

Neligh City Sales Tax Loan Application Information Checklist

This list is a useful tool to help you make sure you have all pertinent information when you turn in your application. The loan committee requests that you provide the following information. There may, however, be additional information the committee will request.

Business Financial Information

- _____ City of Neligh Sales Tax Loan Application (signed)
- _____ Business Plan, including projected two-year income and expenses – *template available*
- _____ Current year-to-date Profit and Loss Statement (signed) *template available*
- _____ Recent balance sheet (signed) and previous 2 years, if available (use provided form)
- _____ Letter of Approval from a bank/lender (this can be a conditional commitment)
- _____ *If Corporation: 2 years complete corporate full tax returns (signed), Articles of Incorporation, By-Laws, Minutes of last Meeting and Corporate Resolution authorizing loan application and execution of required documents.*
- _____ *If Partnership: Copy of Partnership Agreement and 2 years partnership full tax returns (signed)*
- _____ *If LLC or LLP: Two years complete entity full tax returns (signed)*
- _____ If purchasing an existing business, then supply the business's previous 3 years financial statements and full tax returns

Personal Financial Information:

- _____ *If Sole Proprietor: Two years completed individual federal full tax returns (signed)*
- _____ *If "S" or "C" Corp, LLC or LLP: Two years complete individual federal full tax returns, if over 25% ownership (signed)*
- _____ *If Partnership: Two years complete individual federal full tax returns for general partners and for limited partners, if over 25% ownership (signed)*
- _____ Credit Report w/ Score
From either your bank or (www.annualcreditreport.com) for individual sole proprietors.
If Corporation: all shareholders with over 25% ownership
If Partnership: all general partners
If LLC or LLP: managers

Other Information:

- _____ Copy of Valid Driver's License
- _____ Certification and Authorization form (completed and signed)
- _____ \$35 non-refundable application fee payable to the City of Neligh
- _____ Authorization forms for Child Registry
- _____ Criminal History Checks (must be notarized)

**NELIGH APPLICATION
FOR BUSINESS LOANS AND GUARANTEES**

PLEASE COMPLETE ENTIRE FORM – DO NOT LEAVE ANY QUESTIONS BLANK

A. Business (Borrower) Information:

Name of Business to Receive Assistance: _____

Federal ID Number: _____

Business Entity: Sole Proprietorship General Partnership "S" Corporation
 "C" Corporation Limited Partnership Limited Liability Company
 Limited Liability Partnership

(Depending on entity type, certain supporting documentation is needed – see checklist)

Address: _____ City: _____ State: _____

Contact Person: _____ Phone Number: _____

Email: _____ Cell Phone: _____

Business Classification: Manufacturing Warehouse & Distribution Service Retail
 Research & Development Tourism Housing / Construction
 Telecommunications Administrative Mgmt. Headquarters
 Other: please explain: _____

Does business have a parent or subsidiaries? Yes No

If yes, identify name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Type: Start Up (0-5) Acquisition Existing* _____

*If existing, list years in business: _____

Ownership Identification: List all officers, directors, partners, owners, co-owners and all stockholders. Enter under Minority Code, a "1" if a person is a woman, a "2" if a member of a minority group, add a "3" if the person is disabled. (Minority Code is only needed if you are also applying for CDBG funds).

Name	Title	Ownership Percent	Minority Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Existing Number of FTE Positions: _____ FTE to be created within 18 months of application approval: _____

Total Number of Seasonal FTE Jobs Created: _____ (jobs created for at least 3 continuous months and recur)

Starting wage for your personnel: \$ _____

B. Project Information

USES OF FUNDS	TOTAL PROJECT COST	NELIGH FUNDS REQUESTED
Land Acquisition	_____	_____
Business Acquisition/Renovation.	_____	_____
New Facility Construction	_____	_____
Acquisition of Machinery/Equip.	_____	_____
Acquisition of Furniture/Fixtures.	_____	_____
Working Capital (includes inventory)	_____	_____
Other: Specify: _____	_____	_____

SOURCES OF FUNDS

Note: Public financing requires the participation of a private financier and equity funds

Participating Lender Information:

Name of Lending Institution: _____

Address: _____ City _____ State: _____

Contact Person: _____ Phone: _____

Loan Amount: \$ _____ Loan Term in Years: _____

Interest Rate: _____ Percent _____ Variable _____ Fixed

Collateral Required: _____ Equity Required: _____

Equity Information:

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

Project Location:

_____ Within the City Limits of Neligh

_____ Outside City Limits, but within the Zoning Jurisdiction of Neligh

C. Other Information Needed

Personal Financial Statement: Complete a personal financial statement from bank or accountant.

