

City of Nebraska City
Local Option Municipal Economic Development Program
Application for Financial Assistance (Loans)

Please complete entire form – Do not leave any questions blank.

A. Business (Borrower) Information:

Name of Business to Receive Assistance: _____

Federal ID#: _____

Address: _____ City: _____ State: _____ ZIP: _____

Contact Person: _____ Telephone #: (_____) _____

Fax #: (_____) _____ E-mail address: _____

Website address (if applicable): _____

Business Classification: Manufacturing Warehousing & Distribution Service
 Retail Research & Development Tourism
 Administrative Mgmt. Headquarters Telecommunications
 Other (please explain) _____

Business Organization: Sole Proprietorship General Partnership
 "S" Corporation "C" Corporation Limited Partnership
 Limited Liability Company Limited Liability Partnership

Does the business have a parent or subsidiaries? Yes No
If yes, identify name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Business Type: Start-up (0 to 5 years old) Acquisition *Existing
If existing, list # of years in business _____

Ownership identification: List all officers, directors, partners, owners, co-owners and all stockholders.
Attach additional sheet if necessary.

Name	Title	Ownership Percent
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Personnel: (Full-Time Equivalent, FTE is based upon 2,080 hours per year)

Existing Number of FTE Positions: _____

FTE Positions to be created within 18 months of application approval: _____

Total number of seasonal FTE jobs created (i.e. jobs which will be available for at least 3 continuous months and recur annually): _____

Starting wage per hour for our personnel: \$ _____

B. Project Information

USES AND SOURCES OF FUNDS	Total Project Costs	LB840 funds	Lender	Owner
Land Acquisition	_____	_____	_____	_____
Building Acquisition/Renovation	_____	_____	_____	_____
New Facility Construction	_____	_____	_____	_____
Acquisition of Machinery/Equip.	_____	_____	_____	_____
Acquisition of Furniture/Fixtures	_____	_____	_____	_____
Working Capital (includes Inventory)	_____	_____	_____	_____
Other (Specify)_____	_____	_____	_____	_____
TOTAL:	_____	_____	_____	_____

Note: Economic Development Program funds may finance up to 50% of any eligible project.

Participating Lender Information:

Name of Lending Institution: _____
 Address: _____ City: _____ St.: _____ Zip: _____
 Contact Person: _____ Telephone: (_____) _____
 Loan Amount: \$ _____ Loan Term in years: _____
 Interest Rate: _____ percent _____ Variable _____ Fixed
 Collateral Required: _____ Equity Required: _____

Equity Information:

Amount available by business or owners for Investment: \$ _____

Project Designation: (check all that apply)

- Business Development
- Tourism
- Downtown Redevelopment
- Industrial Retention & Development

C. Other Information Needed

Provide required information as detailed in the City of Nebraska City Local Option Municipal Economic Development Program Guidelines packet.

The following Letter of Authorization must be signed and returned with the application.

AUTHORIZATION FOR RELEASE OF INFORMATION TO LENDER

CUSTOMER NAME(S):

ADDRESS:

I/We have applied for a loan or loan contract revision or other extension of credit from, and/or am/are a current customer of:

Nebraska City Economic Development Program Fund (LB840)

To facilitate Lender's decisions on my/our present or future loan application(s) and/or loan servicing request, I/We hereby agree that:

1. Lender is authorized to make credit checks or inquiries concerning my/our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, any matters relating to assets, liabilities, and references;
2. Creditors, including but not limited to credit reporting agencies, state and national banks, Farm Credit System institutions, the Farmers Home Administration, insurance companies, Small Business Administration, and others, are hereby authorized to disclose to Lender any information relative to any of my/our loans, accounts, purchases, other financial transactions, production or marketing information, or other pertinent information, whether past, present, or future, with them;
3. The Agricultural Stabilization and Conservation Service (ASCS), the Soil Conservation Service (SCS), and other local, county, state, and federal agencies are authorized to make available all aerial maps, land descriptions, water and soil data, environmental reports or data, commensurate or base property qualifications, grazing survey data, crop yield or production data, government program payment information, and other pertinent data covering any real estate owned, rented, operated, and/or optioned by me/us;
4. Lender is authorized to share with credit reporting agencies and creditors doing business or who may do business with me/us any information regarding any extension(s) of credit or loan servicing action(s) and my/our general credit history; and
5. Photocopies of this authorization may be presented to and relied upon by my/our creditors, local, county, state, and federal agencies, and others as evidence of my/our authorization to release information to Lender.

I/We hereby release and agree to save and hold Lender(s) and other persons named herein and their directors, officers, employees, and agents harmless from any liability which might arise at any time from the release of this information.

Lender

Applicant/borrower

Applicant/borrower

The above individual(s) who is either a principal of a credit applicant or a borrower or a sole proprietorship of the credit applicant or borrower, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant or borrower, hereby consents and authorizes the use of a consumer credit report of the above signed by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.