



ECONOMIC DEVELOPMENT PROGRAM FUND APPLICATION

(Please complete all information)

Name of Business requesting assistance: \_\_\_\_\_ Federal ID# \_\_\_\_\_

Address: \_\_\_\_\_; \_\_\_\_\_, \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Contact Person: \_\_\_\_\_ Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Fax No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Classification: \_\_\_\_\_ Manufacturing \_\_\_\_\_ Service \_\_\_\_\_ Retail
\_\_\_\_\_ Administrative Management Headquarters \_\_\_\_\_ Warehousing and Distribution
\_\_\_\_\_ Research and Development \_\_\_\_\_ Other

Business Organization: \_\_\_\_\_ Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership
\_\_\_\_\_ Other (Explain) \_\_\_\_\_

Does the Company have a Parent or Subsidiaries? \_\_\_\_\_ Yes \_\_\_\_\_ No
If Yes, please identify by Name: \_\_\_\_\_
Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_

Business Status: \_\_\_\_\_ Start-up (0-5 yrs old) \_\_\_\_\_ Acquisition
\_\_\_\_\_ Existing (Years in business) \_\_\_\_\_

Ownership: List all officers, directors, partners, owner(s), co-owners and/or stockholders. Under Minority Code, Enter "1" if person identified is female, "2" if minority, or "3" if person is disabled.

Table with 4 columns: Name, Title, Ownership Percent, Minority Code

If there are more than space allows, please list on back of application.)

Personnel: (Full-time equivalent, based on 2,080 hrs per year)

Existing Number of Full-Time Positions: \_\_\_\_\_
Full-Time Positions to be created within 18 months of Application Approval: \_\_\_\_\_
If applicable, number of seasonal full-time jobs created:
(i.e. Jobs which will be available for at least 3 continuous months and recur annually) \_\_\_\_\_



**Project Information:**

<u>Uses of Funds</u>	<u>Total Project Funds</u>	<u>Lexington Funds Requested</u>
Land Acquisition	_____	_____
Building Acquisition	_____	_____
New Facility Construction	_____	_____
Acquisition of Machinery/Equip.	_____	_____
Acquisition of Furniture/Fixtures	_____	_____
Working Capital (includes inventory)	_____	_____
Other (Specify) _____	_____	_____
TOTAL:	_____	_____

**Sources of Funds:**

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

**Participating Lender Information:**

Name of Lending Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Loan Amount: \$ \_\_\_\_\_ Loan Term (Yrs) \_\_\_\_\_  
 Interest Rate: \_\_\_\_\_ (percent) \_\_\_\_\_ Variable \_\_\_\_\_ Fixed

Collateral Required: \_\_\_\_\_ Equity Required: \_\_\_\_\_

**Equity Information:**

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

**Project Location:**

Within Lexington City Limits \_\_\_\_ Outside of City Limits, but within Zoning Jurisdiction \_\_\_\_

**Personal Financial Statement:** Complete and attach Personal Financial Statement for each person.

**The Applicant hereby certifies the following to the Agency pursuant to Nebraska State Statute 18-2119(3)(a):**

a) Have you filed or intend to file an application with the Department of Revenue to receive tax incentives under the Nebraska Advantage Act for this project?

\_\_\_\_\_  
 \_\_\_\_\_

b) If so, does the application include (or will include) as one of the tax incentives, a refund of the city's local option sales tax revenue?

\_\_\_\_\_  
 \_\_\_\_\_

c) Has such application, if any, been approved under the Nebraska Advantage Act?

\_\_\_\_\_



The above information is accurate to the best of my knowledge and belief. The above information is provided to help you evaluate the feasibility of obtaining public financial assistance. I further authorize release of personal and business credit information to the City of Lexington.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH THE FOLLOWING:**

Brief description of business/history and the proposed project.

3-yr historical balance sheets and operating statements. Statements should be less than 90 days old. For start-up, provide projected year-end statements for first two years of operation.

Personal Financial Statement (noted above) for each person.

List of current obligations for existing business.

For new business and existing business expanding into new product line, include business plan.