

# *City of Caledonia*

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## *Economic Development Authority* Business Assistance Application




231 E. Main St.  
Post Office Box 232  
Caledonia, MN 55921

Phone: (507) 725-3450  
Fax: (507) 725-5258

**SECTION ONE - APPLICANT INFORMATION**

NAME OF APPLICANT:			
SOCIAL SECURITY NUMBER:		CELL PHONE:	
MAILING ADDRESS:			
CITY:	STATE:	ZIP CODE:	
EMAIL ADDRESS:		WEBSITE:	
BUSINESS NAME:		BUSINESS PHONE:	
BUSINESS ADDRESS:		BUSINESS FAX:	
BUSINESS CITY:	STATE:	ZIP CODE:	
Principal Owner Names	Titles	Owner %	Social Security #

 Attach separate sheet, if necessary. List all owners, partners, directors, guarantors and stockholders. Those with 20% or more ownership must submit a separate, signed application form and may be required to provide personal guarantees.

**APPLICANT IS APPLYING FOR THIS LOAN:**

- Individually, without co-applicant(s) or guaranty of a relative or other person(s) or entity.
- Jointly, with co-applicant(s), or the guaranty of one or more persons or entities.

 **All co-applicants and guarantors must complete a separate application form.**

**CITIZENSHIP.** Is the applicant a citizen of the U.S. or resides in the U.S. after being legally admitted for permanent resident, OR in the case of an organization, at least 51% of the outstanding membership/ownership citizens of the U.S. or residents in the U.S. after being legally admitted for permanent resident.

- No
- Yes

**BUSINESS/LEGAL STRUCTURE**

- Sole Proprietorship       Cooperative Corporation       General Partnership
- Limited Partnership       Corporation       Subchapter S Corp       Non-Profit

DATE ESTABLISHED:	DUNS #:	FEDERAL TAX ID#:
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DESCRIPTION & HISTORY OF BUSINESS:


DUAL INTERESTS. Does the applicant or the business have any financial interest as vendors of project items, or are they prospective customers of the applicant's/business' products?  
 No

Yes, please provide details:

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LOAN DEFAULT. Has the applicant or the business ever defaulted on a loan commitment?  
 No

Yes, please provide details:

--

RECEIVERSHIP/BANKRUPTCY. Has the applicant or business ever been in receivership or declared bankruptcy?  
 No

Yes, please provide details:

--

JUDGEMENTS/INJUNCTIONS. Are there (or have there ever been) civil or criminal judgments of injunctions against the applicant or business?  
 No

Yes, please provide details:

--

LITIGATION PENDING. Is any litigation pending that involves the applicant and/or business?  
 No

Yes, please provide details:

DISCRIMINATION COMPLAINTS. Within the past five years, have there been any violations, citations, charges or complaints of discrimination filed against the applicant and/or business in state or federal court or before any government agency?

No

Yes, please provide details:

PREVIOUS FUNDING. Has the applicant and/or business ever received a business subsidy from a local unit of government before?

No

Yes, please provide details:

TAXES. Does the applicant and/or business have any delinquent taxes (inc. property, income, etc.)?

No

Yes, please provide details:

## SECTION TWO: LOAN PURPOSE

### ELIGIBLE USES:

- Business and industrial acquisitions when the loan will keep the business from closing, prevent the loss of employment opportunities, or provide expanded job opportunities.
- Business construction, conversion, enlargement, repair, modernization, or development.
- Purchase and development of land, easements, rights-of-way, buildings, facilities, leases, or materials.
- Purchase of equipment, leasehold improvements, machinery, or supplies.
- Pollution control and abatement.
- Transportation services.
- Start-up operating costs and working capital.
- Interest (including interest on interim financing) during the period before the facility becomes income producing, but not to exceed 3 years.
  - Feasibility studies.
  - Debt refinancing (only allowed when it is determined that the project is viable and refinancing is necessary to create new or save existing jobs or create or continue a needed service; see RD MN 4274.314(b)(10) for additional collateral requirements).
  - Reasonable fees charged by licensed professionals (for example, management consultants, engineers, lawyers, accountants, appraisers, etc.).
  - Hotels, motels, tourist homes, bed and breakfast establishments, convention centers, and other tourist and recreational facilities.
  - Educational institutions.
  - Revolving lines of credit (see RD MN 4274-314(b)(14)(i)-(v)).