Business Documentation: See Information Checklist for detailed outline depending on business entity type. Info to include Credit Bureau Report, tax returns, profit and loss statement, balance sheet, articles of incorporation, by-laws and minutes of last meeting, corporate resolution and business plan.

In addition, provide required information as detailed in the City of Neligh Sales Tax Guidelines packet and \$35.00 non-refundable application fee payable to the City of Neligh.

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 information and business credit information and realize if a loan recommendation is made, the terms of the loan will be public information.

Dated _____

Signature: _____

Dated _____

Signature: _____

Neligh Sales Tax Loan - Elements of a Basic Business Plan

In order for the City of Neligh to understand your business and the project you wish us to help finance we ask that you provide us a basic business plan. This business plan will help us to assess not only your business and the project for which you are asking funding but help us establish likelihood of repayment. A business plan does not have to be an extravagant twenty page document but please cover the basic elements below:

- Introduction and Business Description
- Project Description that funding is requested for
- Products and Services
- Competition and Customers
- Marketing, Advertising, and Promotions Plan
- Personal and Business Goals
- Financial Projections and Financial Statement

Upon request, the Neligh Economic Development Office will provide a basic Business Plan Template.

Neligh City Sales Tax Loan Continuing Education Enticement

It is in the best interest of Neligh City that loan recipients undergo continuing businesses related education. The City of Neligh is investing in your company by offering a low interest loan. As a small business owner you play a major role in the success of your business, yet many small business owners will not invest in themselves. For this reason we are adding an enticement that you re-invest in yourself through education.

Acceptable Education:

- Seminar focused on small business (this must be cleared with the Economic Development Director before credit will be awarded)
- Attend two Northeast Community College Center for Enterprise small business classes (held in Neligh)
 - * note: some classes will require more than one day commitment

Investing in continuing education by indicating interest at time of application and embarking on one of the two options listed above during the life of the loan will result in ½ percent interest credit to your loan. The rate will be adjusted after notice of completion is given to the Director.

CERTIFICATION AND AUTHORIZATION

Applicant: _____

Lender: City of Neligh
105 E 2nd St
Neligh, NE 68756

Certification

To City of Neligh ("Lender"):

1. Applicant (and co-applicant if applicable), _____ has applied for a loan from Lender. In applying for the loan, Applicant provided to the Loan Committee of the Lender various information about Applicant and the requested loan, such as the amount and source of equity, income information, and assets and liabilities. Applicant certifies that all of the information is true and complete. Applicant made no misrepresentations to Lender, nor did Applicant omit any important information.
2. Applicant understands and agrees that Lender may verify any information provided concerning Applicant's application, including, but without limitation, verifications from financial institutions of the information provided.

Authorization to Release Information

1. Applicant has applied for a loan from the City of Neligh ("Lender"). As part of the application process, Lender, any insurer of the loan and any collateral title insurer may verify information Applicant provided to Lender either before or after the loan is closed.
2. Applicant authorizes you to provide to Lender any and all information and documentation they may request and any information pertaining to a borrower's default in payment. Such information may include, but not be limited to, income, bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. Lender may address and send this authorization to any person or company named below:
 - a. Financial Institution/Loan Officer _____
 - b. CPA Firm/Accountant _____
 - c. Law Firm/Attorney _____
 - d. Other _____
4. A copy of this authorization may be accepted as an original.

Authorization to File Financing Statement

Applicant hereby authorizes Lender to file the appropriate Financing Statements for the agreed upon collateral prior to executing a security agreement.

