

**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: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone Number: _____

Fax Number: _____ E-Mail: (if applicable): _____

Web Address (if applicable): _____

Business Classification: Manufacturing Warehousing & Distribution Service Retail Research & Development
 Tourism Administrative Mgmt. 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: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Type: Start-up (0-5 years old) 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 the person is a woman, a "2" if a member of a minority group, and a "3" if the person is disabled. (Minority code is only needed if you are applying for CDBG funds).

Name	Title	Ownership Percentage	Minority Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Existing Number of FTE Positions: _____ FTE Positions to be created within 18 months of Application Approval: _____

Total Number of Seasonal FTE Jobs Created (i.e. Jobs which will be available for at least 3 continuous months and recur annually): _____ Starting wage per hour for your personnel: _____

B. Project Information

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

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: _____ Zip: _____

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 Arapahoe
- Outside the City Limits, but within the Zoning Jurisdiction of Arapahoe
- Outside the City Zoning Jurisdiction but within Furnas County

C. Other Information Needed

Personal Financial Statement: Complete the attached Personal Financial Statements Form or submit an acceptable substitute for each person.

Business History: Describe what your existing business has done for the area and what you want to accomplish in the next 3 to 5 years with an emphasis on local community impact. Include a brief resume on the management team, if applicable.

In addition, provide required information as detailed in the City of Arapahoe LB840 Plan.

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.

Dated: _____ Signature: _____

Dated: _____ Signature: _____

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**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: _____

Address: _____

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: _____
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Name	Title	Ownership Percentage	Minority Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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