

GENERAL CONTACT INFORMATION

Business Name/Owner Name:				FOR INTERNAL USE ONLY	
Address:				Date App Received:	
City:	State:	Zip:		Date to RRF:	
Contact:	Cell #:			Date to Council:	
Phone:	Fax:			Date Commission Approved:	
Email:				Funding Amount Approved:	
Federal Tax ID #:	Date Business Established:			Form 641:	
Is SBDC Involved?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Time Sensitive:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
RRF Requested amount	\$				

TYPE OF FUNDING REQUESTED: Please check one.

PACE Flex PACE Express

BUSINESS OWNERSHIP INFORMATION:

Key Owner's Names	% Ownership	Source of Funds	Amount
		A.	
		B.	
		C.	
Key Management Name / Phone #	Titles		
		D.	
		E.	
			Total:

KEY ADVISORS:

	Name	Firm / Company	Phone Number
Attorney:			
Accountant:			
Insurance Agent:			

BANKING INFORMATION:

LOAN TYPE: Part of Construction Finance YES NO **OR** Permanent Finance: YES NO

TAX EXEMPTION: Have you or will you be seeking a property tax exemption? YES NO

FINANCIAL INSTITUTION'S NAME	CONTACT PERSON	PHONE NUMBER

EMPLOYEE INFORMATION (F.T.: Full Time P.T.: Part Time)

Current Employees	F.T.		Avg. Salary	\$	P.T.		Avg. Salary	\$
Est. After 1 yr	F.T.		Avg. Salary	\$	P.T.		Avg. Salary	\$
Est. After 2 yrs	F.T.		Avg. Salary	\$	P.T.		Avg. Salary	\$
Totals	F.T.			\$	P.T.			\$

Flex Pace/Pace Checklist of Requirements

<input type="checkbox"/> The Rough Rider Fund Application Form	<input type="checkbox"/> IRS W-9 Form
<input type="checkbox"/> SBDC Form 641	<input type="checkbox"/> Scoring Grid

The undersigned says applicant is duly authorized to verify the foregoing application, that applicant has read the same and is familiar with the statement contained herein and that the same are true in substance and in fact. The City of Watford City and the Rough Rider Fund reserve the right to use the results of the report in published reports and / or articles as an example of a City of Watford City funded project.

AUTHORIZED SIGNATURE: _____ **PRINTED NAME:** _____

TITLE: _____ **DATE:** _____



Business Name: _____

Contact Person: _____

Rough Rider Fund Request \$ _____

Total Amount to be invested in the project: \$ _____

Please give a brief description of your business? _____

What will project use Rough Rider Fund funds for? _____

The primary purpose of the business is? _____

The products or services provided by the business are? _____

The local competitors of your business are? _____

How does your business differ from your competitors? _____

Additional information regarding this project: _____

Representative's Signature of Acknowledgement

Date