Applicant is also aware that the terms of the loan recommendation will be furnished to the Neligh City Council and will be public information and includes the following: business entity, project description, loan amount, length of loan, interest rate, security, repayment, loan closing date and any other pertinent information.

Signature:

Applicant _____ Date _____

Co-Applicant _____ Date _____

LOAN CLOSING PROCEDURE

The following is the procedure that will be followed upon approval of a loan by the City Council:

1. Loan committee will make a 2-part recommendation to the City Council. First part will be the loan terms and the second part will be the performance standards that must be met before the loan is closed and loan check is issued (building size, type, timeline, jobs created, etc.)
2. If a loan recommendation is approved by the city council, the city attorney will provide the primary lender with a take out commitment letter so the lender will be assured that the funds from sales tax are committed for the project.
3. **Primary lender will finance project until completion.**
4. Primary lender will request disbursement.
5. Loan Committee and primary lender will make a joint decision on project completion according to predetermined specs (building size, type, renovations, etc.).
6. Loan closing between city and applicant will occur when the project is deemed completed according to specs. City attorney will prepare all necessary loan closing documents.
7. City will issue a joint party check made payable to both the primary lender and the borrower. Borrower will sign off on check and allow the bank to apply it to the loan.
8. Collateral – bank has the 1st on all, when city makes loan payment the collateral will be reassigned so the city is covered.
9. Loan repayment will begin the one month after closing.



This form is to be used to request a Central Registry Check. Individuals must enter information into each field. If a field is not applicable write NOT APPLICABLE. Individuals must sign and date on page 2; select which Central Registry check(s) are authorized to be checked; and have their signature notarized. If the individual is under the age of 19, the parent or guardian must sign and have their signature notarized. Please indicate below if the results are to be sent to a business or organization by checking the box and providing the Name and Portal ID of the business or organization.

Central Registry checks can also be requested online at <https://ecmp.nebraska.gov/DHHS-CR/>
More information can be found at: <http://dhhs.ne.gov/CentralRegistry>

Business/Organization Check:

ORGANIZATION/BUSINESS INFORMATION

Name: _____ Portal ID: _____

Organization/Business must provide Portal ID to access results.
Visit <https://ecmp.nebraska.gov/DHHS-CR/> to create a Portal ID.

INDIVIDUAL INFORMATION

First _____ Middle _____ Last Name _____

Date of Birth _____ Age _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Phone Number: _____

Other names, such as a maiden name, former married name, or nickname.

Names and birthdates of your children and children who lived with you:

All previous addresses at which you have resided (minimum City & State):

Please release the following information to myself or the business or organization listed above (Check all that apply). This Authorization is valid for a period of 6 months from the date of the signature:.

- | | |
|--|--|
| <input type="checkbox"/> Nebraska Child Abuse and Neglect Central Registry (CAN Registry) | <input type="checkbox"/> Nebraska Adult Protective Services Registry (APS Registry) |
| 1. Whether or not I am listed on the CAN Registry, and the following information regarding that listing: | 1. Whether or not I am listed on the APS Registry, and the following information regarding that listing: |
| a. Date of the alleged child abuse or neglect; and | a. Date of the alleged adult abuse or neglect; and |
| b. The classification of the case pursuant to Neb. Rev. Stat. 28-720. (i.e., Agency Substantiated or Court Substantiated). | b. The classification of the case pursuant to Neb. Rev. Stat. 28-376. (i.e., Agency Substantiated or Court Substantiated). |

_____ Signature of Individual/Guardian		_____ Date
STATE OF _____	} ss.	
COUNTY OF _____		
The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:		
_____ Printed Name of Individual/Guardian		
Affix Official Notary seal here	_____	Notary Public

Instructions: Mail completed form to :

DHHS Accounting
P.O. Box 94906
Lincoln, NE 68509

Amount: \$2.50 Per Release Form whether both Central Registries are marked or only one
Payment: Only Check or Money Order accepted. No cash. Make checks payable to "Department of Health and Human Services"
Note: If your Release Form is sent back as Incomplete, another payment of \$2.50 is required

