



Maine Seed Capital Tax Credit Program

BUSINESS APPLICATION

BUSINESS INFORMATION

Note 1: To qualify a business: Please fill out Application and Schedule A. Attach enclosures listed on page two, sign the Certification of Business' Principal Owner, and return all to FAME (see address at the bottom of this page).

Note 2: Investors must be notified of this Program prior to any investment being made for which Investor anticipates seeking a tax credit

Note 3: The names of investors (including Fund investors), the amount of certificates issued to each investor, the name of the business benefiting from investment, the nature of the business, and the intended use of proceeds shall be public information.

Note 4: All businesses are required to file an annual report, or they will be disqualified from the Program and may have credits already issued revoked.

Business Name			Date	
Contact Person Name		Title		
Federal Tax ID Number	State of Organization	Date Established	Web Address	
Mailing Address		City/State/Zip	County	
Phone Number	Fax Number	E-mail Address		
Number of Jobs Created	Number of Jobs Retained	Current Number of Employees	For Profit? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Business Synopsis (concise summary—attach additional pages as needed)

Name and Location
Product/Service
Unique Characteristics
Other Comments



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Gross Annual Revenue	Date	Total Amount of Revenue
Last Fiscal Year Ended		
Current Year to Date		
Percent Sold Out-of-State		

Business Type

- Manufacturer
- Product or service provider with 60% of sales outside the state or to out-of-state residents**
- Business that develops or applies advanced technologies
- Value added natural resource enterprise
- Certified visual media production company under 5 M.R.S.A. §13090-L

**Please provide written documentation of current customers or a profile of your target market and your client prospects.

Business's Intended Use of Proceeds of this Investment (Required)

Acquisition of Real Property	\$	Other (Describe)	\$
Acquisition of Fixed Assets	\$	Total Anticipated Investment	\$
Improvements to Real Property	\$	Is Investment Secured?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Improvements to Fixed Assets	\$	Guaranteed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Research and Development	\$	Anticipated Date of Investment	
Working Capital	\$	Terms and Conditions of Repayment	

Enclosures

- Most recent business plan **(Required, if available; if unavailable, additional, equivalent information will be required)**
- Last fiscal year-end financial statement of business or projections if start-up **(Required)**
- Current year-to-date financial statement of business, if operating
- Certificate(s) of Good Standing in Maine from Secretary of State **(Required)**
- Employment Plan (if more than ten employees)
- Schedule A for principal owner information **(Required)**
- Application fee of \$750 (all checks made payable to the Finance Authority of Maine) **(Required)**



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Certification of Business' Principal Owner

The undersigned certifies that under penalty of perjury: **(1) this application has been submitted prior to the applicant's receipt of any investments for which a tax credit will be sought under this Program, (2) that the applicant will inform all potential investors of the Program and its rules of operation prior to such investor making an investment in the company for which they intend to seek a tax credit and prior to the applicant's receipt of funds from such investors, (3) that the information provided in this application is accurate, complete and true, and (4) that the business for which application is being made is in compliance with all Federal and State laws and regulations, and that the investment will be used exclusively for the purpose(s) described.** I understand that any misrepresentation herein constitutes an act of fraud and may subject me and/or the business to civil fines or criminal penalties. I understand that FAME and/or the State Tax Assessor may audit this business to ensure compliance with the laws governing this program, and that FAME may attach conditions to the tax credit to which this business may be obligated. The undersigned further consents to publication by the Authority of the Business name, contact person information, and product/service description.

Signature

Date

Printed Name

Title



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SCHEDULE A: PRINCIPAL OWNER INFORMATION—BUSINESS APPLICANTS

Business Name

Business is (check one): C-Corporation S-Corporation Partnership Limited Partnership Taxable Trust Non-taxable Trust
 Individual Limited Liability Company

Principal Owner(s) (name & address)	If related to any other investor, list Name and Relationship	Type of Owner*	Percent Ownership	Number of Ownership Units Owned	Involved in Business Full-Time?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

*Indicate whether Owner is a Shareholder, General Partner, Limited Partner, or Limited Liability Company Member

***"Principal Owner" means one or more persons who control the business, whether by owning an aggregate of 50% or more of the business, by holding any ownership interests in the business and being directly involved in the day-to-day management of a business as a full-time professional activity, or otherwise, all as determined by the Authority. Principal owners and their spouses are not eligible for tax credit under this program. Other relatives of Principal Owners are eligible **only** for their initial investment.