



QUALIFIED INDIANA BUSINESS APPLICATION

State Form 52341 (R3 / 6-11)

INDIANA ECONOMIC DEVELOPMENT CORPORATION (IEDC)
VENTURE CAPITAL INVESTMENT (VCI) TAX CREDIT PROGRAM

INDIANA ECONOMIC DEVELOPMENT CORPORATION
VCI TAX CREDIT PROGRAM
One North Capitol Avenue, Suite 700
Indianapolis, Indiana 46204

- INSTRUCTIONS:**
1. To have your application processed, mail this signed original application to the above address.
 2. Please provide a full business plan, including pro forma financial statements and the most current interim financial statements. Also try to include the following: product / service description; management overview; product / service development strategy; target market and marketing plan; operational summary; critical market risks; financing plan; milestones and exit strategies. Also include a separate and complete executive summary of the business plan that summarizes the entire business plan in 3-4 pages. Failure to provide a complete business plan and executive summary may delay the processing of the application.
 3. Processing these applications may take up to 4-6 weeks from the date of receipt of a complete application. If the allotted time elapses without a decision letter from us, please contact Lee Robinson, Financial Analyst, at 317-233-3638 or lrobinson@iedc.IN.gov.

The IEDC's certification of a company as a Qualified Indiana Business is based upon representations contained herein. The information contained in this application is subject to verification by the IEDC. If the IEDC is unable to verify any information contained herein or determines any of the information to be inaccurate or misrepresented, a company's designation as a Qualified Indiana Business may be revoked at IEDC's sole discretion.

To the extent feasible and permissible by law, the IEDC will honor an applicant's request that confidential information submitted to the IEDC remains confidential. The IEDC will treat the information as confidential only if: (i) the information is in fact protected confidential information such as trade secrets or privileged or confidential commercial or financial information, (ii) the information is specifically marked and identified as confidential by the applicant, (iii) the information is segregated and placed in a separate appendix to the application, and (iv) no disclosure of the information is required by law or judicial order.

APPLICANT INFORMATION		
Name of company	Federal identification / tax number	Indiana identification / tax number
NAICS code	Structure (check one) <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> Other (specify) _____	
Address (number and street, city, state, and ZIP code)		County
Main telephone number ()	Main facsimile number ()	Web address
Name of contact person		Title
Telephone number ()	Facsimile number ()	E-mail address
Is the address above the company's headquarters? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please complete the following information.
Address (number and street, city, state, and ZIP code)		County
Main telephone number ()	Main facsimile number ()	E-mail address
List the current owners / shareholders / members of the above business. If necessary, please use the same format on an additional sheet and attach to this application.		
Name	Federal identification / tax number	Indiana identification / tax number
Percentage of ownership	Affiliation / relationship to other owners / shareholders / members	
Address (number and street, city, state, and ZIP code)		County
Main telephone number ()	Main facsimile number ()	Web / e-mail address
Name	Federal identification / tax number	Indiana identification / tax number
Percentage of ownership	Affiliation / relationship to other owners / shareholders / members	
Address (number and street, city, state, and ZIP code)		County
Main telephone number ()	Main facsimile number ()	Web / e-mail address

OTHER COMPANY RELATED INFORMATION

The qualified Indiana Business Applicant is engaged in the following (*check all that apply*):

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Real estate | <input type="checkbox"/> Real estate development | <input type="checkbox"/> Application of new technology | <input type="checkbox"/> Commercialization of research and development |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Technology transfer | <input type="checkbox"/> Professional motor vehicle racing | <input type="checkbox"/> Retail sales (<i>Do not check if the business is the development or support of electronic commerce using the Internet.</i>) |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Oil or gas exploration | <input type="checkbox"/> Professional services as a lawyer or physician | |

Amount of revenue generated last year	Amount of revenue generated the year before last	Amount of capital company plans to raise in this round
Amount of capital from outside Indiana	Total value of company assets	Value of those assets in Indiana

EMPLOYMENT INFORMATION

	Now	End Year One	End Year Two	Thereafter
Total company employment				
Total employment of Indiana residents				

AFFIRMATION

I affirm, under the penalties for perjury, that the information contained herein is true and accurate to the best of my knowledge and belief.
I furthermore affirm that I have read and understand the statute governing this program (IC 6-3.1-24).

Signature	Date (<i>month, day, year</i>)
Printed name	Title