### DESCRIPTION OF LOAN PURPOSE/PROJECT NARRATIVE:


WETLAND LOSS/DIMINUTION. Will this project or project-related activities result in the loss or diminution of wetlands?

 **If applicant does not know the answer for this question, applicant is encouraged to contact the Wetlands Coordinator at the Minnesota Department of Natural Resources.**

No

Yes.

↪ If yes, has the applicant complied with the rules, regulations, and provisions of the governing law?

No

Yes, please provide details:

**INELIGIBLE USES:**

- Assistance in excess of what is needed to accomplish the purpose of the ultimate recipient's project.
- Distribution or payment to the owner, partners, shareholders, or beneficiaries of the loan applicant or members of their families when such persons will retain any portion of their equity with the loan applicant.
- Charitable institutions that would not have revenue from sales or fees to support the operation and repay the loan, churches, organizations affiliated with or sponsored by churches, and fraternal organizations.
- Assistance to government employees, military personnel, or principals or employees of the intermediary or organizations for which such persons are directors or officers or in which they have ownership of 20 percent or more.
- A loan to an applicant which has an application pending with or a loan outstanding from another intermediary involving an IRP revolving fund if the total IRP loans would exceed the lesser of (1) \$250,000; or (2) Seventy five percent of the total cost of the ultimate project for which the loan is being made.
- The transfer of ownership unless the loan will keep the business from closing, or prevent the loss of employment opportunities in the area, or provide expanded job opportunities.
- Community antenna television services or facilities.
- Any illegal activity.
- Any project that is in violation of either a Federal, State, or local environmental protection law or regulation or an enforceable land use restriction unless the assistance given will result in curing or removing the violation.
- Lending and investment institutions.
- Golf courses, race tracks, or gambling facilities.

**SECTION THREE: BUSINESS EMPLOYMENT**

TYPE OF EMPLOYMENT: <b><u>CURRENT EMPLOYMENT</u></b>	CURRENT JOBS: Full Time	CURRENT JOBS: Part Time	RETAINED JOBS 1 <sup>ST</sup> YR: FT	RETAINED JOBS 1 <sup>ST</sup> YR: PT	RETAINED JOBS 2 <sup>ND</sup> YR: FT	RETAINED JOBS 2 <sup>ND</sup> YR: PT
PROFESSIONAL/MANAGERIAL/TECHNICAL						
SKILLED						
UNSKILLED/SEMI-SKILLED						
TOTAL						
AVERAGE FULL TIME WAGE:		AVERAGE PART TIME WAGE:				

<b>BENEFITS OFFERED:</b>		<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> Other:
<input type="checkbox"/> Employee Health Insurance	<input type="checkbox"/> Paid Vacation		_____
<input type="checkbox"/> Family Health Insurance	<input type="checkbox"/> Paid Sick Leave		_____
<input type="checkbox"/> Life and/or Disability Insurance	<input type="checkbox"/> Paid Holidays		_____
<input type="checkbox"/> Dental Insurance			
<input type="checkbox"/> Employer Retirement Contribution			

TYPE OF EMPLOYMENT: <b><u>NEW HIRES ONLY</u></b>	CURRENT	CURRENT	RETAINED	RETAINED	RETAINED	RETAINED
	JOBS:	JOBS:	JOBS 1 <sup>ST</sup>	JOBS 1 <sup>ST</sup>	JOBS 2 <sup>ND</sup>	JOBS 2 <sup>ND</sup>
	FT	PT	YR: FT	YR: PT	YR: FT	YR: PT
PROFESSIONAL/MANAGERIAL/TECHNICAL						
SKILLED						
UNSKILLED/SEMI-SKILLED						
TOTAL						

**SECTION FOUR: COST OF ENTIRE PROJECT**

AVERAGE FULL TIME WAGE:	AVERAGE PART TIME WAGE:
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<b>BENEFITS OFFERED:</b>		<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> Other:
<input type="checkbox"/> Employee Health Insurance	<input type="checkbox"/> Paid Vacation		_____
<input type="checkbox"/> Family Health Insurance	<input type="checkbox"/> Paid Sick Leave		_____
<input type="checkbox"/> Life and/or Disability Insurance	<input type="checkbox"/> Paid Holidays		_____
<input type="checkbox"/> Dental Insurance			
<input type="checkbox"/> Employer Retirement Contribution			

