## CITY OF ARAPAHOE APPLICATION FOR BUSINESS LOANS AND GUARANTEES

Loans are made as a fixed rate loan at 50% of Prime on the date of the loan PLEASE COMPLETE ENTIRE FORM. DO NOT LEAVE ANY QUESTIONS BLANK

#### A. Business (Borrower) Information:

	e Assistance:		
Federal ID#:	Address:		
City:		State:	Zip:
Contact Person:		Telephone Number:	
Fax Number:	E-Mail: (if applicabl	e):	
Web Address (if applicable): _			in Angling III. Angling Angling and Angling and Angling and Angling Angling Angling Angling Angling Angling Ang
To	anufacturingWarehousing & I ourismAdministrative Mgmt. H her, please explain:	leadquarters Telecommunica	tions
Business Organization:So Lir	ole ProprietorshipGeneral Par mited PartnershipLimited Liab	tnership"S" Corporation"0 oility CompanyLimited Liability	C" Corporation y Partnership
Does the business have a par	rent or subsidiaries?YesN	0	
	If Yes, Identify name:		
	Address:		
		State:	
Ownership Identification: List Code, a. "1" if the person is a code is only needed if you are	,	wners, co-owners and all stockly minority group, and a "3" if the po	nolders. Enter under Minorit erson is disabled. (Minority
√ame	Title	Ownership Percenta	ge Minority Code
			·
		****	
Personnel: (Full-Time Fauival	ent (FTE) is based upon 2,080 h	ioure per vear)	
· ·	, ,		
:xisting Number of FTE Positi otal Number of Seasonal FT	ions: FTE Positions to b E Jobs Created (i.e. Jobs which	e created within 18 months of A will be available for at least 3 co	pplication Approval: entinuous months and recur
nnually):Starting \	wage per hour for your personne	al:	

USES OF FUNDS	TOTAL PROJEC	T COST	FUNDS REQUESTED
Land Acquisition			
Building Acquisition/Renova	tion		
New Facility Construction	\$100,000 miles had a read of many and a read of man		
Acquisition of Machinery/Eq	uip		
Acquisition of Furniture/Fixton	ures	<u> </u>	
Working Capital (includes In	ventory)		-
Other (specify)			
Participating Lender Informa	res the participation of a private finance ation:		·
Address:			
Contact Person:		Phone:	
Loan Amount:	Loan Term in Years:	Intere	st Rate:Percent VariableFixed
Collateral Required:	Equity R	equired:	VA. 10. P. 10. P
	ss or owners for Investment:		
Outside the City Zoning Ju C. Other Information New Personal Financial S	ut within the Zoning Jurisdiction of Arapurisdiction but within Furnas County eded Statement: Complete the attached Pers		ments Form or submit an
acceptable substitute for eac Business History: De the next 3 to 5 years with an	n person. escribe what your existing business ha emphasis on local community impact.	s done for the area a Include a brief resu	and what you want to accomplish in me on the management team, if
applicable. In addition, provide r The above information	equired information as detailed in the on is accurate to the best of my knowle lity of obtaining public financial assista	City of Arapahoe LB8 edge and belief. The	340 Plan. above information is provided to
Dated:	Signature:		
Dated:	Signature:		
Dated:	Signature:		

# City of Arapahoe Application For Business Aesthetic/Façade Improvements Please Complete Entire Form. Do Not Leave Any Questions Blank

### A. Grantee Information: Property owner applying for assistance: Federal ID #: SS # DL # Mailing Address: Property Address: City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ Contact Person: \_\_\_\_\_\_ Telephone Number: \_\_\_\_\_ Fax Number: E-Mail: (if applicable): Web Address: (if applicable): Business Classification: Manufacturing Warehousing & Distribution Service Retail R & D Tourism Administrative Management Headquarters Telecommunications Other, please explain Business Organization: Sole Proprietorship General Partnership "S" Corporation "C" Corporation Limited Partnership Limited Liability Company Limited Liability Partnership Does the Business have a parent or subsidiaries? Yes No If Yes, Identify Name: City: State: Zip: B. Project Information Total Cost of Project; Please explain the project and costs. Include drawings, architectural renderings, pictures and color samples. Attach certified bids from two (2) contractors or a summery explaining why two bids were not possible. Two bids are required for any project over \$2,500. Please explain how your project will contribute to the business improvement/beautification in Arapahoe. Project Location: Within the City Limits of Arapahoe, NE Outside the City Limits, but within Zoning Jurisdiction of Arapahoe, NE \_\_ Outside of City of Arapahoe Zoning Jurisdiction, but within Furnas Count The above information is accurate to the best of my knowledge and belief. The information is provided to help you evaluate the feasibility of obtaining public financial assistance. I further authorize release of personal information regarding the improvements made to my building using local tax funds and authorize the City of Arapahoe to release pictures of my property in future publications. Dated: Signature: Dated: Signature: Signature: Signature: Signature: Dated: Signature: S

