

ADC Profit-based Financing Application

African Development Center
of Minnesota



African Development Center | 1931 South 5th Street | Minneapolis, MN 55454 | 612-333-4772 | Toll-free 1-877-232-4775

Personal Information	
Applicant/Owner (1):	Telephone Contact:
Home Address:	Cell/Personal:
Social Security Number:	Date of Birth (mm-dd-yy)
Email Address:	
Home/Other:	
Applicant/Owner (2):	
Telephone Contact:	
Home Address:	
Cell/Personal:	
Social Security Number:	Date of Birth (mm-dd-yy)
Home/Other:	
Email Address:	
Business Information	
Name of Business:	Telephone Contact: Business: Other:
Type of Business Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	Federal Tax ID Number (EIN):
Business Address:	Has Business Started? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year did it start?
Please Select Preferred Mailing Address: <input type="checkbox"/> Business Address <input type="checkbox"/> Home Address	
1. Please describe your business. Do you have a business plan completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. What background and experience do you have in this business?	
3. How many family members work in the business now?	
Are the family members paid or unpaid? Paid _____ Unpaid _____	
How many non-family workers does the business employ now? What are their current salary or wage levels?	

4. How many employees does your business expect to add in the next six months as a result of this loan?

What are the types of jobs to be created and the estimated salary or hourly wage for these jobs?

_____	\$ _____	per _____
_____	\$ _____	per _____
_____	\$ _____	per _____
_____	\$ _____	per _____

5. At what bank do you have your business checking account?

6. Is the business or any owner involved in any lawsuit, pending lawsuit, or court order of any kind?

Yes No

If yes, please explain.

7. Has any owner of the business been convicted of any offense within the last seven years other than a minor motor vehicle violation?

Yes No

If yes, please explain.

8. Is any owner of the business currently on probation or parole?

Yes No

If yes, please explain.

9. What bookkeeping system do you currently use? Who is your business accountant?

10. What type of business insurance do you currently have? For what amount of coverage?

11. Are there any areas in which your business could benefit from training or technical assistance (such as marketing, bookkeeping and record keeping, financial management, and so on)?