<b>A. LAND AND LAND IMPROVEMENTS</b>	<b>\$</b>
<b>↳ Attach legal description and assessed value.</b>	
<b>B. BUILDINGS</b>	<b>\$</b>
<b>↳ Attach plans and cost.</b>	
<b>C. MACHINERY AND EQUIPMENT</b>	<b>\$</b>
<b>↳ Attach cost sheet and supplier.</b>	
<b>D. WORKING CAPITAL</b>	<b>\$</b>
<b>↳ Attach description and details.</b>	
<b>E. OTHER PROJECT COSTS</b>	<b>\$</b>
<b>↳ Attach description and details.</b>	
<b>TOTAL COST OF ENTIRE PROJECT</b>	<b>\$</b>

**SECTION FIVE: LOAN REQUEST**

LOAN AMOUNT REQUESTED FROM CALEDONIA EDA: \$

 **Loan amount may not exceed 75% of the project's entire cost.**

TERM REQUESTED:

DATE FUNDS NEEDED:

**SECTION SIX: SOURCES OF FINANCING FOR ENTIRE PROJECT**

SOURCE	ADDRESS	AMOUNT	TERM (IF LOAN)	INTEREST RATE (IF LOAN)
<b>TOTAL FINANCING:</b>		\$		

**SECTION SEVEN: SOURCES OF COLLATERAL PLEDGED FOR ENTIRE PROJECT**

Acceptable Types: Land, Buildings, Machinery & Equipment, Furniture & Fixtures, Accounts Receivable, Inventory, Homes, Real Estate, Vehicles, Personal Guarantees. Proof of the value of proposed collateral will be required.

COLLATERAL PLEDGED TO CALEDONIA EDA IF LOAN IS APPROVED	DESCRIPTION	ASSESSED VALUE	POSITION OF LIEN
CALEDONIA EDA			
CALEDONIA EDA			
CALEDONIA EDA			
COLLATERAL PLEDGED TO FINANCIERS (FROM SECTION SIX)	DESCRIPTION	ASSESSED VALUE	POSITION OF LIEN



<b>TOTAL COLLATERAL:</b>		\$	

**SECTION EIGHT: APPLICANT'S/BUSINESS' CURRENT DEBT**

USE SEPARATE SHEET, IF NECESSARY

<b>PAYABLE TO:</b>	ORIGINAL LOAN DATE:
↻ ORIGINAL LOAN AMOUNT:	INTEREST RATE:
↻ PAYMENT AMOUNT:	CURRENT?
↻ PRESENT BALANCE:	MATURITY DATE:

<b>PAYABLE TO:</b>	ORIGINAL LOAN DATE:
↻ ORIGINAL LOAN AMOUNT:	INTEREST RATE:
↻ PAYMENT AMOUNT:	CURRENT?
↻ PRESENT BALANCE:	MATURITY DATE:

<b>PAYABLE TO:</b>	ORIGINAL LOAN DATE:
↻ ORIGINAL LOAN AMOUNT:	INTEREST RATE:
↻ PAYMENT AMOUNT:	CURRENT?
↻ PRESENT BALANCE:	MATURITY DATE:

<b>PAYABLE TO:</b>	ORIGINAL LOAN DATE:
↻ ORIGINAL LOAN AMOUNT:	INTEREST RATE:
↻ PAYMENT AMOUNT:	CURRENT?
↻ PRESENT BALANCE:	MATURITY DATE:

**SECTION NINE: BASIS FOR FINANCING FROM CALEDONIA EDA**

Please describe why there is a need for funding from the Caledonia EDA (ie, inadequate bank financing, high private lending interest rates, etc.). Applicant must provide statement from private lender stating the same.

