

LOCATION INFORMATION			
Address of New or Expanding Restaurant:			
Property Control – Land:	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased Term of Lease	<input type="checkbox"/> Other (please explain)
Property Control – Building:	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased Term of Lease	<input type="checkbox"/> Other (please explain)
Building Situation:	<input type="checkbox"/> Existing	<input type="checkbox"/> Addition	<input type="checkbox"/> New Construction
Building Square Footage:	Existing	Addition	New Construction
Seating Capacity:	Existing	Addition	New Construction
Building Improvements: (Cost & Description)			
Projected Opening Date:			

FINANCIAL IMPACT				
Number of Jobs Created:	Full-Time		Part-Time	
Estimated Annual Sales:				
For existing restaurants — Last 2 Years of Retail Sales: Attach copies of sales tax submissions.	Year	Sales \$ Amount	Year	Sales \$ Amount
	Year	Sales \$ Amount	Year	Sales \$ Amount
Estimated daily customer traffic:				

Other Business & Applicant Information

Please submit as many of the following items as possible in order for the City of Mandan Growth Fund Committee and City Commission to make an appropriate decision on an application:

- Option to buy agreement for a building or letter of intent to lease contingent on receipt of incentives
- Business plan for new businesses or first-time restaurant operators
- Certificate of Good Standing from N.D. Tax Department
- Proof of registration with N.D. Secretary of State

Additional information or documentation may be requested if deemed necessary.

Be advised as per North Dakota open records law that applications may be released to the public if requested except for portions subject to NDCC 44-04-18.4 pertaining to confidentiality of trade secret, proprietary, commercial, and financial information.

Certification and Authorization

I / We certify that all information set forth in this application is a true representation of the facts pertaining to the proposed business for the purpose of obtaining funding under the City of Mandan Restaurant Incentive Program. I / We understand and acknowledge that any willful misrepresentation of the information contained in this application could result in disqualification from the program, requiring any funds already disbursed to be repaid in full to the City of Mandan.

The undersigned specifically authorizes the City of Mandan Business Development Office or its representatives to conduct a background check on the applicant, including the checking of references and the verification of any information on the application.

I understand that personal and/or business information may be requested pursuant to this applicant for an incentive and I hereby give my consent for such information to be provided to the City of Mandan Business Development Office, the Mandan Growth Fund Committee or its representatives. I also understand that the Mandan Growth Fund Committee and the Mandan City Commission retain the decision as to whether this incentive application is approved, disapproved, or modified. It is my right to accept or decline the incentive amount and terms approved by the program.

The applicant further certifies that he/she has read and understands the City of Mandan Restaurant Incentive Program Guidelines. The applicant must comply with all local, state and federal regulations. It is understood that all funding commitments are contingent upon the availability of program funds.

Release of information

The applicant hereby authorizes any third party to release to the City of Mandan Business Development Office without limit, any and all financial information regarding the applicant that is requested by the City of Mandan Business Development Office, its representatives or employees. Further, the applicant hereby authorizes release of said records and information by the City of Mandan Business Development Office to a third party, as deemed necessary by the City of Mandan Business Development Office, its representatives or employees.

All owners, officers or partners must sign this application.

Signature(s):

Applicant/Business Owner: _____ **Date:** _____

Applicant/Business Owner: _____ **Date:** _____

Submit application form and all supporting documents to:

City of Mandan
Business Development Office
205 Second Avenue NW
Mandan, ND 58554
Website: www.cityofmandan.com/businessdevelopment
E-mail: ehuber@cityofmandan.com

For more information, call City of Mandan Business Development Office; phone 701-667-3485.