



MISSOURI DEPARTMENT OF AGRICULTURE
 MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY (MASBDA)
MISSOURI AGRIBUSINESS REVOLVING LOAN FUND APPLICATION

SECTION 1 - APPLICANT(S) INFORMATION

NAME OF BUSINESS		DUNS NUMBER	
CONTACT NAME(S)			
ADDRESS OF PROJECT OR BUSINESS			
CITY		STATE	ZIP CODE
SOCIAL SECURITY NUMBER/FEDERAL ID NUMBER		EMAIL ADDRESS	
HOME ADDRESS OF BORROWER			
CITY		STATE	ZIP CODE
SOCIAL SECURITY NUMBER/FEDERAL ID NUMBER		EMAIL ADDRESS	
TELEPHONE NUMBER	CELL NUMBER	FAX NUMBER	
US CONGRESSIONAL DISTRICT	MISSOURI SENATORIAL DISTRICT	MISSOURI REPRESENTATIVE DISTRICT	
LOCATION OF PROJECT (COUNTY)	CURRENT NUMBER OF EMPLOYEES	PROJECTED NUMBER OF EMPLOYEES UPON COMPLETION OF PROJECT	
WILL THIS PROJECT INVOLVE CONSTRUCTION?	LOAN AMOUNT REQUESTED \$	TOTAL PROJECT COST \$	

SECTION 2 – PROGRAM PARTICIPATION

Please send the following information with your application:

- Current financial statements (not more than 6 months old), including projected cash flow and balance sheet post- loan with assumptions listed.
- Affidavit of Authorized Workers if not previously provided to MASBDA
- Description of project, proposed uses of loan funding and proposed security for loan.
- Business plan and feasibility study (if applicable)
- Experience and qualification of management
- Letter from lender indicating that financing is unavailable for the full project and explanation
- Articles of Incorporation and Corporate Authorization Resolution, if applicable
- If purchasing a business, the financial information is required for both the purchaser and for the business being purchased
- \$50 application fee
- Applicant must provide their Dunns Number found at www.dandb.com prior to any loan disbursement being made.

WHAT OTHER FUNDING HAS BEEN APPLIED FOR OR RECEIVED FOR THIS PROJECT?

SOURCE	AMOUNT \$
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CERTIFICATION OF BORROWER

I, the undersigned borrower, have read the following statements and hereby certify that:

1. I am (check one below) with a substantial interest in an entity that is making the application for a loan guarantee True False
 - A commissioner or employee of the Missouri Agricultural and Small Business Development Authority
 - A member of the General Assembly
 - A state-wide elected official
 - A director of a State Department
 - A parent, child, spouse or sibling of any of the above (Substantial interest Defined in RSMo Section 105.40)

If any apply, check the box True
2. I am a permanent resident of the State of Missouri and at least 18 years of age. True False
3. This project is located within the State of Missouri. True False
4. I will provide adequate collateral. True False
5. I agree that the loan may not be assumed by another person without the prior approval of the Lender and the Authority and then only if the purchaser of the property is an eligible applicant for an Authority loan. True False
6. I understand and agree that I must supply the Lender and the Authority with requested financial information annually, or more often if requested. True False
7. As an applicant to a program administered by the Missouri Agricultural and Small Business Development Authority, I (we) understand that: True False
 - (a) the information provided to the Authority in connection with the loan or loan guaranty is to be used by the Authority or its assignees in determining whether I (we) qualify as a participant in its programs;
 - (b) the information provided to the Authority will not be disclosed outside the Authority except as required by law;
 - (c) I (we) do not have to provide this information, but if the information is not provided, the application for approval may be delayed or rejected; and
 - (d) the application for a loan or a loan guaranty authorizes the Authority to obtain financial information from financial institutions (No further notice of subsequent access to this information shall be provided during the term of the loan or the loan guaranty).
8. I authorize the Authority to release information regarding the description of the property to be financed to the extent necessary to comply with legal requirements for processing the loan application. True False
9. I am a veteran of the US Military. True False

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information
ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
RACE <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	RACE <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male

“This institution is an equal opportunity provider and employer.”

CERTIFICATION AND SIGNATURE(S)

I (we) hereby certify, subject to penalties of perjury that all information I (we) have supplied to MASBDA is truthful and complete.

SIGNATURE	DATE
SIGNATURE	DATE



MISSOURI DEPARTMENT OF AGRICULTURE
 MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY (MASBDA)
AFFIDAVIT OF AUTHORIZED WORKERS

BEFORE ME, the undersigned Notary, _____, on this _____ day of _____, 20 _____, personally appeared _____, known to me to be a credible person and of lawful age, who being by me first duly sworn, on _____ oath, deposes and say:

I certify that I am either the applicant or am an authorized representative of the applicant (please list name of applicant _____) and as such am authorized to make the statement of affirmation contained herein.

I (We) hereby certify, subject to penalties of law, that I (we) do not knowingly employ, hire for employment, or continue to employ any unauthorized alien to perform work in the state of Missouri and further certify I have and will continue to comply with federal law (8 U.S.C., 1324a) which requires the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.

I further certify that I (the applicant) am enrolled in a federal work authorization program and actively verify the work authorization status of all those hired and currently employed by me, my business, and/or any other business entity which I have hiring or management authority.

I understand that as a condition to participate in this program administered by a political subdivision of the State of Missouri I (the applicant) must provide documentation to certify my enrollment and participation in the federal work authorization program. **You must include a copy of the Memorandum of Understand (MOU) you received when enrolling in e-verify.** To enroll, visit www.dhs.gov/e-verify.

I certify that I (the applicant) shall include in any contract it enters with a subcontractor in connection with the activities that qualify the applicant for this program, an affirmative statement from the subcontractor that such subcontractor is not knowingly in violation of Section 285.530.1 RSMo, and shall not be in violation during the length of the contract. In addition, the applicant will receive a sworn affidavit from the subcontractor under the penalty of perjury, attesting that the subcontractor's employees are lawfully present in the United States. I certify that the applicant will maintain and provide MASBDA access to documentation demonstrating compliance with this requirement.

I understand that if the applicant is found to have employed an unauthorized alien, the applicant may be subject to penalties pursuant to law, including Sections 135.815, 285.025, and 285.535, RSMo.

PRINT NAME	SIGNATURE	TITLE
PRINT NAME	SIGNATURE	TITLE
NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	