**SECTION TEN: APPLICANT/BUSINESS CONTACT LIST**

<b>ACCOUNTING FIRM'S NAME:</b>			ACCOUNTANT'S NAME:
↪ ADDRESS:		BUSINESS PHONE:	
↪ CITY:	STATE:	ZIP CODE:	
<b>LAW FIRM'S NAME:</b>			
↪ ADDRESS:		COUNSEL'S NAME:	
↪ CITY:		STATE:	ZIP CODE:
<b>INSURANCE COMPANY'S NAME:</b>			
↪ ADDRESS:		AGENT'S NAME:	
↪ CITY:		STATE:	ZIP CODE:
<b>PRIMARY BANKING COMPANY'S NAME:</b>			
↪ ADDRESS:		OFFICER'S NAME:	
↪ CITY:		STATE:	ZIP CODE:
<b>LANDLORD'S NAME (if leasing):</b>			
↪ ADDRESS:		BUSINESS PHONE:	
↪ CITY:	STATE:	ZIP CODE:	

**SECTION ELEVEN: STATEMENT OF NON-DISCRIMINATION**

Applicant commits to equality of opportunity in employment and hereby certifies that it is in compliance with all state and federal laws pertaining to employment discrimination on the basis of sex, race, color, religion, national origin and age.

Applicant pledges that all jobs to be created with the assistance of public funds will be open to all qualified male and female prospective employees, and that the applicant will extend equal pay for equal jobs.

Applicant understands that it will be expected to report, upon request, follow-up information on jobs created, including job title, annual hours per job, wage rates, gender and racial/ethnic groups.

I, the applicant, certify that the above information and assertions are a true and accurate representation of the company and its owner(s). I further attest to the affirmations on behalf of the company.

Legal Name of Applicant’s Business:

Applicant’s Authorized Signature:

Printed Name and Title:

Date:

**SECTION TWELVE: TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

Please provide the following information so that the Caledonia EDA will be in compliance with Title VI of the Civil Rights Act of 1964. This information is being requested in accordance with Rural Development regulations of the United States Department of Agriculture.

The information regarding race, color, or national origin designation is requested in order to assure the Federal Government that the Caledonia EDA complies with Federal Laws prohibiting discrimination on the basis of race, color, national origin. You are not required to furnish this information, but are encouraged to do so. Federal regulations requires that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish the information. If you choose not to furnish this information, under Federal regulations we are required to note your race and national origin on the basis of visual observation or surname.

Please select the appropriate designations below to describe the applicant:

RACIAL CATEGORIES:

ETHNIC CATEGORIES:

GENDER CATEGORIES:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

- Hispanic or Latino
- Non Hispanic or Latino

- Female
- Male

Applicant’s Authorized Signature:

Date:

Printed Name and Title:

**SECTION THIRTEEN: DECLARATION OF NO CONFLICT OF INTEREST**

The applicant, the applicant’s business, and its principal officers (including their immediate family) must not hold any legal or financial interest or influence with or upon Caledonia EDA Board Members, Caledonia EDA Council Representatives, or Caledonia EDA Director (including their immediate family). Caledonia EDA Board Members, Caledonia EDA Council Representatives, or Caledonia EDA Director (including their immediate family) as listed below must not hold any legal or financial interest or influence with or upon the loan applicant, the applicant’s business, or its principal officers (including their immediate family).

EDA BOARD MEMBERS:

President Matt Schuldt  
 Vice President Jon Hagerott  
 Harley Meiners  
 Francis Myhre  
 Stephanie Mell

EDA CITY COUNCIL


REPRESENTATIVES:  
 Mayor DeWayne “Tank”  
 Schroeder  
 Amanda Ninneman

EDA DIRECTOR:

City Clerk/Administrator  
 Adam Swann

EDA COORDINATOR:

Assistant to City Clerk/Administrator  
 Michelle Ellingson

 This Section shall not prevent the Caledonia EDA from making a loan to a cooperative that has a Caledonia EDA officer as a member of the cooperative. MN RD 4274.308(b)(4)

My signature certifies that myself, my business, and business officers (including their immediate family) do not hold any legal or financial interest or influence with or upon Caledonia EDA Board members, Council Representatives, or Director (including their immediate family).

Applicant’s Authorized Signature:

Printed Name and Title:

Date:

My signature certifies that Caledonia EDA Board members, Council Representatives, or Director (including their immediate family) do not hold any legal or financial interest or influence with or upon the applicant, the applicant’s business, and business officers (including immediate family).

