



## COMMUNITY FOOD CO-OP FARM FUND LOAN PROGRAM

### PROCESS OVERVIEW & DOCUMENT REQUIREMENTS:

Loan applications for purposes approved under the Community Food Co-op Farm Fund Program are submitted by the applicant(s) to Industrial Credit Union with the following guidelines:

Loans may be granted in individual or business name[s] but are considered business-purpose.

- Loan applicants must provide:
  - A completed loan application
  - A Signed Borrower's Certification and Authorization form
  - A completed Certification of Beneficial Owner(s) form
  - Entity documents (if applicable)
    - Business license
    - Resolution, Partnership or Formation Agreements
    - By-laws or Operating agreement
      - (lists positions/titles and describes who has what authority within the entity)
  - Farm/business financials (if applicable)
    - 2 years business tax returns (all schedules)
      - Previous year Profit & Loss statement
      - Income statement, if taxes not complete
    - Current year: Profit & Loss statement and Income statement
  - Personal financials
    - 2 years personal tax returns -all schedules
    - Current personal financial statement
    - Copy of government-issued identification (all principals)

Applications may be submitted to Industrial Credit Union

- In person at the Northwest Branch:
  - 3233 Northwest Ave.,  
Bellingham, WA 98225
- By mail to:
  - Industrial Credit Union – Attn: Farm Fund Program  
PO Box 1767, Bellingham, WA 98227
- Via email:
  - [Bj.vanleeuwen@industrialcu.org](mailto:Bj.vanleeuwen@industrialcu.org)

Industrial Credit Union will review the application and financials then confer with the Community Food Co-op who makes the final decision regarding the loan. Should the loan be approved, Industrial Credit Union will prepare loan documents and disburse the loan proceeds.

Primary contacts at Industrial Credit Union:

- BJ Van Leeuwen, Vice President of Lending 360-788-2849



# Industrial Credit Union Farm Fund Business Loan Application



Loan Request Information									
Application for:		Type of Request:		<input type="checkbox"/> New		<input type="checkbox"/> Renewal		<input type="checkbox"/> Increase/Modification	
<input type="checkbox"/> Business Line of Credit		Loan Amount(s):							
<input type="checkbox"/> Term/Equipment Loan		Purpose of Loan:				Collateral:			
<input type="checkbox"/> Commercial Real Estate									
<input type="checkbox"/> Other:		Term Requested:							
Business / Applicant Information									
Legal Name of Applicant (Borrower):									
DBA (if applicable):							Tax ID Number:		
Principal Place of Business Address (not PO box):									
City:					State:				Zip Code:
Mailing Address (if different):							Email Address:		
City:					State:				Zip Code:
Key Contact Name:					Business Telephone:				Business Fax:
Date Business Established:				Current Ownership (# of years):		State of Registration:		Annual Sales (last full year):	
Describe Applicant's Product/Service:							Number of Employees:		
Type of Ownership (Select One)									
<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> PA <input type="checkbox"/> Trust									
Owner / Guarantor Information									
Please be certain to list all owners of the company. Additional guarantors who do not have an ownership in the company may be listed provided their relationship to the company and/or owners is clarified. For more than four owners, please insert additional rows.									
Owner - Guarantor 1									
Name:					Title:				SSN/TIN:
Address:					Birth Date:				% Ownership:
Owner - Guarantor 2									
Name:					Title:				SSN/TIN:
Address:					Birth Date:				% Ownership:
Owner - Guarantor 3									
Name:					Title:				SSN/TIN:
Address:					Birth Date:				% Ownership:
Owner - Guarantor 4									
Name:					Title:				SSN/TIN:
Address:					Birth Date:				% Ownership:

# Industrial Credit Union Farm Fund Business Loan Application

## Credit Union / Banking Relationships

Please list only your business accounts

Credit Union or Bank	Account Number	Business			Current Balance
		Checking	Savings	Loan	

