

New Meadows Business/Industrial Park Application Form

Submitted by:

Dalrymple Construction Services, LLC

Name

APPLICATION

1. Date Submitted: 3/18/2026

2. Name of Business: Dalrymple Construction Services, LLC

Business Contact Person: Joseph and Kimberly Dalrymple

Street Address: PO Box 540

City, State, Zip: New Meadows, Idaho 83654

Mailing Address: PO Box 540 New Meadows, ID 83654

Telephone Number: Office: 208.283.9165 Home: _____

Fax: _____ Mobile: 208.473.0895 Other: _____

Email: dcsllcmccall@gmail.com

Federal ID Number: 82-4746184

3. How much space do you require? _____ square feet light manufacturing / office

On what date would you like to move in? _____

The typical lease period for tenants is three (3) years. Will the above space meet your needs for that time? Yes

If not, when do you anticipate your needs to change and how? _____

Will the space for your business require special or unique enhancements? (electricity, plumbing, ventilation, etc.) Please Specify.

4. Business is New Existing

If existing, current location: 104 W Taylor

Type of business (brief Description): Construction Company

Date Established: 5/2014

Legal Organization: Sole prop. Partnership Corporation

The Present Number of Employees: 1 Full-Time Part-Time

Number of Employees in 2-3 Years: Full-Time Part-Time

Number of Employees in 4-5 Years: Full-Time Part-Time

Can You Provide? Balance Sheet Income Statements

Do you carry Worker's Compensation Insurance? Yes No

If yes, please list carrier: State Insurance Fund

Does your company carry liability insurance? Yes No

If yes, please list carrier and amount of coverage: Farm Bureau 2 million

Where is your market? Public Works Projects

Who are your potential customers? Governmental agencies

Who or what will be your competition? Other public works contractors

Have you completed a business plan? Yes No
(If yes, please enclose a copy)

Have you conducted a market study? Yes No
(If yes, please enclose a copy)

Have you evaluated your business process for its potential to generate hazardous or toxic waste? Yes No

Does or will your business generate hazardous or toxic waste? Yes No

If yes, please list your EPA Identification Number: _____

Provide an inventory of chemical and/or material types considered hazardous, etc.
(Include name and quantity used or stored for each.)

Will you be receiving or shipping freight on a regular basis? Yes No

If yes, what will be your freight requirements? _____

Does your new business have sufficient start-up revenue (enough to guarantee operation for one (1) year?) Yes No

If no, what are your financial plans for starting the business? _____

Please provide three business references.

Name:	Address:	Phone:
C&M Lumber		
Builders First Source		
Sherwin Williams		

5. Other information important to your application:

New Meadows Industrial Park may, at the discretion of the city council, conduct a credit check using any of the following methods: UCC searches, credit reports, D&B reports, trade credit checks, BBB reports. The information will be kept strictly confidential.

I authorize the release of credit information.

Signature: Joseph Dalrymple Date: 3/18/26

Please print name: Joseph Dalrymple

6. If the company is a corporation, City of New Meadows will need a copy of the company's incorporation papers to verify who is authorized to sign official documents. If local personnel are allowed to sign documents, please specify in a signed and notarized document who is allowed to sign and at what limits.