Caledonia EDA’s Authorized Signature:

Printed Name and Title:

Date:

**SECTION FOURTEEN: CLEAR AIR & FEDERAL WATER POLLUTION CONTROL ACT**

My signature certifies that I am an applicant seeking financial assistance from the Caledonia EDA and as such, certify that facilities under my ownership and/or supervision utilized in the accomplishment of the project described above are not listed on the Federal Environmental Protection Agency’s (EPA) list of violating facilities. I will notify the Caledonia EDA of receipt of any communication from the Director of the EPA Office indicating that a facility to be utilized in the described project is under consideration for listing as a violating facility.

Applicant’s Authorized Signature:

Printed Name and Title:

Date:

**SECTION FIFTEEN: FEE SCHEDULE ACKNOWLEDGEMENT**

The **mandatory** fee schedule for Caledonia EDA loans is as follows:

- \$500 application fee
  - a) \$250 is due before the application will be reviewed by the Caledonia EDA Board. If the application is denied, the fee will be refunded; if the application is approved, the fee will be applied towards costs of preparing closing documents.
  - b) The remaining \$250 is due at the time of loan closing.
- The cost to conduct an appraisal of real property, if deemed necessary by the Caledonia EDA Board

If the loan request is approved by the Caledonia EDA and accepted by me, the borrower, I must also pay for:

1. Property Hazard insurance with a standard mortgage clause naming the Caledonia EDA as beneficiary in an amount that is at least the lesser of the depreciated replacement value of the property being insured or the amount of the loan. Hazard insurance includes fire, windstorm, lightning, hail, business interruption, public liability, property damage, or any other hazard insurance which may be required to protect the security. The Caledonia EDA's interest in the insurance may be assigned to USDA Rural Development.
2. Life insurance, which may be decreasing term insurance, for the principals and key employees of the borrowing entity. Such life insurance will be assigned or pledged to the Caledonia EDA. The Caledonia EDA's interest in the insurance may be assigned to USDA Rural Development.

My signature indicates that I have reviewed the above section and agree to the terms as described.

Applicant's Authorized Signature:

Printed Name and Title:	Date:
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**SECTION SIXTEEN: APPLICANT'S CERTIFICATION**

I certify that all statements made in this application are an accurate representation of my financial condition on this date and are made for the purpose of obtaining the loan indicated. Verification and re-verification of any information contained in this application may be made at any time by Caledonia EDA, its agents, successors, and assigns, either directly or through a credit reporting agency or other source named in this application at any time while checking the creditworthiness of this loan application, or if approved, at any time while said loan has an outstanding balance due.

Caledonia EDA, its agents, successors, and assigns, will rely on the information contained in this application and I have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I have represented herein should change prior to advancement of funds by Caledonia EDA or at any time thereafter, if requested.

It is further agreed that in the event that I make credit application elsewhere either prior to, during the term of, or following the making of the loan sought by this application, Caledonia EDA is also authorized to receive additional credit information and to answer any questions by third parties on their credit experience with the undersigned.

Applicant's Business's Legal Name:

Applicant's Authorized Signature:	Date:
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Printed Name and Title:
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## SECTION SEVENTEEN: REQUIRED ATTACHMENTS

- USDA Assurance Agreement, RD 400-4
- Request for Taxpayer Identification Number and Certification, W-9
- Corporate Resolution Authorizing Agents (if applicable)

Other Items that may be helpful for the EDA Board to consider the loan request:

Business Plan  
History of Business  
Market Analysis and Strategy  
Products  
Manufacturing Process  
Financial Projections  
Schedule of Business Debt  
Statement of Collateral  
Resumes and Personal Finance Statements  
Commitment Letters  
Affiliates  
Appraisals/Proposed Lease/Purchase Options or Agreements  
Partnership Certificate of Authorization or Corporate Certificate of Authority and Incumbency  
Last Year's Business Income Tax Statement  
Last Year's Personal Income Tax Statement  
Evidence of Payment of Last Quarter's Payroll Tax  
Evidence of Worker's Compensation Insurance Coverage

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*In accordance with federal law and the U.S. Department of Agriculture's policy, the City of Caledonia is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to the following: USDA, Director, Office of Civil Rights, 1400 Independence Ave. SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).*