Government of the District of Columbia Department of Insurance, Securities and Banking



William P. White Commissioner

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Qualified Business Application

A.	□ ORIGINAL INVESTMENT □ FOLLOW-ON INVESTMENT CAPCO Information □ DATE					
1.	Name of Certified Capital Company					
2.	Address					
3.	Name of Contact Person					
4.	Telephone No E-Mail Address					
В.	. Qualified Business Information					
1.	Name of Qualified Business					
2.	Address of Qualified Business					
	(a) Location of principal business operations					
	(b) Headquarters (if different than the address in					
(a))						
	(c) Mailing (if different than the address in (a))					
2	Web address:					

QUALIFIED INVESTMENT APPLICATION (continued) Date of Qualified Business incorporation/organization______ and State of domicile_____ State the name of any prior incorporation/organization of the Qualified Business or d/b/a the Qualified Business is currently using Has the Qualified Business registered with the Department of Consumer and Regulatory Affairs? ☐ YES ☐ NO Does the Qualified Business have a parent, subsidiaries and/or affiliates? \square YES If "YES," attach an organization chart as described in Section D of this application. Does the CAPCO have a current ownership or investment interest, compensation agreement or other financial relationship with the Applicant? \square YES □ NO Total number of full-time and part-time employees, including management and owners: Number employed in the District _____ Percent employed in the District Number residing in the District Percent residing in the District 10. Describe the Applicant's principal business operations: (attach business plan) 11. Provide the Applicant's North American Industry Classification System US Code Number (NAICS)______, and NAICS US Industry Title 12. Is the applicant engaged in one of the following businesses (check all that apply)? □ health care services □ communication services □ information technology □ biotechnology/research services ☐ internet information providers ☐ multimedia/graphics software ☐ environmental services/technology □ business management services

□ restaurant services

13. Indicate the Applicant's annual gross receipts for the year ending December 31 immediately preceding this application:

☐ financial services

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C.	Investment Information				
1. What is (a) the proposed date of the investment?					
	(b) describe the intended use of the investment:				
	(c) will the investment will be made in tranches? (YES □ NO □): If so, over what period?				
2.	Is the investment to be used solely to establish and support District operations (except for advertising, promotion, and sales)? YES □ NO □				
3.	Will the Applicant, if approved for funding, be able to continue to satisfy all of the eligibility requirements to receive an Initial or Follow-on Investment for the six-month period following such investment? YES NO NO Output Description:				
4.	Will the final transaction documents include terms resulting in default if the Qualified Business fails to satisfy the requirements set forth in questions C.2 and C.3? YES □ NO □				
5.	State the total amount of the CAPCO's proposed investment				
6.	The CAPCO's proposed investment will be a Tier One Tier Two or Tier Three investment (check one)				
7.					
8.	State the types of investments				
9.	If the CAPCO's proposed investment is not in a debt or equity instrument of the Qualified Business, describe the				
	investment_				
10.	. Are any of these Qualified Business debt or hybrid instruments evidenced solely by any loan/note receivable having a				
11.	stated final maturity date of less than one year from the loan/note origination date? YES INO Does the CAPCO require the Qualified Business to redeem/repurchase any of these equity instruments within 24 months				
	from the investment date? \square YES \square NO				
12.	Is the CAPCO going to make an investment of cash directly with the Qualified Business? ☐ YES ☐ NO				
	If "NO", explain how the investment is to be made				
13.	Will this investment, together with any previous qualified investments in this Qualified Business, exceed 15% of the CAPCO's total certified capital in this program? ☐ YES ☐ NO				

D. Attachments to be submitted

The following information shall be submitted to the Department with each request for an opinion pursuant to Section 6(e) of the Act:

- A notarized affidavit signed under oath by the Chief Executive Officer or President of the business that attests that the business meets all of the requirements to be a "qualified business" as set forth in Section 2(12)(A) of the Act, is a business in good standing in the District, and is current on all applicable District tax obligations (See Attachment A):
- A list of the names, work and home addresses of each employee of the business. The list should also indicate whether each employee is employed on a full or part-time basis. If an employee works less than forty (40) per week, indicate the number of hours such employee works per week.
- A current payroll report or copies of earnings statements showing the wages paid to all employee of the business, which specifies the jurisdiction receiving the withholding tax payments;
- A copy of the driver's license or government issued non-driver's identification card for each employee that resides in the District;
- A copy of one of the following documents: current lease, recent mortgage statement, telephone, utility bill or similar document for each employee who claims to be a resident of the District;
- A copy of the IRS W-4 form for each employee who claims to be a resident of the District;
- The applicant's financial statements, including balance sheet and income statement;
- A copy of the applicant's certificate of incorporation or organization;
- A copy of the business' current lease or real property deed;
- The applicant's business plan; and
- A copy of the financial institution's declination letter. The declination letter shall indicate the amount financing
 requested by the applicant, and the letter shall be dated not more than 90 days prior to the date of the request for an
 opinion letter.

The CAPCOs shall be required to obtain and maintain in its files the following information, which shall be made available to the Department as part of its annual review of the CAPCOs, or at any other time, as the Commissioner deems necessary:

- Copies of all of the information provided to the Department in connection with the request for an opinion letter, as set forth in this section;
- Copies of the business's most recently filed:
 - Corporate Franchise Tax Return, Unincorporated Business Franchise Tax Return or Partnership Return of Income:
 - o Employer Withholding Tax Annual Return; and
 - o Annual Sales and Use Tax Return (if applicable).

E. CERTIFICATION OF APPLICANT (Not to be signed by a representative of the CAPCO)

I HEREBY CERTIFY UNDER PENALTY OF LAW THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE INFORMATION GIVEN IN THIS APPLICATION, INCLUDING THE INFORMATION ATTACHED HERETO, IS TRUE AND CORRECT.

Name:			
Title:			
Signature			

ATTACHMENT A

THIS RESOLUTION, duly passed by the (Board of Directors, Members, Partners, or Trustees) of _______, at a meeting ______, at a meeting held on the _____ day of _____ (Month) , a quorum being present: RESOLVED THAT the ______(Name of the Applicant) considered for an investment from _______, a District of Columbia Certified Capital Company ("CAPCO"), (1) agrees to use one hundred percent (100%) of the funds received from the CAPCO solely for the purpose of supporting its business operations in the District, except for advertising, promotions and sales purposes; (2) affirms that it is current on all District tax obligations; (3) affirms that it has obtained all required business licenses and permits, and the business is currently in good standing in the District; and (4) affirms that it currently satisfies all of the criteria to be a "Qualified Business," as defined by the Act, unless a waiver is obtained, and will continue to meet such criteria for six consecutive months immediately following the receipt of an initial or follow-on investment from the CAPCO. I HEREBY CERTIFY that the above is a true and correct copy of the Resolution of the (Board of Directors, Members, Partners, or Trustees) of ______ at (Name of Applicant) a meeting held on the ______, ____, _____. (Month) (Year) Print Name and Title Signature Date

QUALIFIED INVESTMENT APPLICATION (continued)						
Subscribed and sworn to before me this day of, 20						
(Signature of Notary Public)	_					
My commission expires	-					