

Minnesota Department of Employment and Economic Development
Angel Tax Credit Program
Qualified Small Business Certification Application Form
Certification for Calendar Year 2012

Data Privacy Notice: per Minn. Stat. 116J.8737, Subd. 8, data provided in this application is nonpublic data; certain information becomes public upon certification as a qualified small business, upon a credit allocation, and upon a credit revocation. Qualified small business' names will be posted on the department's website.

Section I. Business name and identifying information

Legal Name ("Business"): _____

Trade Name (if any): _____

Street Address: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

Website: _____

Business type: C Corp S Corp LLC LLP Partnership Other _____

State of organization per articles of incorporation/organization: _____

State of headquarters location: _____ Date operations began: _____

FEIN: _____ MN Tax ID: _____

Section II. Contact name and identifying information

Contact Name: _____
First M.I. Last

Title: _____

Phone: _____

Email: _____

Section III. Qualifications

1. Employment and payroll information:

- In providing all the information requested below:
 - use full-time equivalents (FTEs) (1 FTE = 2080 hours worked per year)
 - use the most recent payroll period
 - wages include cash compensation and benefits
- In providing the number of employees, also include employees in all members of the unitary business (e.g., subsidiaries, parent company, etc.) as defined by Minn. Stat. 290.17, Subd. 4

- a. The business is pre-payroll and has no employees. If checked, skip b. thru f; go to 2.
- b. The business has fewer than 25 employees, measured on a unitary basis.
- c. At least 51% of the business' employees are employed in Minnesota.

	this business	unitary business
Total number of employees:	_____	_____
Number of employees employed in Minnesota:	_____	_____
Number of employees employed out of state:	_____	_____

- d. At least 51% of the business' payroll is paid or incurred in Minnesota.

Total payroll:	\$ _____
Payroll of employees employed in Minnesota:	\$ _____
Payroll of employees employed out of state:	\$ _____

- e. All of the business' employees, **except for** the business' executives, officers, board members, or employees who own, control, or hold power to vote 20% or more of the business' outstanding securities, are paid annual wages of at least 175% of the federal poverty guideline for the year for a family of four. Interns must be paid at least 175% of federal minimum wage.

Lowest annual wage paid any employee: \$ _____/yr

- f. Attach payroll register for most recent payroll period.
 - Payroll register is attached.

2. Type of business (check one that best applies):

This business is engaged in, or is committed to engage in, innovation in Minnesota in the following as its primary business activity:

- a. Using proprietary technology¹ to add value to a product, process, or service in a qualified high-technology field.²
- b. Researching or developing a proprietary product, process, or service in a qualified high-technology field.²

- c. Researching, developing, or producing a new proprietary technology¹ for use in the fields of agriculture, tourism, forestry, mining, manufacturing, or transportation.

¹Proprietary technology means technical innovations that are unique and legally owned or licensed by a business and includes, without limitation, those innovations that are patented, patent pending, a subject of trade secrets, or copyrighted.

²Qualified high-technology fields include aerospace, agricultural processing, renewable energy, energy efficiency and conservation, environmental engineering, food technology, cellulosic ethanol, information technology, material science technology, nanotechnology, telecommunications, biotechnology, medical device products, pharmaceuticals, diagnostics, biologicals, chemistry, veterinary science, and similar fields.

Other than activities listed in 2.c. above, the business is **not** engaged in real estate development, insurance, banking, lending, lobbying, political consulting, information technology consulting, wholesale or retail trade, leisure, hospitality, transportation, construction, ethanol production from corn, or professional services provided by attorneys, accountants, business consultants, physicians, or health care consultants.

Describe your business' primary business activity, including:

- Operating in which high-technology field (for a. or b. above) or other specified field (for c. above)
- What proprietary technology it owns or licenses or is developing (for a. or c. above) or what proprietary innovation it is researching or developing (for b. above)

3. Previous private equity investments and financial statements:

- a. The business has not, since operations began, received private equity investments of more than \$4 million prior to the date of this application, including those from the business's executives, officers, board members, or any employees who own, control, or hold power to vote 20% or more of the business's outstanding securities.
- b. The business has not, since operations began, received private equity investments of more than \$4 million prior to the date of this application that have qualified for and received tax credits under the Angel Tax Credit Program.
- c. Attach financial statements for most recent fiscal year, including current capitalization table. The statements should be compiled, reviewed, or audited by a public accounting firm. For new and start-up businesses, pro forma financial statements for the most current period are acceptable. Pro forma financial statements should be submitted with a copy of the most recent year's tax return. If no tax returns have yet been filed, include a note to that effect.
 - Financial statements and capitalization table are attached.

4. Small corporate offering registration disqualification:

- The business is not disqualified under Minn. Stat. 80A.50(b)(3).

Section IV. Certifications

Disclaimer

The undersigned certifies that it has been advised, acknowledges, and understands that no action taken by the State of Minnesota or by any employee, agent or official of the State has been intended or shall be construed to:

- a. constitute an endorsement or recommendation of the business, or its business activities, or of any financial investments made or proposed by any person or entity in the business, as a result of or related to the business' certification, by the State's commissioner of employment and economic development ("Commissioner") as a qualified business pursuant to the provisions of Minn. Stat. 116J.8737 ("the Angel Tax Credit Program");
- b. constitute an endorsement or recommendation of the financial condition of, or of the business activities of, any investor or fund that has been certified by the Commissioner as either a certified investor or certified fund under the Angel Tax Credit Program;
- c. provide any assurance that the business as a certified small business, or any investor or fund certified as a qualified investor or qualified fund, or any investment classified as a qualified investment, under the Angel Tax Credit Program, is in compliance with any and all applicable federal and state securities laws and regulations; or
- d. relieve the business or any person or business entity associated with it from any obligation to comply in full with the requirements of any and all applicable federal and state securities laws and regulations.

Representations and Authorizations

The undersigned also:

- a. certifies that all statements and representations made in this application, or information provided herein ("Applicant Data"), are true and complete to the best of his or her knowledge, and
- b. grants the State of Minnesota and its agents the right to contact any and all persons as the State may deem necessary to verify the accuracy or completeness of any and all Applicant Data, and
- c. agrees to execute and deliver written authorizations for the release of data or for any and all data privacy waivers reasonably required for the State to verify the accuracy or completeness of Applicant Data, and
- d. acknowledges that it is aware it will be disqualified from any further consideration for financial assistance from the Angel Tax Credit Program if any Applicant Data proves to have been false or misleading at the time it was made, and that the act of providing any such false Applicant Data may subject the business to the penalties provided in Minn. Stat. 609.645 (Fraudulent Statements).

Signature of Authorized Business Representative

Title

Date

STATE OF _____

COUNTY OF _____

The foregoing Qualified Small Business Certification Application Form was acknowledged before me on

_____, _____, by _____ of _____,
date name business name

a _____, on behalf of said _____.
state entity type entity type

Notary Public

Resolution Required. Attached? Yes

Attach documentation authorizing a representative of the business to apply for certification and to execute Angel Tax Credit Program documents. For example, a company should attach a copy of the board's resolution authorizing the representative to apply for small business certification and to execute certification applications, credit allocation applications, and other Angel Tax Credit Program documents.

Application Fee: \$150 (for calendar year 2012 certification expiring 12/31/2012)
Make check payable to MN Department of Employment and Economic Development (or MN DEED). Application fees are non-refundable.

Mail application and payment to: Minnesota Department of Employment and Economic Development
Business & Community Development Division
Angel Tax Credit Program, Attn: Jeff Nelson
First National Bank Building
332 Minnesota Street, Suite E-200
St. Paul, MN 55101-1351