SEED Capital Investment Credit

Business Certification

Application

**Please submit one copy of the application to:**

Minnesota Department of Employment and Economic Development

Business and Community Development Division

Office of Business Finance

Business Tax Benefits Unit

180 E 5th Street, Suite 1200

Saint Paul, MN 55101

or

BorderCities.DEED@state.mn.us

**Application Type**

**1) Initial Certification: \_\_\_\_\_**

**2) Recertification: \_\_\_\_\_ Initial Certification Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Federal Tax EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minnesota Tax ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Sector Business Qualification**

**Describe how your business, through the employment of knowledge or labor, adds value to a product, process, or service:**

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**Describe how your business increases revenues by generating sales of products or services to customers outside Minnesota, OR,**

**Describe how your business increases revenues by acquiring customers previously unable to purchase (or had limited availability to purchase) products or services from a Minnesota provider:**

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**Type of Business Qualification**

 **Sole Proprietorship: \_\_\_\_\_**

 **Partnership: \_\_\_\_\_ Type of Partnership: \_\_\_\_\_**

 **LLC: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_**

 **S Corp: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_**

 **C Corp: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_**

 **Non-Profit: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_**

 **Real Estate Investment**

**Trust: \_\_\_\_\_**

**Status of Business:**

 **New: \_\_\_\_\_**

 **Existing: \_\_\_\_\_ Date Established: \_\_\_\_\_\_\_\_\_\_\_\_**

**Securities Law Compliance Qualification**

**Indicate one (1) of the following:**

**\_\_\_\_\_ This business is required to be registered and make securities filings with the Minnesota Department of Commerce**

**\_\_\_\_\_ This business is exempt from registering and making securities filings with the Minnesota Department of Commerce**

**Border City Qualification**

**Provide the address of your business’s principal office or satellite operation within Minnesota:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**What is the number of employees at this location? \_\_\_\_\_ as of \_\_\_\_\_\_\_\_**

**Or**

**What is the number of projected employees at this location? \_\_\_\_\_ as of \_\_\_\_\_**

**What is the number of employees at this location that are Minnesota residents?**

 **\_\_\_\_\_**

**Is this location within a border city’s (as defined in Minn. Stat. 469.1713)**

**development zone? \_\_\_\_\_**

**Describe your business activity at this location:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Do the majority of your business’ activities (except sales activities) take place at this location? (if so, explain), OR**

**Is your business activity at this location a significant operation that has or is projected to have more than 10 employees or $150,000 in annual sales? (if so, explain):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Business Plan Qualification**

**Describe your business’ plans for growth and profitability. Include in this description your business’ current or future plans for reliance on innovation, research, or the development of new products and processes:**

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**Signature**

**I declare that any statement in this application, or information provided herein, is true and complete to the best of my knowledge and hereby acknowledge that I have read and understand the following statement:**

**“The State of Minnesota and its agents have the right to verify information provided in this application. False information, in addition to disqualifying the applicant from any further consideration for financial assistance, may also subject the applicant to the penalty provision of Minnesota Statute Sec. 609.645.”**

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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