

# **ARKANSAS DEVELOPMENT FINANCE AUTHORITY**



## **TOURISM DEVELOPMENT LOAN PROGRAM**

### **PRE-APPLICATION**

ARKANSAS DEVELOPMENT FINANCE AUTHORITY ? DEVELOPMENT FINANCE SECTION  
423 MAIN STREET, SUITE 500 ? POST OFFICE BOX 8023 ? LITTLE ROCK, AR 72203  
TELEPHONE (501) 682-5900 ? FAX (501) 682-5939

**COMPANY INFORMATION:**

Name of Borrower: \_\_\_\_\_

Operating name of Borrower (if different): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

How is the business organized?

Corporation? \_\_\_\_\_ Partnership? \_\_\_\_\_

Sole Proprietorship? \_\_\_\_\_ Other? \_\_\_\_\_

Company Officers and their titles:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will be executing documents on behalf of the Borrower? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any officer, director or other principal of the Borrower been convicted, within the last five years, of any felony or a misdemeanor in connection with the offer, purchase or sale of any security? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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**BUSINESS DESCRIPTION:**

Recreational? \_\_\_\_\_ Entertainment? \_\_\_\_\_

Cultural? \_\_\_\_\_ Historical? \_\_\_\_\_

Educational? \_\_\_\_\_ Theme Park? \_\_\_\_\_

Botanical Gardens? \_\_\_\_\_ Indoor or outdoor play? \_\_\_\_\_

Lodging? (provided lodging does not exceed 60% of the project) \_\_\_\_\_

Other? \_\_\_\_\_

Briefly describe how your business contributes to the tourism industry in Arkansas. Attach additional information or narrative if necessary. \_\_\_\_\_

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

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Major customer groups & the % of your gross sales derived from tourists: \_\_\_\_\_

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Your company's estimated percentage of market: \_\_\_\_\_

List major competitors: \_\_\_\_\_

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**PROJECT DESCRIPTION:**

Project Address: \_\_\_\_\_

Within city limits?: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Briefly describe how your project will benefit the business and what impact you think it will have on the tourism industry in Arkansas. Attach additional information or narrative if necessary.

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**Employment Data:**

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? \_\_\_\_\_

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

Is any additional collateral being offered for this project? \_\_\_\_\_

Total proposed capital expansion: \$ \_\_\_\_\_

Percentage	Dollar Amount
Land	_____% \$ _____
Building	_____% \$ _____
Equipment	_____% \$ _____
Working Capital	_____% \$ _____

Market value before liens? \$ \_\_\_\_\_

Value established by:

Appraisal? \_\_\_\_\_ Audit? \_\_\_\_\_ Estimate? \_\_\_\_\_ Other? \_\_\_\_\_

Prior liens? \$ \_\_\_\_\_ To whom? \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Working capital financing provider: \_\_\_\_\_

Line of credit amount: \$ \_\_\_\_\_

**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 financial statement: \_\_\_\_\_

Audited: \_\_\_\_\_ Reviewed: \_\_\_\_\_ Compiled: \_\_\_\_\_

If Qualified or Exceptions, list reasons:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any known unpaid State of Arkansas tax liability? \_\_\_\_\_

If yes, explain:

\_\_\_\_\_

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**\*\*\* 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)
- ? ? Current personal financial statements of the owners of the business
- ? ? Articles of Incorporation and any Amendments
- ? ? Bylaws and any Amenedments

By submitting this pre-application, you grant ADFA permission to contact attorneys, accountants, and bankers referenced herein and permission to check creditworthiness.