

Business Application

All sections must be complete in order to process the application.



APPLICATION INFORMATION		
Amount requested	How did you hear about the program?	
Legal business name	Tax ID or Social Security number	
Street address	***Must be a commercially zoned or legally non-conforming use property and business must be registered with the MN Secretary of State	
City State Zip	Telephone number	
Contact person	Title	
Email address	Owner or Tenant (if Tenant please attach copy of Lease)	
Web address	Number of years in business (must be less than 5 years)	
Number of Employees (Attached copy of payroll or other documentation. Must have at least 1 FT employee or 2 PT employees adding to 40 hrs/week)	Current on all taxes, bills, or charges to the City of Mounds View Yes / No	
Last year's fiscal gross revenue	Last year's fiscal net profit	Net worth

TYPE OF BUSINESS		
PARTNERSHIP <input type="checkbox"/> General <input type="checkbox"/> Limited liability Partnership	CORPORATION <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation	OTHER <input type="checkbox"/> Sole proprietorship (DBA _____) <input type="checkbox"/> Limited liability co.
State of Incorporation or organization: _____		
Date Incorporated or organized: _____		

TYPE OF PROPERTY		
<input type="checkbox"/> Office	<input type="checkbox"/> Big Box Retail/Grocery	<input type="checkbox"/> Healthcare Office/Out-Patient
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Hospital/Medical Clinic	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Other (describe) _____		<input type="checkbox"/> Manufacturing
		<input type="checkbox"/> Retail
Building floor area _____ SqFt		Portion Occupied by Nonprofit _____%

PROJECT INFORMATION (attach copy of proposal/contract)		
(1) Contractor name	Contact person	Equipment cost
Telephone number	email	
(2) Contractor name	Contact person	Equipment cost
Telephone number	Email	
Description of the project, attach copy of bids or estimates (can submit at a later date)		
Address and Property Tax ID# of property where project is to be done		
Name, address and phone number of record owner of real estate where project will be done. (if different than applicant)		
<input type="checkbox"/> check here if same as applicant		

APPLICANT'S SIGNATURE AND AUTHORIZATION FOR DISCLOSURE OF BUSINESS CREDIT INFORMATION

By signing below, I acknowledge and attest that I am authorized to make this application and the authorizations and agreements below on the Applicant's behalf, and that all information contained in and submitted with this application is true, correct and complete.

I further authorize and consent to the release of information to Center for Energy and Environment ("CEE") from any source, including without limitation credit reporting agencies and the personal, bank, and trade references listed above, that may be requested by CEE in connection with this application, and the sharing of such information by CEE with third parties for purposes of this application. The Applicant hereby agrees to release and hold CEE and its employees, managers, and directors harmless from, and indemnify them against, any claims or liabilities whatsoever arising out of or related to CEE's procurement or sharing of such information for such purposes.

A photocopy or facsimile copy of this authorization bearing the signatures of the undersigned is valid as an original.

X _____
(Authorized signature of applicant) (Title) Date

X _____
(Print or type name of authorized agent)

Information Required

- Credit Application Copy of Lease (if a Tenant) Contractor Proposal Employee Payroll/Hrs

Notice:

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please call or send a written request within 60 days of the date you are notified of the decision to: Center for Energy and Environment, 212 3rd Avenue North, Suite 560, Minneapolis, MN 55401; Tel: (612) 335-5885. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Return completed application to:
Center for Energy and Environment
212 3rd Avenue North, Suite 560
Minneapolis, MN 55401
Attn: Jim Hasnik
jhasnik@mncee.org
Phone/Fax (612) 335-5885