

CITY OF SUTTON
LB 840 Loan Application

Please Answer Every Question (If question does not apply mark NA)

A. Business Information:

Name of Business to Receive Assistance: _____

Federal ID#: _____

Address: _____

_____ City State Zip

_____ Contact Person Telephone #

_____ Fax # E-Mail Address

Business Classification: (Mark One)

- | | |
|---|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Warehousing & Distribution |
| <input type="checkbox"/> Service | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Administrative Mgmt HDQT | <input type="checkbox"/> Other |

Business Organization: (Mark One)

- | | |
|--|---|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Corporation – Status _____ |
| <input type="checkbox"/> Partnership(Type) _____ | <input type="checkbox"/> Other _____ |

Does the Company have a Parent or Subsidiaries? Yes No

If Yes, Identify Name: _____

Address: _____

_____ City State Zip

Business Type:

- Start- Up (0-5 Years Old) Buy out Existing*

*If existing, Years in Business _____

Ownership Identification: List officers, directors, partners, owner, co-owners and all stockholders with 20 percent or more of the stock. Enter under Minority Code, a "1" if the person identified is a woman; a "2" if a member of a minority group; and "3" if a disabled person.

<u>Name</u>	<u>Title</u>	<u>Ownership Percent</u>	<u>Minority Code</u>

Personnel: (Full-Time-Equivalent, FTE is based upon 2,080 hours per year)

Existing Number of Full-Time-Equivalent Positions: _____

Full-Time Equivalent Positions to be created with 18 month of Application Approval: _____

Total number of seasonal and/or Full-Time Equivalent Jobs Created: _____
(i.e. Jobs which will be available for at least 3 continuous months and recur annually)

B. Project Information

<u>Uses of Funds</u>	<u>Total Project Cost</u>	<u>LB840 Funds Requested</u>
Land Acquisition	_____	_____
Building Acquisition/Renovation	_____	_____
New Facility Construction	_____	_____
Acquisition of Machinery/Equipment	_____	_____
Working Capital (Includes Inventory)	_____	_____
Other (Specify)	_____	_____
TOTAL:	_____	_____

C. Sources of Funds

Note: Public sources of financing require the participation of a bank and/or an injection of equity (non-debt) funds.

Participating Lender Information:

Name of Lending Institution: _____

Address: _____

Contact Person

Telephone #

Type of Assistance applied for:

Amount:

Grant:

Loan:

Guarantee:

D. Equity Information:

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

Project Location (Choose one):

Within the City Limits of:

Name of City

Population of City

Outside of City Limits, but within the Zoning Jurisdiction of:

Name of City

Population of City

Unincorporated Area in:

Name of County

Signatures: I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize you check by credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature

Date

Other Signature
(if applicable)

Date

Attach the Following:

1. A brief description of the business and personal history and summary of request.
2. Two (2) year historical balance sheets and operating statements. Current Statements less than (60) days old. Start up: provide projected year-end statements for first two (2) years of operation.
3. Personal Financial Statement for each person owning twenty (20) percent or more of the business.
4. List of Current Obligations for Existing Business.
5. For new business and existing business expanding into a new product line, please include a business plan.
6. Last two (2) years of tax returns (Business and Personal).
7. Other documentation may be requested.

Authorization for Release of Financial Information

I (We) _____ & _____
(Applicant(s) name(s))

Hereby authorize _____ to release any financial
(Financial Institution)
information requested by the City of Sutton pertaining to my (our) business accounts or
applications for credit with _____.
(Financial Institution)

I (We) further grant authorization to the City of Sutton, or Boards or committees thereof,
to release to _____ any information requested regarding
(Financial Institution)
my (our) application for LB 840 program funds or other financial assistance.

Dated: _____

Signed: _____

Attest: _____