

**ORD 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# _____

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: _____ 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
 Admin. Mngt. HQ Telecommunications
 Other, please explain: _____

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 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 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	Ord 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 Ord

 ___ Outside the City Limits, but within the Zoning Jurisdiction of Ord

 ___ Outside the City Limits, but within Valley County

C. Other Information Needed

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

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 Ord City Sales Tax Guidelines packet and a \$100.00 non-refundable application fee payable to the Valley County Economic Development Board and a \$15.00 non-refundable application fee payable to the Nebraska State Patrol.

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 that if a loan recommendation is made, the terms of the loan will be public information.

Dated: _____ Signature: _____

Dated: _____ Signature: _____

CERTIFICATION AND AUTHORIZATION

Applicant: _____

Lender: City of Ord
205 S. 16th
Ord, NE 68662

Certification

To City of Ord (“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 Ord (“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 Ord City Council and will be public information.

Signature:

Applicant

Date

Co-Applicant

Date

PERSONAL FINANCIAL STATEMENT

Statement of Financial Condition As Of ____ / ____ / ____

Applicant Name:	Business Phone
Co-Applicant Name:	Business Phone
Residence Address	Residence Phone
City, State, & Zip	

JOINT CREDIT APPLICATION	
By submitting this Personal Financial Statement, we intend to apply for joint credit.	
_____ Applicant Signature	_____ Co-Applicant Signature

ASSETS	AMOUNT (\$)	LIABILITIES & NET WORTH	AMOUNT (\$)
Cash in Bank (including money market accounts, CDs)		Notes Payable to Bank	
		Secured	
		Unsecured	
Cash in Other Financial Institutions (List) (including money market accounts, CDs)		Notes Payable to Others (Schedule F)	
		Secured	
		Unsecured	
		Credit Cards & Accounts Payable	
		Margin Accounts	
Readily Marketable Securities (Schedule A)		Notes Due to Privately Owned Businesses	
Non-Readily Marketable Securities (Schedule A)		Taxes Payable	
Ownership in Privately Owned Businesses (Schedule B)		Personal Residential Mortgages (Schedule D)	
Notes Receivable from Business		Investment Real Estate Debt (Schedule E)	
Notes Receivable from Others		Life Insurance Loans (Schedule C)	
Net Cash Surrender Value of Life Insurance (Schedule C)		Other Liabilities (List):	
Real Estate for Personal Use (Schedule D)			
Real Estate Investments (Schedule E)			
Retirement Accounts (IRA, Keogh, Profit Sharing & Other)			
Automobiles			
		Total Liabilities	
Other Assets (List):			
		Net Worth (Total Assets minus Total Liabilities)	
Total Assets		Total Liabilities & Net Worth	

SOURCES OF INCOME	
Salary	
Bonus and Commissions	
Interest & Dividends	
Real Estate Income	
<small>You need not disclose alimony, child support or separate maintenance income unless you wish the Bank to consider them in a credit decision.</small>	
Other Income (please itemize)	
Total Income	

CONTINGENT LIABILITIES	
As Guarantor, Endorser, or Co-maker	
On Leases or Contracts	
Legal Claims	
Provisions for Federal Income Taxes	
Other Special Debt	
Total Contingent Liabilities	

REPRESENTATIONS AND WARRANTIES

The information contained in this statement is provided to induce Bank to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that the Bank is relying on the information provided herein in deciding to grant or to continue to grant credit or to accept a guarantee thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct, and complete. Each of the undersigned agrees to notify the Bank immediately and in writing of any change in name, address or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform their obligations to the Bank. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify the Bank as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, the Bank may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. Bank is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Each of the undersigned authorizes Bank to answer questions about the Bank's credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to Bank is outstanding, the undersigned shall supply annually an updated personal financial statement. This personal financial statement and any other financial or other information that the undersigned gives Bank shall become the property of the Bank.

The undersigned authorize any person or consumer reporting agency to give Bank a copy of the undersigned's credit report and any other financial information it may have on the undersigned, and to prepare at Bank Bank's request, a consumer investigative report.

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

(Rev. 9/06)

Criminal History Record Request Form

You can either mail your request or come in person to:

Nebraska State Patrol
 Criminal Identification Division
 3800 NW 12th Street – Suite A
 Lincoln, NE 68521

**Requests can also be made online at
 ne.gov/go/cbg
 for an additional fee of \$3**

This form is used to request a Record of Arrest and Prosecution (RAP) sheet for person of interest listed below. The RAP sheet includes only Nebraska fingerprint based arrests and resulting dispositions. There is a \$12.50 fee for this service. This fee is accepted as cash, check or money order. Make checks payable to Nebraska State Patrol. Certification/Notarization of record by the Nebraska State Patrol must be specifically requested.

Date:			
This request is on: (check one)		<input type="checkbox"/> Yourself	<input type="checkbox"/> Someone Else
Reason for request:			
Person of Interest (person on whom background check will be completed)			
First Name:		Middle name:	Last name:
ALIAS / AKA: List any other names used: maiden, married, adopted, nicknames, short names, etc.			
SSN: - -		<i>This request will not be denied for refusal to provide a social security number, but the criminal history check <u>may take longer without the number</u>, which will be used only for the purpose of confirming identity during the criminal history check.</i>	
DOB (xx/xx/xxxx):		Sex:	Race:
Current Address:			
City, State, Zip:			
Phone #:		Fax #:	
Results will be faxed to the number provided unless a self-addressed stamped envelope is enclosed.			
Individual Or Agency Requesting the Background Check (Only if different than above)			
Agency:			
Individual Requesting:			
Mailing Address:			
City, State, Zip:			
Phone #:		Fax #:	

Signature of Requester (Individual or Agency)

If mailing a request for a criminal history on yourself or someone else and you would like a full release of criminal history, you will need to have this request form signed by the person of interest and notarized. If this form is not notarized, a public record will be released to you. See §29-3523 for the difference between public record and full release criminal history records.

I consent to the disclosure and copying of any Record of Arrest of Prosecution to the above listed persons.

State of _____)

County of _____)

)ss

Signature of Person of Interest

Subscribed and sworn to before me this

_____ day of _____,

 Notary Public