



**INVESTMENT FUNDS SERVICE CORPORATION  
APPLICATION FOR INITIAL CERTIFICATION (MISSOURI FORM 620.1350)**

Name of Investment Funds Service Corporation		Application Tax Year
Federal ID No. (FEIN)	MITs/Missouri ID No.	Dept. Certification No.

**LOCATION OF PROJECT FACILITY**

Street Address		
City	<b>MISSOURI</b>	Zip Code

**CONTACT INFORMATION**

Taxpayer's name and mailing address if different than above				
Address		City	State	Zip Code
Telephone Number	Fax Number	E-mail		
Preparer Contact Person		Title		
Address		City	State	Zip Code
Telephone Number	Fax Number	E-mail		

**TYPE OF BUSINESS (circle one):**

C Corp	S Corp	LLC	Sole Proprietor	Partnership	Other: _____
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If the taxpayer is a Partnership, S Corporation, or other entity, which has a flow through tax treatment, identify the names, social security numbers and proportionate share of ownership of each Beneficiary, Partner or Shareholder on the last day of the tax period. Aggregate proportionate shares or percent of total ownership may not exceed 100%. Attach a separate sheet if necessary.

NAME(S)	SOCIAL SECURITY NUMBERS	% OWNERSHIP AT YEAR END
		%
		%
		%
		%

**COMPANY DESCRIPTION**

Check the applicable description(s) of the business activities provided by this investment funds service corporation as defined in Chapter 143.451.2(4)(e), RSMo.

<input type="checkbox"/>	Derives more than fifty percent of its gross income in the ordinary course of business from the provision directly or indirectly of management, distribution or administration services to or on behalf of an investment company;
<input type="checkbox"/>	Derives more than fifty percent of its gross income in the ordinary course of business from trustees, sponsors and participants of employee benefit plans which have accounts in an investment company;
<input type="checkbox"/>	Provides management services as an investment advisory firm registered under Section 203 of the Investment Advisors Act of 1940...regardless of the percentage of gross revenues consisting of fees from management services provided to or on behalf of an investment company.

Describe the investment funds service corporation (Size, Structure, and Method of Operation)	
Description:	
<b>Commencement of Operations:</b> ____ / ____ / ____	
<b>SUPPORTING DOCUMENTS</b> (required for certification)	
This information will be considered closed to the public pursuant to §§ 610.021, 620.014 RSMo, and HB 1043 (1998).	
<input type="checkbox"/>	Applicant's prior year IRS Form 941 and MO-941.
<input type="checkbox"/>	Applicant's prior year Missouri Tax Return and all supporting schedules.
<input type="checkbox"/>	Prior year Missouri employment information including employees' names, social security numbers, occupations and salaries. (Provide hardcopy and electronic copy to DED.)
<input type="checkbox"/>	Current Missouri employment information including employees' names, social security numbers, occupations and salaries. (Provide hardcopy and electronic copy to DED.)

**Mail all applications and related inquiries to:**      **Missouri Department of Economic Development**  
**Business Finance**  
**301 W. High Street, Room 770**  
**P.O. Box 118**  
**Jefferson City, MO 65102**

<b><i>DEPARTMENT USE ONLY</i></b>	
<input type="checkbox"/> CERTIFIED	DATE _____ Business Finance Section, Department of Economic Development
<input type="checkbox"/> DENIED	DATE _____
REASON FOR DENIAL:	

# MUTUAL FUND PROGRAM ATTACHMENT E - CERTIFICATION

I, the undersigned, acting on behalf of the Applicant named below, hereby certify and agree to the following:

