

MISSOURI  
**LINKED\*DEPOSIT**  
*Loans to Develop Our Future*

**SMALL BUSINESS LOAN APPLICATION**

Name: \_\_\_\_\_

Business Name (as reflected on loan application): \_\_\_\_\_

Business Name (as on file with Secretary of State): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Tax I.D. #: \_\_\_\_\_ Number of F/T Employees: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical address of Business (if different than mailing address) \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Type of Business \_\_\_\_\_ Applicant's Equity\* % \_\_\_\_\_  
(\*business total assets minus total liabilities divided by total assets)

Amount Requested: \$ \_\_\_\_\_ Total Cost of Project \$ \_\_\_\_\_

New Business       Expansion of Existing Business

Use of loan proceeds: \_\_\_\_\_

**Please attach a brief narrative describing the nature of your business, the reason you're requesting a Linked Deposit and the impact it will have on your business.**

*NOTE: Missouri Linked Deposit Program loans are issued by Treasurer Zweifel's office for a one-year term, which may be renewed annually up to five years. A Missouri Linked Deposit for a multi-year fixed rate may be considered. If you are requesting a multi-year fixed rate, please attach a justification based on sound business reasons.*

**DEMOGRAPHIC INFORMATION**

Have you participated in the Missouri Linked Deposit Program previously?  Yes  No

If yes, what time period: \_\_\_\_\_

Are you a minority-owned firm  and/or a female-owned firm  or neither  (question required by 30.758, RSMo)

Are you a veteran, reservist or member of National Guard  or the spouse of such  or neither

Are you using a Small Business Administration (SBA) guarantee for this loan?  Yes  No



**CLINT ZWEIFEL**  
MISSOURI STATE TREASURER

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*Revised 05/11*



**APPLICANT CERTIFICATION:**

*In submitting this application, I the undersigned eligible borrower, have read the following and hereby certify and agree that I meet the following eligibility criteria:*

- (a) Am headquartered in Missouri.  True  False
- (b) Maintain operations and transact business in Missouri.  True  False
- (c) Employ fewer than 100 full time employees.  True  False
- (d) Am organized for profit.  True  False
- (e) Employ only legal workers.\*  True  False
- (f) Do not currently owe any unpaid, non-protested taxes to the State or any political subdivision.\*  True  False
- (g) Business has no environmental compliance issues with the MO Department of Natural Resources.\*  True  False
- (h) No owner of this business has pleaded guilty to or been found guilty of, or is currently incarcerated, on probation or on parole, for a felony or a crime of moral turpitude; and no owner of this business is currently facing charges for a felony or a crime of moral turpitude.\*  True  False
- (i) I have read and verify I am in compliance with all state statutes and policies of Treasurer Zweifel's office relative to the Missouri Linked Deposit Program.  True  False

\* **NOTE:** *Treasurer Zweifel's office may require documentation to verify compliance with these statements.*

*I further certify that the reduced rate loan will be used exclusively for necessary small business expenses or for the refinancing of an existing loan for such purposes, and that I am aware of the Conflict of Interest Policy adopted by Treasurer Zweifel's office and I comply with that policy. Additionally, I attest that I am in compliance with all state and federal laws. In the event that the loan proceeds are not used for allowable operating expenses, the remaining loan proceeds will be immediately returned to the lending institution and any loan proceeds already used shall be repaid to the lending institution as soon as practicable. I understand that Treasurer Zweifel may request additional information during the term of the deposit or for a reasonable period thereafter, and agree to respond immediately to all reasonable requests including preparation of an updated application. I understand that any intentional misrepresentation or misuse of linked deposit loan funds subjects the responsible party to criminal liability.*

*I understand that by participating in the Missouri Linked Deposit Program I am subject to all Revised Missouri Statutes related to receiving state monies, including chapter 610, the Missouri Sunshine Law. By signing below and accepting the linked deposit, I acknowledge that information related to this linked deposit application may be released in the promotion of the Missouri Linked Deposit Program within the constraints set forth in Chapter 610, RSMo.*

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Name (type or print) Title (if business)

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Signature Date



**BANK CERTIFICATION:**

*After undertaking appropriate review of this loan application, on behalf of the lending institution I find and certify that this applicant is eligible to participate in the Missouri Linked Deposit Program. If the lending institution receives any information during the deposit period which reasonably causes it to question the continued eligibility of this applicant, the institution will immediately notify Treasurer Zweifel's office and, if requested, the lending institution will re-examine and re-certify the applicant's eligibility. The lending institution further attests that it has no knowledge of any adverse information which would be material to Treasurer Zweifel's office in determining whether this applicant is an appropriate participant in the Missouri Linked Deposit Program and agrees to immediately notify Treasurer Zweifel's office if it becomes aware of any such information during the deposit period or for a reasonable time thereafter. The lending institution also hereby acknowledges and reaffirms the terms and conditions previously certified in the Deposit Application for this loan.*

*I further certify that the bank is maintaining the documentation that proves eligibility of applicant(s) and can provide this information if requested by Treasurer Zweifel's office. (Resources that may be used to verify certification includes copies of driver's license (age), tax return (address), financial statement (equity of applicant), and the county appraisal (acreage owned in county)).*

*The interest rate that would normally apply to this loan is \_\_\_\_\_%.*

*I am requesting a multi-year fixed rate?  yes  no If yes, please submit justification and indicate term.*

For Lender:

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Signature Title Date

**Americans with Disabilities Act (ADA) Notice**

No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of Treasurer Zweifel's office, or be subjected to discrimination by Treasurer Zweifel. Any applicant for the Missouri Linked Deposit Program who needs special accommodations (e.g., documents prepared in an alternative format or special telecommunications assistance) should request such accommodations from Treasurer Zweifel. For more information about such services, contact the Director of Investments at (573)751-8530.

