

COMPANY/APPLICANT INFORMATION

Company Name		Social Security Number (SSN)/Federal Tax Identification Number	
Primary Contact		Title	Telephone Number
Address		City	State ZIP Code
Email Address			
Legal Structure <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Sub Chapter S Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company			
Business Status		Date Business Established	
<input type="checkbox"/> New Business <input type="checkbox"/> Existing Business			

INTELLECTUAL PROPERTY AND COMMERCIALIZATION PLAN

Provide a brief description of the intellectual property being commercialized and how the LIFT funds will be used

EMPLOYMENT INFORMATION

Current Number of Employees	Projected Number of Employees (within 24 months)
Current Average Wage Plus Benefits	Projected Average Wage Plus Benefits (within 24 months)

LIFT LOAN REQUEST AND USE OF FUNDS

LIFT Loan Request Amount			
First Use of Funds	Amount	Second Use of Funds	Amount

Note: Please describe the use of funds in the Business Plan.

CAPITAL SOURCES OF FUNDS TO DATE (if you have additional sources, provide details in the Business Plan)

Name	Amount of Capital	Type of Funds	Source of Funds	First Use of Funds	Amount	Second Use of Funds	Amount

Note: Please describe the use of funds in the Business Plan.

PROJECTED CAPITAL SOURCES OF FUNDS (Expected within 24 months)

Name	Amount of Capital	Type of Funds	Source of Funds	First Use of Funds	Amount	Second Use of Funds	Amount

Note: Please describe the use of funds in the Business Plan.

PRESENT INDEBTEDNESS: Business Debts, Contracts, Notes and Mortgage payables

Owed To	Original Amount	Original Date (mm/dd/yyyy)	Present Balance	Rate of Interest	Maturity Date (mm/dd/yyyy)	Monthly Payment	Security	Status (Current/Delinquent)

MANAGEMENT (Officers, Directors, Owners, etc.)

Name	Title	Address	Percentage Ownership

KEY ADVISORS

Name	Firm/Company	Address
Attorney		
Accountant		
Insurance Agent		
Other		

EXHIBITS

Note: The following exhibits must be completed where applicable. All questions answered become part of the Application.

1. Attach a full Business Plan. Label as **Exhibit A**.

2. Furnish historical financial documents including a current balance sheet, profit and loss statement, a cash flow statement and three years of tax returns. Label as Exhibit B .		
3. Furnish three to five years of detailed financial projections including a balance sheet, profit and loss statement and a cash flow statement. Label as Exhibit C .		
4. Attach a pitch deck. Label as Exhibit D .		
5. Attach organizational document. Label as Exhibit E .		
6. Have you, or has any officer of your company ever been involved in bankruptcy or insolvency proceedings? If yes, provide details. Label as Exhibit F .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you, or is your business involved in any pending lawsuits? If yes, provide details. Label as Exhibit G .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you buy from, sell to or use the services of any concern in which someone in your company has a significant financial interest? If yes, provide details. Label as Exhibit H .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Attach a copy of funding commitments from each source of funding. Label as Exhibit I .		
10. Are any current business loans delinquent? If yes, provide details. Label as Exhibit J .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are there any judgments against you? If yes, provide details. Label as Exhibit K .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Is your company registered and in good standing with the North Dakota Secretary of State's Office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MARIJUANA RELATED BUSINESS ACTIVITIES		Initial below for each question/statement
Will loan proceeds be used for any marijuana related business activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the borrower or co-borrower generate revenue from marijuana related business activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage?	
Borrower/Co-Borrower will notify BND immediately if they become involved in any marijuana related business activities.		

ACKNOWLEDGEMENT

The undersigned specifically acknowledge(s) that: (1) verification or re-verification of any information contained In the application may be made at any time by the Lender, its agents, successors, and assigns; either directly or through a credit reporting agency from any source named in this application and the original copy of this application will be retained by the Lender, even if the request is not approved; (2) the Lender, its agents, successors and assigns will rely on the information contained in the application and I/We have a continuing obligation to amend and/or supplement the information provided in this application, if any of the material facts which I/We have represented herein should change prior to closing; (3) in the event my/our payments indicated in this application become delinquent, the Lender, its agents and assigns may, in addition to all their other right and remedies, report my/our name(s) and account information to a credit reporting agency.

I/We authorize the Department of Commerce and the Bank of North Dakota to make all inquiries deemed necessary to verify the accuracy of the information contained herein and to determine the credit worthiness of the undersigned.

I/We certify that the information provided in this application is true and correct as of this date and that I/We understand the conditions set forth in this application.

Primary Contact	Title	
Signature		Date

INSTRUCTIONS FOR APPLICANT:

Submit the supporting documentation and the completed application to:
crvalentine@nd.gov

For more information on the LIFT Loan including additional requirements, please visit [NDCC 6-09-18](https://ndcc.gov/6-09-18)

If you have any questions:

Call: 701-328-3698

Email: crvalentine@nd.gov

Visit: <https://ndgov.link/LIFT>

FEEDBACK (please tell us how we can improve the application or your experience with the process)



FACTS **WHAT DOES Bank of North Dakota DO WITH YOUR PERSONAL INFORMATION?**

Why? Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What? The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and income
- Account balances and transaction history
- Account transactions and credit history

When you are no longer our customer, we continue to share your information as described in this notice.

How? All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Bank of North Dakota chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does the Bank of North Dakota share?	Can you limit this sharing?
For our everyday business purposes - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes - to offer our products and services to you.	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes - information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes - information about your creditworthiness.	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions? Call 1-800-472-2166 or go to www.bnd.nd.gov