1. The information submitted by the Applicant to DED in connection with the Project is true and correct and such information is consistent with documents provided to lenders, other government programs, or investors. The Applicant hereby authorizes DED to verify such information from any source;
2. Neither the Applicant, nor any person actively engaged in the management of the Applicant:
  - a) Has committed a felony, is currently under indictment for a felony, or is currently on parole or probation;
  - b) Is delinquent with respect to any non-protested federal, state or local taxes or fees;
  - c) Has filed (or is about to file) for bankruptcy, unless otherwise disclosed to DED; or
  - d) Has failed to fulfill any material obligation under any other state or federal program;
3. There are no pending or threatened liens, judgments, or material litigation against the Applicant or any person identified on the application which is likely to have a material impact on the Applicant's viability;
4. Neither the operations of the Project itself nor the receipt of incentives for the Project would violate any existing agreement;
5. The Applicant has obtained or is capable of obtaining all necessary federal, state and local permits and licenses for the Project;
6. I certify that the applicant does NOT knowingly employ any person who is an unauthorized alien and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien;
7. I certify that the applicant is enrolled and will participate in a federal work authorization program as defined in Section 285.525(6), RSMo., with respect to employees working in connection with the activities that qualify applicant for this program. I certify that the applicant will maintain and, upon request, provide the Department of Economic Development documentation demonstrating applicant's participation in a federal work authorization program with respect to employees working in connection with the activities that qualify applicant for this program;
8. I certify that the Applicant shall include in any contract it enters with a subcontractor in connection with the activities that qualify applicant for this program, an affirmative statement from the subcontractor that such subcontractor is not knowingly in violation of Section 285.530.1, RSMo, and shall not be in violation during the length of the contract. In addition the Applicant will receive a sworn affidavit from the subcontractor under the penalty of perjury, attesting that the subcontractor's employees are lawfully present in the United States. I certify that the Applicant will maintain and provide the Department of Economic Development and Department of Revenue access to documentation demonstrating compliance with this requirement
9. I understand that, pursuant to section 285.530.5, RSMo, a general contractor or subcontractor of any tier shall not be liable under section 285.525 to 285.550 when such general contractor or subcontractor contracts with its direct subcontractor who violates section 285.530.1, if the contract binding the contractor and subcontractor affirmatively states that the direct subcontractor is not knowingly in violation of section 285.530.1 and shall not henceforth be in such violation and the contractor or subcontractor receives a sworn affidavit under the penalty of perjury attesting to the fact that the direct subcontractor's employees are lawfully present in the United States;
10. I understand that if the applicant is found to have employed an unauthorized alien, applicant maybe subject to penalties pursuant to Sections 135.815, 285.025, and 285.535, RSMo;
11. I understand that if the applicant is found to have employed an unauthorized alien in Missouri and did not, for that employee, examine the document(s) required by federal law, the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding;
12. I attest that I have read and understand the Investment Funds Service Corporation Program Procedures;
13. I will inform DED if, at any time before project completion, there is any change to any of the certifications made herein;
14. I hereby agree to allow representatives of the Department of Economic Development (DED), Department of Revenue, or either of their designated representatives, access to the property and applicable records as may be necessary for the administration of this program; and,
15. I certify under penalties of perjury that the above statements and information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief.

I certify that I am a Corporate Officer/Member of the Applicant and have the proper authority to execute this document on behalf of the Applicant. I am authorized to make the statement of affirmation contained herein. I realize that failure to disclose material information regarding the Applicant, any owners or individuals engaged in the management of the Applicant, or other facts may result in criminal prosecution.

Applicant Signature	Print Name	Title	Date
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STATE OF \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ ) ss.

On this \_\_\_ day of \_\_\_ in the year 20\_\_ before me, \_\_\_\_\_, a Notary Public in and for said state, personally appeared \_\_\_\_\_ [name of Corporate Officer/ Member], \_\_\_\_\_ [Official Title], \_\_\_\_\_ [Name of Corporation/ Limited Liability Corporation], known to me to be the person who executed the within Agreement in behalf of said company and acknowledged to me that he or she executed the same for the purposes therein stated.

\_\_\_\_\_  
 Notary Public

My commission expires \_\_\_\_\_

<sup>1</sup>If more than one representative signs use a copy of this page for each signatory.