

ARKANSAS DEVELOPMENT FINANCE AUTHORITY



BOND GUARANTY PROGRAM

PRE-APPLICATION

ARKANSAS DEVELOPMENT FINANCE AUTHORITY ♦ DEVELOPMENT FINANCE SECTION
900 WEST CAPITOL, SUITE 310 ♦ POST OFFICE BOX 8023 ♦ LITTLE ROCK, AR 72203
TELEPHONE (501) 682-5900 ♦ FAX (501) 682-5939

COMPANY INFORMATION:

Corporate Name of Borrower as Filed with the Secretary of State:

Operating name of borrower (if different): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Contact person: _____

Incorporation date: _____ SIC #: _____

State of Incorporation: _____ Federal Tax ID #: _____

Project Address: _____

Within city limits?: _____ City: _____ County: _____

Local contact person: _____ Phone: _____

Officers and titles:

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Who will be executing documents on behalf of the corporation?

Who will be a designated authorized signatory in connection with the bond issue?

Major stockholders (over 10%) and percentage of ownership:

Has any principal of the borrowing entity (association, partnership, limited liability company or corporation) that owns or controls 10% or more of the borrowing entity filed for bankruptcy within the last ten years? Yes _____ No _____

If yes, please explain: _____

List related companies and how related, i.e. parent, subsidiary, common ownership, etc.):

PROJECT DESCRIPTION

Total employment before project: _____

	Percentage	Average Salary
Managerial	_____ %	\$ _____
Administrative	_____ %	\$ _____
Skilled	_____ %	\$ _____
Semi-Skilled	_____ %	\$ _____
Unskilled	_____ %	\$ _____

Total new jobs created by project: _____

	Percentage	Average Salary
Managerial	_____ %	\$ _____
Administrative	_____ %	\$ _____
Skilled	_____ %	\$ _____
Semi-Skilled	_____ %	\$ _____
Unskilled	_____ %	\$ _____

Proposed project start and completion date: _____

Is this an expansion, relocation or a new facility? _____

Size of existing/proposed building: _____ Area of land (acres): _____

How much cash are you committing to this project? \$_____

Any additional financing committed to this project? _____

Total proposed capital expansion: \$_____

	Percentage	Dollar Amount
Land	_____ %	\$ _____
Building	_____ %	\$ _____
New Equipment	_____ %	\$ _____

Description of equipment: _____

Is any equipment to be purchased used? _____ \$ _____

Will the project be completed if the guaranty is not approved? _____

Is another possible lender considering this financing package? If yes, explain:

How will this project benefit your company? _____

Is any additional collateral being offered for this project? _____

Market value before liens? \$ _____
Value established by:
Appraisal? _____ Audit? _____ Estimate? _____ Other? _____

Prior liens? \$ _____ To whom _____

BUSINESS DESCRIPTION

List any permits or licenses granted (give grantor, date, number and whether current):

Products or services: (list general description, trademark, patents, etc.):

Major customers (at least four) & their % of your gross sales:

Your company's estimated percentage of market: _____

List major competitors: _____

List major suppliers and their % of your gross sales:

Please list total annual capital expenditures for three years prior to this application
& total anticipated capital expenditures for three years following this application:

(20__) _____ (20__) _____

(20__) _____ (20__) _____

(20__) _____ (20__) _____

Have you used tax-exempt bond financing in the past? _____

If yes, list dates, original amounts, current amounts outstanding, issuer, guarantor (if any)
and bond counsel for each issue: _____

Do you have any known unpaid State of Arkansas tax liability? _____
If yes, explain: _____

Legal counsel: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Contact person: _____

List any lawsuits or judgments filed, threatened, pending, or convictions:

Accountant: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Contact person: _____

Date of last audit: _____ Unqualified _____
Qualified _____
Exceptions _____

If Qualified or Exceptions, list reasons:

Bank/Financing relationships (give name, address, phone, and contact person):

Working capital financing provider: _____

Line of credit amount: \$ _____

****PLEASE ATTACH THE FOLLOWING:**

- ◆ Financial statements for the last three years, audited, if available, and all notes to those statements
- ◆ Three years of proforma financial statements (first year broken down by month)
- ◆ Articles of Incorporation and any Amendments
- ◆ Bylaws and any Amendments

By submitting this pre-application, you grant ADFa permission to contact attorneys, accountants, and bankers referenced herein and permission to check credit worthiness. Any principal of the borrowing entity (association, partnership, limited liability company or corporation) that owns or controls 10% or more of the borrowing entity must complete the attached Criminal Background Disclosure Form – Economic Development. This form must be submitted within two weeks of an application for a direct loan or bond guaranty program from Arkansas Development Finance Authority.

Upon information that any person referenced above may have been convicted of any felony, Arkansas Development Finance Authority, pursuant to Arkansas Code § 15-5-214 will require this person or persons to complete a Request For A Criminal Background Check and pay the appropriate fees for this report.