare that any statement in this application or information provided herein is true and complete in substance and in fact. Also, I authorize this information to be released to the appropriate agencies that may be able to assist in this request.

Name of Business: _____

By: _____ Title: _____ Date: _____