## Other Information

Property/Casualty Insurance Company/Agent:		Insurance Agent Telephone:	
Accounting Firm/Accountant/Bookkeeper:		Acct/Book Telephone:	
Business Attorney:		Attorney Telephone:	

**If you answer yes to any of the following questions below, please provide details on a separate sheet.**

Does any customer or supplier currently account for more than 20% of your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant ever declared bankruptcy or had any judgments, repossessions, garnishments, or other legal proceedings filed against them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant ever obtained credit under another name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any tax obligations, including payroll or real estate taxes, past due?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant liable on debts not shown, including any contingent liabilities such as leases, endorsements, guarantees, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant currently a defendant in any suit or legal action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Certification and Signatures

I (we) hereby affirm that the foregoing information contained in this member business loan application, and additional information provided in support of this application, is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand the Credit Union is relying on this application in making loan(s) to me. Credit Union or its designee is authorized to make any investigation of the credit of the applicant(s), business owner(s) and/or guarantor(s) either directly or through any agency employed by Credit Union for that purpose now and in the future. Credit Union may disclose to any other interested parties Credit Union's experience with this account. I agree to inform the Credit Union immediately of any matter which will cause any material change to my financial condition. I understand that Credit Union will retain this member business loan application whether or not credit is granted. TAXPAYER AUTHORIZATION AND CONSENT: I (we) understand, acknowledge, and agree that the Credit Union, its affiliates, agents, and service providers, and if applicable, any other Loan Participants can obtain, use and share tax return information for the purposes of providing an offer; originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan.

Signature (Owner/Guarantor)	Print Name	Title	Date
Signature (Owner/Guarantor)	Print Name	Title	Date
Signature (Owner/Guarantor)	Print Name	Title	Date



## BORROWER'S AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

1. I/We have applied for a Community Food Co-Op Farm Fund loan through Industrial Credit Union. As part of the application process, the Community Food Co-Op may verify information contained in my/our loan application and in other required documents in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize Industrial Credit Union to provide to the Community Food Co-Op, and to any organization associated with the loan process, all requested documentation. Such information includes, but is not limited to, employment history and income; bank, money market and similar account balances; credit history; and copies of income tax returns.
3. A copy of this authorization may be accepted as an original.

Borrower Signature:

Co-Borrower Signature:

SSN:

SSN:

Date:

Date:

## 31 CFR § 1010.230 CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

### I. GENERAL INSTRUCTIONS

This is an optional form provided for your convenience. The required information may be provided in other formats. When completed, this form is provided to the financial institution where the account is opened. **DO NOT SEND TO FinCEN.**

#### Where may I obtain a copy of the form?

A copy (pdf) may be downloaded from the FinCEN website at [www.fincen.gov](http://www.fincen.gov) under the “Filing Information” tab. The form may be completed on a computer using the free [Adobe Reader](#) software.

#### What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

#### Who has to complete this form?

This form must be completed by any person opening a new account on behalf of a **legal entity** with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; and (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

#### What information do I have to provide?

When you open a new account on behalf of a legal entity, the financial institution will ask for information about the legal entity’s **beneficial owner(s)**, including their name, address, date of birth and social security number (or passport number or other similar information, in the case of Non-U.S. persons). The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

Beneficial owners are:

- (1) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation; **and**
- (2) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (1), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (1), you must provide the identifying information of one individual under section (2). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (2)), and up to five individuals (i.e., one individual under section (2) and four 25 percent equity holders under section (1)).

