



REGIONAL SMALL BUSINESS CENTER

PRE-APPLICATION

1. Business name, address and telephone number:

2. Is your business NEW or EXISTING: _____

3. Is your business a proprietorship, partnership or corporation:

4. If this is an EXISTING business:

How long in existence: _____

Location: _____

Number of Employees: Full-time _____ Part-time _____

5. Will you be operating this business full-time, as your sole source of income?

_____ Yes

_____ No

If no, please indicate other business operations:

6. Give the name, address and telephone number of either the principal (proprietor) partners or major shareholder(s):

7. Briefly describe your business, its products and the market you are targeting or will target:



8. Approximately how much space will you need:

Production _____ Office _____

9. Do you have any special needs or requirements?

10. Do you need fixed asset financing: _____

Briefly explain: _____

11. Initial capitalization of your business:

\$0-\$50,000 _____ \$100,000-\$150,000 _____

\$50,000-\$100,000 _____ Over \$150,000 _____

12. Do you currently have a Business Plan prepared: Yes No

If No, do you have a business outline prepared: Yes No

Do you need assistance in preparing a Business Plan: Yes No

13. Credit References (name, address, phone):

14. Attachments:

- Owner's Resume
- Copy of ND Secretary of State's authorization/license to conduct business in the State of North Dakota
- Copy of Business Plan or Outline, if prepared
- Copy of most recent financial statements and cashflow projections

15. Anticipated job creation during the first year of operation: _____

Signature: _____

Date: _____

Title: _____

PLEASE RETURN TO:

Don Litch, Operations Manager
Regional Small Business Center
417 Main Avenue
Fargo, ND 58103

Phone: (701) 235-7885
FAX: (701) 235-6706



AUTHORIZATION FOR CREDIT INFORMATION

The information in this Application is provided for the purpose of applying for tenancy in the Regional Small Business Center program. The information is accurate to the best of my knowledge. I understand that personal and/or business information may be requested pursuant to this Application and I hereby give my consent for such information to be provided to Lake Agassiz Regional Development Corporation. I also understand that the Regional Small Business Center retains the sole decision as to whether this Application is approved, disapproved, or modified. It is my right to accept or decline any offer of tenancy in the Regional Small Business Center program.

All majority business owners names and Social Security numbers:

Name (Printed): _____
Address: _____
Signature: _____
Title: _____
SS: _____

Name (Printed): _____
Address: _____
Signature: _____
Title: _____
SS: _____

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Address: _____
Signature: _____
Title: _____
SS: _____

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