PROJECT NAME: _____

CITY OF GOTHENBURG ECONOMIC DEVELOPMENT FUND (LB 840)
&
REDLG REVOLVING LOAN FUND
APPLICATION
CITY OF GOTHENBURG, NEBRASKA

APPLICATION TYPE: _____ Economic Development Fund (LB 840)
_____ REDLG revolving fund

BUSINESS INFORMATION:

Name of Business or Individual (Legal Name): _____

Address: _____

City, State, Zip Code: _____

Business Phone: _____

Fax: _____

Federal Tax ID #: _____

Organization: Sole Proprietorship _____ "S" Corporation _____ "C" Corporation _____

General Partnership _____ Limited Partnership _____ LLC _____ Other _____

Date Established: _____

Classification: Manufacturing _____ Tourism _____ Transportation _____ Research & Dev. _____

Service _____ Warehouse/Distribution _____ Administrative _____ Retail _____

Mgmt. Headquarters _____ Telecommunications _____ Home Construction/Rehabilitation _____

Brief Description of the Business (products, services, customer base, etc.): (A more complete description must be provided in the business plan)

OWNER(S)/MEMBER(S): (Attach additional sheet if necessary)

Name: _____

Home Address: _____

Employer/Business: _____

% Ownership: _____

Home Telephone #:_____ Business Telephone #:_____

Date of Birth:_____ SSN:_____

Resident Status: U.S. Citizen – Yes ____ No ____

PROJECT COSTS/EXPENSES:

Type of request (grant, loan, or other-explain):

_____

If seeking a Loan, what is the expected term:_____

Project Cost Funds Requested:

Land Acquisition: _____

Building Acquisition: _____

New Facility Construction: _____

Acquisition of Machinery/Equip: _____

Acquisition of Furniture/Fixtures: _____

Working Capital (includes inventory): _____

Other (explain): _____

TOTAL AMOUNT OF FUNDS REQUESTED: $_____

PROJECT LOCATION:

_____ Within the City Limits of Gothenburg, Nebraska

_____ Outside the City Limits of Gothenburg, Nebraska, but within the Zoning Jurisdiction of Gothenburg, Nebraska

_____ Outside the Zoning Jurisdiction of Gothenburg, Nebraska, in _____ (Name of County)

Zoning Action required? Yes ____ No ____

Project located in the floodway or flood fringe? Yes ____ No ____

List additional funding sources and funding amounts the business has secured for this project:

PARTICIPATING LENDER INFORMATION:

Name of Lending Institution: _____

Address: _____

Contact Person: _____ Phone: (_____) _____

Loan Amount: $_____ Loan Term: (Yrs)_____

Interest Rate: ____% Fixed_____ Variable_____

Collateral Requested:_____ Equity Requested:_____

Equity Information: _____

Amount available by business or owners for Investment: $ _____

Describe project for which applicant is seeking LB840 or REDG RLF funds:

EXISTING BUSINESS FINANCING OBLIGATIONS:

CREDITOR NAME	ORIGINAL AMOUNT/ DATE	PRESENT BALANCE	MATURITY DATE	INTEREST RATE	MONTHLY PAYMENT	PAYMENT STATUS

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

Existing Number of Full-Time Positions: _____

Estimated Number of Full-Time Positions to be created within 18 months of Application Approval:_____

Estimated Number of Seasonal Full-time jobs created: (i.e. Jobs available for at least 3 continuous months and recur annually)_____

Please complete the following additional information:

_____Yes _____ No Has the business ever filed bankruptcy protection?
(If yes, give details.)

_____Yes _____ No Have any of the Owners/Members of the business ever filed for Bankruptcy?
(If yes, give details.)

_____Yes _____ No Are all Payroll, Federal, State, Municipal, Sales, and Real Estate taxes current?
(If no, give details.)

RELEASE OF INFORMATION AND CERTIFICATION

I declare that the information provided on this application and the accompanying exhibits is true and complete to the best of my knowledge. I understand that the City of Gothenburg has the right to verify this information and will be in contact with those individuals and institutions involved in the proposed project. I also understand that if this loan is approved it may be sold to the secondary marketplace. I authorize the City of Gothenburg to share information contained in this application process with prospective purchasers in order to evaluate the feasibility of selling this loan.

I further certify the following (check if applicable):

_____ This business has filed or intends to file an application with the Department of Revenue to receive tax incentives under the Nebraska Advantage Act for the same project for which this business is seeking financial assistance under the Local Option Municipal Economic Development Act;

_____ This application includes or will include, as one of the tax incentives, a refund of the city's local option sales tax revenue; and

_____ This application has been approved under the Nebraska Advantage Act.

_____
Signature

_____
Name/Title

_____
Date

REQUIRED ATTACHEMENTS/SUBMISSIONS

a. Entity formation and governing documents;

b. Business plan that includes employment and financial projections, financing requirements for the project, and total project costs;

c. Current balance sheet;

d. Tax documents for previous years for the entity and owners, where applicable;

e. Other information as requested by the Program Administrator

Submit completed application to: City of Gothenburg, Nebraska

Attention: Kay Kolbo

409 9th Street

Gothenburg, NE 69138

Phone Number: (308) 537-3668

Email: kkolbo@cityofgothenburg.org

FOR OFFICIAL USE ONLY

Date Received:_____ City Council Reviewed:_____

Amount Requested:_____ City Council Approved: Yes / No

CARC/CRA Reviewed:_____ Amount

Approved:_____

CARC/CRA Recommended: Yes / No