***a legal entity may have multiple “beneficial owners,” this form requires you to list only those that own 25% or more (up to five) under each of the two prongs of the definition above. If appropriate, the same individuals may be listed under both prongs.***

## CERTIFICATION OF BENEFICIAL OWNER(S)

***The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).***

**All persons opening an account on behalf of a legal entity must provide the following information:**

1. Last Name and title of Natural Person Opening Account	2. First Name	3. Middle Initial	
4. Name and type of Legal Entity for Which the Account is Being Opened			
4a. Legal Entity Address	4b. City	4c. State	4d. ZIP/Postal Code

### SECTION I

(To add additional individuals, see page 3)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above. **Check here ☐ if no individual meets this definition and complete Section II.**

5. Last Name	6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address	10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)	
		15a. Country of issuance:	

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

### SECTION II

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

16. Last Name	17. First Name	18. M.I.	19. Date of birth (MM/DD/YYYY)
20. Address	21. City	22. State	23. ZIP/Postal Code
24. Country	25. SSN (U.S. Persons)	26. For Non-U.S. persons (SSN, Passport Number or other similar identification number)	
		26a. Country of issuance:	

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**I, \_\_\_\_\_ (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(MM/DD/YYYY)

Legal Entity Identifier (Optional) \_\_\_\_\_

**Additional Section 1 - Second Beneficial Owner (If required)**

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**Additional Section 1 - Third Beneficial Owner (If required)**

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

**Additional Section 1 - Fourth Beneficial Owner (If required)**

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth (MM/DD/YYYY)
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**Paperwork Reduction Act Notice**

Public recordkeeping burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is 1506-0070. You may submit comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, by calling the FinCEN Resource Center at 800-767-2825 or by email at [frc@fincen.gov](mailto:frc@fincen.gov). Alternatively, you may mail us comments at Policy Division, Financial Crimes Enforcement Network, P.O. Box 39, Vienna, VA 22183. Please include 1506-0070 in the body of the text.



**INDUSTRIAL CREDIT UNION**  
**INTERNET GAMBLING PROFILE - MONEY SERVICE BUSINESS**  
**- MARIJUANA-RELATED BUSINESS QUESTIONNAIRE**

---

Business Name:

Name of Principal Account Holder:

ICU Member Number: \_\_\_\_\_

**In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, this notification is to inform you that restricted transactions are prohibited from being processed through your account or relationship with our institution. Restricted transactions are transactions in which a person accepts credit, funds, instruments or other proceeds from another person in connection with unlawful Internet gambling.**

Does your business activity include Internet gambling? ☐ Yes ☐ No

(If yes, a copy of your gambling license or other legal authority for the gambling enterprise will be required.)

Is your business a marijuana-related business? ☐ Yes ☐ No

(If yes, the credit union cannot open your account at this time.)

Types of products and services offered by your business:

Location(s) and market(s) served by your business:

Anticipated account activity (large cash deposits; wire transfers, credit card only; mixed deposits; etc.):

checking    certificates/money market    debit card    domestic ACH credits/debits

foreign ACH - countries \_\_\_\_\_

home banking    bill payer    remote deposit capture    mobile banking

domestic wire transfers    incoming foreign wires    outgoing foreign wires

From or to which countries? \_\_\_\_\_

Purpose of the account (payroll; weekly till deposits, etc.):

What are the anticipated monthly cash in and cash out transactions? Cash in \$\_\_\_\_\_ Cash Out \$\_\_\_\_\_

---

Please check all that apply:

- ☐ Business exchanges currency for amounts greater than \$1,000 per person per day.
- ☐ Business cashes checks for amounts greater than \$1,000 per person per day (includes business' own payroll checks)
- ☐ Business issues traveler's checks, money orders or stored value cards in amount greater than \$1,000 per person per day.
- ☐ Business sells or redeems traveler's checks, money orders or stored value cards in amounts greater than \$1,000 per person per day (does not include redemption for merchandise.)
- ☐ Business accepts currency and transmits funds through a financial, Federal Reserve Bank or electronic network (Western Union, etc.)
- ☐ Business mines, managed or sells Virtual Currency (for example, bitcoin)

If any of the above boxes are checked, your business is defined as a Money Service Business and we will not be able to open an account for you, or accommodate any other of your business account needs. By signing below, you certify that the answers provided are accurate and that the business does not include unlawful Internet gambling activity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date