

LB840 - \_\_\_\_\_

# CITY OF ATKINSON LB 840 Credit Application

FOR OFFICE USE ONLY	
Date Rec'd. _____	App. _____
Complete _____	
Date Board Approved _____	
Date Council Approved _____	

**A. Business/Borrower Information**

Name of Business to Receive Assistance: \_\_\_\_\_

Address: \_\_\_\_\_ Federal ID# \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Business Classification: \_\_\_\_\_ Manufacturing \_\_\_\_\_ Warehousing & Distribution

\_\_\_\_\_ Service \_\_\_\_\_ Retail

\_\_\_\_\_ Administrative Management Hdqt. \_\_\_\_\_ Research & Development

\_\_\_\_\_ Other

Business Organization: \_\_\_\_\_ Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other

Does the Company have a Parent or Subsidiaries? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," please identify: Name \_\_\_\_\_

Address \_\_\_\_\_

Business Status: \_\_\_\_\_ Start-Up (0-5 years old) \_\_\_\_\_ Acquisition \_\_\_\_\_ Existing  
# Years in Business

Ownership: List all officers, directors, partners, owner, co-owners & all stockholders. Under Minority Code, enter "1" if person identified is female, "2" if minority or "3" if person is disabled. (Use back of page if more room needed)

<u>NAME</u>	<u>TITLE</u>	<u>OWNERSHIP %</u>	<u>MINORITY CODE</u>
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Personnel: (Full-Time Equivalent, based on 2,080 hrs per year)

Existing Number of Full-Time-Equivalent positions: \_\_\_\_\_

Full-Time positions to be created within 10 months of Application Approval: \_\_\_\_\_

# of Seasonal Full-Time jobs created: \_\_\_\_\_  
(i.e. jobs available for at least 3 continuous months & recur annually)

**B. Project Location**

\_\_\_\_\_ Within the City Limits \_\_\_\_\_ Outside City Limits BUT within Zoning Jurisdiction

**C. Project Information**

<u>USES OF FUNDS</u>	<u>TOTAL PROJECT COST</u>	<u>LB840 FUNDS REQUESTED</u>
Land Acquisition	_____	_____
Building Acquisition	_____	_____
New Facility Construction	_____	_____
Acquisition of Machinery/Equipment	_____	_____
Working Capital (includes inventory)	_____	_____
Other (Specify)	_____	_____
TOTAL:	_____	_____

**D. 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 # \_\_\_\_\_

Loan Amount: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_% \_\_\_\_\_ Fixed \_\_\_\_\_ Variable

Loan Terms (years) \_\_\_\_\_

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

Equity Information – Amount Available by Business or Owners for Investment: \$ \_\_\_\_\_

Other:

**E. Signatures**

The above information is accurate to the best of my knowledge and belief. This information is provided to help evaluate the feasibility of obtaining public financial assistance. I further authorize release of all personal and business credit information to the City of Atkinson and acknowledge this information upon submission will be considered a Public Record.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_