



ALBERT LEA BUSINESS DEVELOPMENT CENTER
2610 Y.H. Hanson Ave.
507-373-3930

Application for Admission

PART I. APPLICATION SUMMARY

A. NAME OF BUSINESS: _____ Taxpayer I.D. #: _____

Address (number and street)

Telephone #

City, State, Zip Code

Applicant's Name

Telephone #

Applicant's Address (*number and street*),

City, State, Zip Code

B. BUSINESS ENTITY (Check all that apply)

____ Corporation

____ S-Corporation

____ Partnership

____ Proprietorship

____ Minority Business Enterprise

NOTE: If taxpayer is a Partnership or S-Corporation, attach a separate sheet to this application and identify the names, social security number and proportioned share of ownership of each beneficiary, partner, or shareholder. Aggregate shares or percent to ownership may not exceed 100%

Year Established _____

Present # of Employees _____

Annual Sales \$ _____

C. BUSINESS STATUS

___ Start-up Business ___ Expanding Home-based Business

___ Other (please explain) _____

D. BUSINESS ACTIVITY (Brief Description of Product of Product/Services):

E. LOCATIONS OF OTHER BUSINESSES OWNED OR PARTICIPATED IN:

| Name | Address | Activity |
|-------|---------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PART II. BUSINESS DESCRIPTION

- A. Provide a brief summary of your written business plan, including product/service description, market data, estimated set-up costs, sources of financing.

B. JOB/EMPLOYEES SUMMARY

| | <u>Type</u> | <u>Current #FTE</u> | <u>Proposed #FTE Created</u> |
|----|---|-------------------------|----------------------------------|
| a. | Administrative, engineering, scientific | _____ | _____ |
| b. | Technical, clerical, sales, and related | _____ | _____ |
| c. | Precision production, craft, repair | _____ | _____ |
| d. | Operators, fabricators, laborers | _____ | _____ |

Briefly estimate the time period in which upgrading and creation of jobs will take place.

PART III. SUPPLEMENTAL INFORMATION

A. On a separate sheet, please discuss the following (or submit a business plan that adequately answers all of the questions):

1. How will you finance your small business? Do you have sufficient capitalization to meet the business' operational expenses for a minimum of six months? If financing is from a bank or investor, attach a letter from such stating their commitment to financing the project.
 2. Is your business research-based? If YES, describe your functional experience in the field and the status of your product (i.e., prototype exists, application for patents, production in place, etc.)
 3. Is the operation of this business a full-time pursuit by yourself or another partner? (Identify who.)
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B. In order for this application to be considered complete, please attach the following:

1. A complete written plan. This must include (but is not limited to) a description of the market, your employee needs, and three years of projected financial statements. These statements include profit and loss, balance sheet, and cash flow. (Please let us know if we could assist you in creating any of these documents.)
2. Personal resumes of key administrative personnel.
3. Past three years financial statements for an existing business. These can be income tax returns, compiled or reviewed statements. Provide audited statements if they have been completed for your business. Please indicate the method you will be using for your monthly (quarterly) financial record-keeping:

____ CPA or accounting service

____ In-house, computerized system (software): _____

____ Other (specify): _____
4. All other supporting information that you would like to submit. Examples include: brochures, product sample, advertising copy, letters of recommendation, etc.
5. Applicants will be asked to schedule a personal interview with the Albert Lea Business Development Center Board of Directors prior to admission.

C. Reference Information:

1. Financial Institution: _____

Banker's Name: _____
2. Previous Address (if in the past five years you have resided at an address other than that listed on the first page of this application):

3. Social Security Number: _____

4. a. General References:

| <u>Name</u> | <u>Relationship</u> | <u>Phone #</u> |
|-------------|---------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

b. Financial/Credit History Reference

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

c. Business References

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PART IV. CERTIFICATION

I hereby declare and certify that this application is true and correct to the best of my knowledge and belief. I authorize the Albert Lea Business Development Center to communicate with any person, firm, or corporation to obtain such information as it may require concerning the statements made in this application and agree that the application shall remain its property whether or not my admission to the Albert Lea Business Development Center program is granted.

Signed: _____ Date: _____

The Albert Lea Business Development Center is an equal opportunity program and employer, which makes no distinction in the acceptance of tenants or in any activities on the basis of race, religion, gender, ethnic origin, sexual preference, disability, age or political affiliation.