

New Meadows Business/Industrial Park Application Form

Submitted by:

Dalrymple Construction Services, LLC

Name

APPLICATION

1. Date Submitted: 4/21/2025

2. Name of Business: Dalrymple Construction Services, LLC

Business Contact Person: _____

Street Address: 201 S Commercial Ave

City, State, Zip: New Meadows, ID 83654

Mailing Address: PO Box 540 New Meadows, ID 83654

Telephone Number: Office: _____ Home: _____

Fax: _____ Mobile: 208-473-0895 Other: 208-283-9165

Email: dcsllcmccall@gmail.com

Federal ID Number: 82-4746184

3. How much space do you require? 1500 square feet light manufacturing / office

On what date would you like to move in? 05/01/2025

The typical lease period for tenants is three (3) years. Will the above space meet your needs for that time? Yes, we would like a 5-year lease

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.

We just need 3 offices and open space

4. Business is ☐ New ☒ Existing

If existing, current location: 201 S Commercial Ave

Type of business (brief Description): General Contractor

Date Established: 1994

Legal Organization: ☐ Sole prop. ☒ Partnership ☐ Corporation

The Present Number of Employees: 3 Full-Time ☐ Part-Time

Number of Employees in 2-3 Years: 3-4 Full-Time ☐ Part-Time

Number of Employees in 4-5 Years: 3-4 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: Western Community

Where is your market? Public Works and commercial contracting

Who are your potential customers? Construction customers

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:
Darryl Shepard-City of Cascade	PO Box 649 Cascade, ID 83611	208.382.4279
Cascade School District	PO Box 291 Cascade, ID 83611	208.630.6057
Idaho Parks & Recreation	5657 Warm Springs Ave Boise, ID 83716	208.832.8494

5. Other information important to your application:

We are bringing a proposal to the city council for review of tenant improvements and
a plan for future development of the space.

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: Kimberly Dalrymple Date: 4/23/2025

Please print name: Kimberly Dalrymple, Partner

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.