## CITY OF ARAPAHOE APPLICATION FOR BUSINESS LOANS AND GUARANTEES

Loans are made as a fixed rate loan at 50% of Prime on the date of the loan PLEASE COMPLETE ENTIRE FORM, DO NOT LEAVE ANY QUESTIONS BLANK

#### A. Business (Borrower) Information:

Name of Business to Receive	Assistance:		
Federal ID#:	Address:	National Annual Control Contro	
		State: 2	
Contact Person:		Telephone Number:	
Fax Number:	E-Mail: (if applicabl	le):	
Web Address (if applicable): _			
Tou	ırismAdministrative Mgmt. H	DistributionServiceRetail HeadquartersTelecommunicatio	ons
Business Organization:Sole Lim	e ProprietorshipGeneral Pa ited PartnershipLimited Lial	rtnership"S" Corporation"C" pility CompanyLimited Liability	Corporation Partnership
Does the business have a pare	ent or subsidiaries?YesN	lo	
	If Yes, Identify name:		
	Address:		
	City:	State:	Zip:
Ownership Identification: List a	ll officers, directors, partners, c voman, a "2" if a member of a i	Existing *If existing, list years in bu owners, co-owners and all stockho minority group, and a "3" if the per	olders. Enter under Minority
Name	Title	Ownership Percentag	ge Minority Code
			p=0.044.144.144.144.144.144.144.144.144.14
			<u> </u>
Personnel: (Full-Time Equivale	nt (FTE) is based upon 2,080 i	hours per year).	
		pe created within 18 months of Ap will be available for at least 3 cor	
annually): Starting w	age per hour for your personne	el:	

acceptable substitute for each p Business History: Descr the next 3 to 5 years with an em applicable. In addition, provide requ The above information i help you evaluate the feasibility and business credit information.  Dated:	ribe what your existing business has done for the phasis on local community impact. Include a uired information as detailed in the City of Araps accurate to the best of my knowledge and be of obtaining public financial assistance. I further	brief resume on the management team, if bahoe LB840 Plan. elief. The above information is provided to er authorize release of personal information
acceptable substitute for each p Business History: Descr the next 3 to 5 years with an em applicable. In addition, provide requ The above information i help you evaluate the feasibility and business credit information.	ribe what your existing business has done for the phasis on local community impact. Include a uired information as detailed in the City of Arapes accurate to the best of my knowledge and be of obtaining public financial assistance. I further	brief resume on the management team, if bahoe LB840 Plan. elief. The above information is provided to er authorize release of personal information
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Equity Information: Amount available by business of Project Location:Within the City Limits of ArapaOutside the City Limits, but waOutside the City Zoning Jurist C. Other Information Needs	or owners for Investment: ahoe vithin the Zoning Jurisdiction of Arapahoe diction but within Furnas County ed ement: Complete the attached Personal Finan	
Collateral Required:	Equity Required:	
	Loan Term in Years:	
	Pho	
	State:	
Address:		
Name of Lending Institution:		
TOTAL: SOURCES OF FUNDS Note: Public financing requires Participating Lender Information	the participation of a private financer and equincer.	ty funds.
Other (specify)		
Working Capital (includes Inver	ntory)	
Acquisition of Furniture/Fixtures		
Acquisition of Machinery/Equip		
New Facility Construction		
Building Acquisition/Renovation	n	
	Marchine comments of the comme	
Land Acquisition		

# City of Arapahoe Application For Business Aesthetic/Façade Improvements Please Complete Entire Form. Do Not Leave Any Questions Blank

### A. Grantee Information: Property owner applying for assistance: Federal ID #: \_\_\_\_\_\_ DL #\_\_\_\_\_ Mailing Address: Property Address: City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ Contact Person: Telephone Number: Fax Number: E-Mail: (if applicable): Web Address: (if applicable): Business Classification: Manufacturing Warehousing & Distribution Service Retail R & D \_\_Tourism \_\_Administrative Management Headquarters \_\_Telecommunications Other, please explain \_\_\_\_\_ Business Organization: Sole Proprietorship General Partnership "S" Corporation "C" Corporation Limited Partnership Limited Liability Company Limited Liability Partnership Does the Business have a parent or subsidiaries? Yes No If Yes, Identify Name: City: State: Zip: B. Project Information Total Cost of Project: Please explain the project and costs, Include drawings, architectural renderings, pictures and color samples. Attach certified bids from two (2) contractors or a summery explaining why two bids were not possible. Two bids are required for any project over \$2,500. Please explain how your project will contribute to the business improvement/beautification in Arapahoe. Project Location: Within the City Limits of Arapahoe, NE Outside the City Limits, but within Zoning Jurisdiction of Arapahoe, NE Outside of City of Arapahoe Zoning Jurisdiction, but within Furnas Count The above information is accurate to the best of my knowledge and belief. The information is provided to help you evaluate the feasibility of obtaining public financial assistance. I further authorize release of personal information regarding the improvements made to my building using local tax funds and authorize the City of Arapahoe to release pictures of my property in future publications. Dated: Signature: Dated: Signature:

Dated: Signature: