



CITY OF BLAIR

LB840 Application

Please Answer Each Question (If Question Does Not Apply – Mark N/A). Please Type or Print in Black Ink.

Please Note: The Information Contained in this Document is Public Information and will NOT be Considered Confidential.

A. BUSINESS INFORMATION:

Name of Business Applying for Assistance: _____

Business Address: _____
(City) (State) (Zip Code)

Contact Person: _____ Telephone Number: _____

Fax Number: _____ Email Address: _____

Federal Tax ID Number: _____

Type of Business: Start-Up Buyout Existing

If Existing, Number of Years in Business: _____

Business Classification: (Please Choose One)

- Retail Manufacturing Research & Development
 Headquarter Telecommunications Tourism
 Warehouse/Distribution Other

Business Type: (Please Choose One)

- Proprietorship Corporation Partnership
 Other

Does the Company have a Parent or Subsidiaries? Yes No

If Yes, Please List Name: _____

Address: _____
(City) (State) (Zip Code)

Ownership Identification: Please List all Officers, Directors, Partners, Owners, Co-owners and Stockholders.

Full Name	Title	Ownership Percentage

Does the business qualify to receive any incentives from the State of Nebraska? Yes No

Has the business applied for any incentives from the State of Nebraska? Yes No

If yes, please explain: _____

Employee Information: (FTE = Full-Time Equivalent = 2,080 Hours/Per Year)

Number of Existing Full-Time Equivalent Employees: _____

Number of Full-Time Equivalent Positions to Be Created: _____

Will all of the Full-Time Equivalent Positions be Physically Located within the City of Blair, their Two-Mile Extraterritorial Jurisdiction or on Land Held in the Name of the City of Blair? Yes No

If no, please explain: _____

Does the Company Employ Any Seasonal Employees? Yes No

If Yes, How Many: _____

(Seasonal employees must work for at least three continuous months and the position must reoccur annually)

B. PROJECT INFORMATION:

Please Provide a Brief Project Description:

Use of Funds	Total Project Cost	LB840 Funds Requested	CBDG Funds
Land or Facility Acquisition*	\$	\$	
Facility Renovation*	\$	\$	
New Facility Construction*	\$	\$	
Machinery/Equipment Acquisition*	\$	\$	
Business Recruitment Activities	\$	\$	
Business Attraction/Location Expenses	\$	\$	
Small Business Development	\$	\$	
Working Capital (Includes Inventory)	\$	\$	
Job Training*	\$	\$	
Other (Please Specify)	\$	\$	
Total Project Cost:	\$		
	Total LB840 Funds Requested:	\$	

* ITEMS THAT QUALIFY FOR LB840 FUNDING

C. FUNDING SOURCES AND EQUITY INJECTION:

Name of Lending Institution: _____

Address: _____
(City) (State) (Zip Code)

Contact Person: _____ Telephone Number: _____

Loan Amount: _____ Loan Term (Years): _____

Interest Rate: _____ Variable Fixed

Collateral Required: Yes No Equity Required: Yes No

If Yes, on Collateral or Equity, Please Specify: _____

Amount Injected Into the Project by Business/Partners/Owners: _____

D. PROJECT LOCATION:

Within the Blair City Limits? Yes No

Within the Blair Two-Mile Jurisdiction? Yes No

Land Owned by the City of Blair? Yes No

E. ATTACHMENTS: - Please Include the Attachments that Apply to Your Business Status

Please Note: The Information Contained in the Section Will be Deemed Confidential and will not be Available for Public Disclosure.

- Brief Description of the Business
- Resumes of all Owners/Co-Owners/Directors/Partners/Stockholders
- For Existing Businesses – Three (3) Yearly Financial Statements
- For Existing Businesses – Current Financial Statements (Less Than Sixty (60) Days Old)
- For Start-Up Businesses – Current Business Plan
- For Start-Up Businesses – Three Year Projections
- Personal Financial Statements for all Owners/Co-Owners/Directors/Partners/Stockholders
- For Existing Businesses - List of Current Obligations (Include Company Names and Amounts)
- Tax Returns – Previous Three (3) Years – Personal Tax Returns May be Required
- Letter from Lending Institution
- Please Note that Other Financial Documents May Be Required

F. APPLICANT SIGNATURE:

I certify that the information contained in this application and all attachments are correct to the best of my knowledge. By signing below, I authorize the City of Blair or their contracted representative to check my credit and the credit of all who are listed within this application. I understand that I must update my credit information if my financial situation changes.

Applicant's Signature

Date