



DEVELOPMENT  
JAMESTOWN / STUTSMAN COUNTY

Jamestown/ Stutsman Development Corporation (JSDC)

# *JSDC and Enterprise Fund Application*

*Enterprise Fund and Land Lease/Purchase Request*

120 2nd St SE / P.O. Box 293  
Jamestown, ND 58401

701-252-6861  
[www.growingjamestown.com](http://www.growingjamestown.com)

*The JSDC is funded by the authority of the City of Jamestown and Stutsman County. This application will require the approval of the Jamestown City Council and the Stutsman County Commission prior to an issue of a firm commitment to the prospect company/individual. This document serves as the application for the Enterprise Fund, Land Lease & Purchases, as well as all other funds/programs the JSDC manages.*

## SECTION ONE-General Information

Legal Name of Company:	Company Address:
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city/state/zip

Contact Name	Title	Office Phone
Cell Phone	Email	

Does the applicant have a business relationship with any JSDC Board or staff member?  Yes  No  
 If yes, who? \_\_\_\_\_

## SECTION TWO – Request Information

Purpose of Request

- New Business    
  Existing Business    
  Purchase Existing Business    
  Business/Equipment Updates  
 Community Development    
  Other

Type of Funding Requested

- PACE Interest Buydown    
  FlexPACE Interest Buydown    
  ND New Jobs Training Fund (NJTF)  
 Land Purchase/Lease    
  Agricultural Products Utilization Commission Grant (APUC)    
  Other

*\*Additional applications may be required\**

Total Project Financing Requirements \$ \_\_\_\_\_     Amount Requested \$ \_\_\_\_\_

Level of Owner's Equity Commitment \$ \_\_\_\_\_     Date Funds Needed \_\_\_\_\_

Describe Equity \_\_\_\_\_

Loan Officer Name & Contact Information:

## SECTION 3 – Company Information

Current/Projected Legal Structure

- Sole Proprietorship    
  Corporation    
  S Corporation    
  General Partnership    
  Limited Partnership  
 Limited Liability Company    
  Limited Liability Partnership    
  Other

Federal Tax ID# \_\_\_\_\_     Date Company Established \_\_\_\_\_

Business Ownership Information

Owner Name(s)	% Owner	Title	Phone	Email & Home Address
Management Name(s)	Title	Phone	Email	

Current number FTE employees \_\_\_\_\_

Projected number FTE employees \_\_\_\_\_

Current Average Annual Salary \_\_\_\_\_

Average Annual Salary \_\_\_\_\_

**SECTION THREE – Business Summary**

*Applicant may attach the Executive Summary from the Business Plan in lieu of completing items below. Please make sure all items are addressed.*

Describe the primary purpose of the project \_\_\_\_\_

For what will the funds requested be used? \_\_\_\_\_

Describe the products and/or services provided by the project \_\_\_\_\_

Who are the local competitors of this project? \_\_\_\_\_

Describe how the project differs from your competitors \_\_\_\_\_

Describe the intended public purpose, scope, and objective the proposed project intends to meet \_\_\_\_\_

State how the project promotes the health, safety, or general welfare of the city/county and its citizens \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature of Acknowledgement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant