

PART 3 – BUSINESS IDENTIFICATION

Name of Business: _____

Mailing Address: _____

City, State, Zip _____

Phone Number: _____

Fax Number: _____

Contact Person: _____

Email Address: _____

Federal Tax ID or SSN: _____

Web Address: _____

Business Organization: Sole Proprietorship General Partnership Limited Partnership
 "S" Corporation "C" Corporation LLC
 Other _____

Ownership Identification:

Name _____ Title _____ Ownership % _____

Name _____ Title _____ Ownership % _____

Name _____ Title _____ Ownership % _____

Name _____ Title _____ Ownership % _____

Business Type: Startup (0-5 years) Business Buyout Relocation
 Existing/Expansion Spec Building Other _____
If existing, number of years in business _____

Business Classification: Tourism Manufacturing Agricultural
 Retail Administrative Service Related
 Medical Transportation Food Service
 Warehousing/Distribution Construction
 Early childhood care and education Other _____

Project Location: Within Village Limits Outside Village Limits _____ Miles

Zoning Action Required: Yes No Flood Plain

Affiliated Business:

Does the company have a parent or subsidiary? Yes No

Name _____

Address _____

City, State, Zip _____

Web Address _____

Other Business Interests:

Do the owners of the company have an ownership interest in any other company? Yes No

Name _____ Relationship _____ Ownership % _____

Name _____ Relationship _____ Ownership % _____

Name _____ Relationship _____ Ownership % _____

PART 4 - EMPLOYMENT

Current Number of Employees Full Time _____ Part Time _____ Seasonal _____
 Proposed Number of Employees Full Time _____ Part Time _____ Seasonal _____
(Seasonal jobs are available for at least 3 continuous months and recur annually)

Average wage of Employees: (Specify hourly or annually)

Position _____	Wage _____
Position _____	Wage _____
Position _____	Wage _____
Position _____	Wage _____
Position _____	Wage _____
Position _____	Wage _____
Position _____	Wage _____

Employee Benefits Health Insurance Paid Sick Leave Dental or Vision Insurance
 Retirement Plan Bonus or Commission Other _____
 Paid Vacation Disability Insurance _____

PART 5 – PROJECT FINANCING

Form of Funds Requested: Short Term Loan (*up to 2 years*) Long Term Loan (*2+ years*) Grant

	Total Cost	Funds Requested	Source of Funds
Land Purchase/Rent	\$ _____	\$ _____	_____
Building Purchase/Rent	\$ _____	\$ _____	_____
New Construction	\$ _____	\$ _____	_____
Renovation/Remodel	\$ _____	\$ _____	_____
Furniture/Equipment	\$ _____	\$ _____	_____
Inventory for Resale	\$ _____	\$ _____	_____
Employee Training	\$ _____	\$ _____	_____
Working Capital	\$ _____	\$ _____	_____
Other _____	\$ _____	\$ _____	_____
Total Costs	\$ _____	\$ _____	

PART 6 – REFERENCES *(Must identify all parties with financial participation in the project)*

Financial Institution #1

Name _____ Location: _____

Contact Person _____ Title: _____

Phone Number: _____ Email: _____

Financial Institution #2

Name _____ Location: _____

Contact Person _____ Title: _____

Phone Number: _____ Email: _____

Other Financing Sources or Investment Capital #1

Name _____ Location: _____

Contact Person _____ Title: _____

Phone Number: _____ Email: _____

Other Financing Sources or Investment Capital #2

Name _____ Location: _____

Contact Person _____ Title: _____

Phone Number: _____ Email: _____

Other Financing Sources or Investment Capital #3

Name _____ Location: _____

Contact Person _____ Title: _____

Phone Number: _____ Email: _____

Business References #1

Name _____ Location: _____

Contact Person _____ Title: _____

Phone Number: _____ Email: _____

Business References #2

Name _____ Location: _____

Contact Person _____ Title: _____

Phone Number: _____ Email: _____

PART 8 – CERTIFYING OFFICIAL(S)

To the best of my knowledge and belief, data and information in this application are true and correct, including any commitment of local or other resources. The applicant(s) agree to comply with all requirements governing use of Sutherland Economic Development Program or LB840 tax funds. The applicant(s) grant the Village of Sutherland Citizens Advisory Review Committee permission to verify the data and credit of the applicant(s). The financial status of the business or applicant(s) will be held confidential by the CARC and Village staff and elected officials and is **not** subject to review by the public.

Signature of Applicant:

Date:

Printed Name and Title:

IF JOINT APPLICANT(S), PLEASE COMPLETE BELOW

Signature of Joint Applicant:

Date:

Printed Name and Title:

Signature of Joint Applicant:

Date:

Printed Name and Title:

Signature of Joint Applicant:

Date:

Printed Name and Title:

CITIZEN ADVISORY REVIEW COMMITTEE USE ONLY

Date Application and Supporting Documents Received:

Date Due Diligence Review by Program Administrator Completed:

Application Approved by the CARC:

Yes

No

Date:

Loan/Grant Approved by the Loan Committee:

Yes

No

Date:

Loan/Grant Approved by the Village Board of Trustees:

Yes

No

Date:

If not approved, see Denial form for reasons.

Approved Amount and Terms
