

Lyons Economic Development Program Application for Financial Assistance

Date Received	Time	Initial

PART 1

PLEASE NOTE: The information contained in this portion of the document is public information and will NOT be considered confidential

TYPE OR PRINT ALL INFORMATION

1. APPLICANT IDENTIFICATION	2. BUSINESS ENTITY
Name of Business: _____ Address: _____ Contact Person: _____ Telephone Number: _____ Cell Phone Number: _____ Fax #: _____ Email Address: _____	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> "S" Corporation <input type="checkbox"/> "C" Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership

3. TYPE OF ASSISTANCE	4. APPLICATION TYPE
<input type="checkbox"/> Direct Loan <input type="checkbox"/> Grant	<input type="checkbox"/> Individual <input type="checkbox"/> Joint (list) _____

5. PARENT OR SUBSIDIARIES	6. FUNDING SOURCES (round to nearest hundred dollars)
Does the company have a parent or subsidiaries? <input type="checkbox"/> Yes (if yes identify) <input type="checkbox"/> No Name: _____ Address: _____	LB840 Funds Requested \$ _____ Matching Funds \$ _____ Other Funds \$ _____ Total Project Funds \$ _____

7. BUSINESS TYPE
<input type="checkbox"/> Start-Up (0-5years) <input type="checkbox"/> Acquisition <input type="checkbox"/> Existing If existing, list years in business _____

8. OWNERSHIP IDENTIFICATION: list all officers, directors, partners, owners, co-owners, stockholders.		
Name	Title	Ownership %
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. PERSONNEL INFORMATION
Personnel (full-time Equivalent, FTE is based upon 2,080 hours per year) _____ Existing Number of Part Time Positions: _____ Full Time Equivalent Positions to be created within 18 months of Application Approve _____ Total number of Season FTE Jobs Created _____ (i.e. jobs that will be available for at least 3 continuous months reoccurring annually) Starting wage per hour for your personnel _____ Starting wage per hour for new hires: _____

13. EQUITY INFORMATION

Amount available by business or owners for investment: _____

Project Location: _____
(Choose One)

- Within the city limits of Lyons
- Outside the City Limits, but within the zoning jurisdiction of Lyons

SIGNATURE

The Applicant certifies to the City the following (select one):

_____ The Applicant has not filed nor does it intend to file an application with the Nebraska Department of Revenue to receive tax incentives under the Nebraska Advantage Act, ImagiNE Nebraska Act, or other program with respect to this project.

_____ The Applicant has filed or intends to file an application with the Nebraska Department of Revenue to receive tax incentives under the Nebraska Advantage Act, ImagiNE Nebraska Act, or other program for this project. If so, indicate if such application includes or will include, as one of the tax incentives, a refund of the City's local option sales tax revenue: _____ ("yes" or "no") ; and whether such application has been approved under the Nebraska Advantage Act _____, or ImagiNE Nebraska Act _____, or other program: _____.

I certify that all the information stated in this application and on any attachment is accurate to the best of my knowledge and belief. By signing below, I further authorize release of personal information and business credit information.

Signature: _____

Date: _____

Signature: _____

Date: _____

PART 2

PLEASE NOTE: The information contained in this section WILL be deemed confidential and will not be available for public disclosure.

Depending on the business entity and loan amount supportive documents may vary per applicant. Program Administrator may require additional documentation deemed necessary to determine the economic viability of the proposed project.

Attach the following information:

1. Detailed description of proposed project.
2. Business plan, including employment and financial projections.
3. Current financial statements, financials requirements for the project, and total cost.
4. A completed program application for financial assistance.
5. Any additional information necessary to determine the economic viability of the proposed projects.