ARKANSAS
A natural for business

Minority Business Loan Mobilization Application

BUSINESS INFORMATION

Business Name: _____ Federal Tax ID: _____

Business: Address: _____

Business Phone: (____) ____-_____ Fax: (____) _____-_____

Email: _____ Web Site: _____

Type of Business: ❑ Corporation ❑ Sole Proprietorship ❑ General Partnership
❑ LLC ❑ Non-Profit Corporation Date Business Started: _____

Company Owners	Title	% of Ownership	Years with Company
1.			
2.			
3.			
4.			

PERSONAL INFORMATION

Name: (First, Middle, Last) _____

Social Security #_____

Date of Birth: _____ /_____/_____

Personal Address: _____

City: _____ State: _____ Zip: _____ County:_____

Phone Number: ( ) _____ Work: ( )_____

❑ Male ❑ Female

Personal E-mail:_____Place of Employment: _____

MINORITY LOAN MOBILIZATION ELIGIBILITY QUESTIONNAIRE

To determine if your business is eligible for the Minority Loan Mobilization Program you **MUST** be able to answer **ALL** questions below.

1. Is business currently certified with the Arkansas Economic Development Commission Small & Minority Business Division? ❑ Yes or ❑ No
   If Yes please provide the CMBE Certification # _____

2. Is the business loan amount you are applying for a minimum of $10,000 and no more than a maximum of $100,000? ❑ Yes ❑ No

3. Will this loan proceeds help your business to sustain and/or grow as a minority business enterprise here in the state of Arkansas ❑ Yes or ❑ No

4. Will this loan proceeds be used to help your business with any of the following:
   ❑ Job creation for your business ❑ Expansion ❑ Repairs
   ❑ Acquisition of Machinery and Equipment ❑ Inventory Purchase
   ❑ Working Capital

5. Will the business be seeking to attain a state contract as a Vendor of the state of Arkansas? ❑ Yes or ❑ No

6. Has the current business owner(s) ever filed or is in Bankruptcy?
   ❑ Yes or ❑ No If yes what Chapter and when? _____

7. How many employees does your business have? Full Time_____ Part Time_____

8. How many jobs will be created by the new loan? _____

9. Does your business export any of its products? ❑ Yes ❑ No

10. Loan Requested Amount: _____

11. How will the loan proceeds be used to help your business?

New Construction	$ _____
Expansion/Repair	$ _____
Job Creation	$ _____
Acquisition of Machinery & Equipment	$ _____
Inventory Purchase	$ _____
Working Capital	$ _____

12. How did you learn about the Small Minority Business Loan Mobilization program?

- ❑ Small & Minority Business Website
- ❑ State Agency (which one)_____
- ❑ Newspaper ❑ Bank/Banker ❑ SBA Referral ❑ Score
- ❑ Training Workshop (when and where) _____Other_____

I understand that by signing this Loan, I authorize AEDC and/or its partnering financial institution to investigate and verify all of the above information. I authorize AEDC and/or its partnering financial institution to perform credit check, now or in the future, including obtaining consumer and/or commercial credit reports and to exchange information about credit experience with other creditors, from time to time, as authorized by law. I also understand that the information provided on this form or on my credit report may be used by AEDC and/or its partnering financial institution to either approve or decline my request for credit and that I may be required to provide other information in addition to this application. The release in any manner of all information by AEDC is hereby authorized whether such information is of record or not, and I hereby release all persons, agencies, firms, companies, etc.

Arkansas Economic Development Commission
Small & Minority Business Division
900 West Capitol Avenue, Suite 400
Little Rock, AR 72201
Phone: (501) 682-5060
Fax: (501) 682-7394

Signature: _____ Date: _____

Signature: _____ Date: _____

NOTARY CERTIFICATE

STATE OF ARKANSAS } SS:_____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Printed/typed name of Notary Public _____

Signature of Notary Public _____

County of residence _____ Date commission expires _____

NOTE: A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS VERIFICATION IS SUFFI CIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE STATE LAW.