

## Neligh City Sales Tax Loan Application Information Checklist

This list is a useful tool to help you make sure you have all pertinent information when you turn in your application. The loan committee requests that you provide the following information. There may, however, be additional information the committee will request.

### Business Financial Information

- \_\_\_\_\_ City of Neligh Sales Tax Loan Application (signed)
- \_\_\_\_\_ Business Plan, including projected two-year income and expenses – *template available*
- \_\_\_\_\_ Current year-to-date Profit and Loss Statement (signed) *template available*
- \_\_\_\_\_ Recent balance sheet (signed) and previous 2 years, if available (use provided form)
- \_\_\_\_\_ Letter of Approval from a bank/lender (this can be a conditional commitment)
- \_\_\_\_\_ *If Corporation:* 2 years complete corporate full tax returns (signed), Articles of Incorporation, By-Laws, Minutes of last Meeting and Corporate Resolution authorizing loan application and execution of required documents.
- \_\_\_\_\_ *If Partnership:* Copy of Partnership Agreement and 2 years partnership full tax returns (signed)
- \_\_\_\_\_ *If LLC or LLP:* Two years complete entity full tax returns (signed)
- \_\_\_\_\_ *If Non-Profit Organization 501c3:* Two years of tax return Articles of Incorporation, By-Laws, Minutes of last Meeting and Corporate Resolution authorizing loan application and execution of required documents, including Secretary of State non-profit documentation
- \_\_\_\_\_ If purchasing an existing business, then supply the business's previous 3 years financial statements and full tax returns

### Personal Financial Information:

- \_\_\_\_\_ *If Sole Proprietor:* Two years completed individual federal full tax returns (signed)
- \_\_\_\_\_ *If "S" or "C" Corp, LLC or LLP:* Two years complete individual federal full tax returns, if over 25% ownership (signed)
- \_\_\_\_\_ *If Partnership:* Two years complete individual federal full tax returns for general partners and for limited partners, if over 25% ownership (signed)
- \_\_\_\_\_ Credit Report w/ Score  
From either your bank or ([www.annualcreditreport.com](http://www.annualcreditreport.com)) for individual sole proprietors.  
*If Corporation:* all shareholders with over 25% ownership  
*If Partnership:* all general partners  
*If LLC or LLP:* managers  
*If Non-Profit:* all board officers

### Other Information:

- \_\_\_\_\_ Copy of Valid Driver's License
- \_\_\_\_\_ Certification and Authorization form (completed and signed)
- \_\_\_\_\_ \$100 non-refundable application fee payable to the City of Neligh
- \_\_\_\_\_ Authorization forms for Child Registry ([online option available](#))
- \_\_\_\_\_ Criminal History Check



**NELIGH 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 Number: \_\_\_\_\_

Business Entity: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ General Partnership \_\_\_\_\_ "S" Corporation  
 \_\_\_\_\_ "C" Corporation \_\_\_\_\_ Limited Partnership \_\_\_\_\_ Limited Liability Company  
 \_\_\_\_\_ Limited Liability Partnership \_\_\_\_\_ Non-Profit Organization  
*(Depending on entity type, certain supporting documentation is needed – see checklist)*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Classification: \_\_\_\_\_ Manufacturing \_\_\_\_\_ Warehouse & Distribution \_\_\_\_\_ Service \_\_\_\_\_ Retail  
 \_\_\_\_\_ Research & Development \_\_\_\_\_ Tourism \_\_\_\_\_ Housing / Construction  
 \_\_\_\_\_ Telecommunications \_\_\_\_\_ Administrative Mgmt. Headquarters  
 \_\_\_\_\_ Other: please explain: \_\_\_\_\_

Does business have a parent or subsidiaries? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, identify name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Type: \_\_\_\_\_ Start Up (0-5) \_\_\_\_\_ 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 a person is a woman, a "2" if a member of a minority group, add 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 to be created within 18 months of application approval: \_\_\_\_\_

Total Number of Seasonal FTE Jobs Created: \_\_\_\_\_ (jobs created for at least 3 continuous months and recur)

Starting wage for your personnel: \$ \_\_\_\_\_



B. Project Information

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

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: \_\_\_\_\_

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 Neligh  
\_\_\_\_\_ Outside City Limits, but within the Zoning Jurisdiction of Neligh

C. Other Information Needed

Personal Financial Statement: Complete a personal financial statement from bank or accountant.

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 City of Neligh Sales Tax Guidelines packet and \$100.00 non-refundable application fee payable to the City of Neligh.

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

Dated \_\_\_\_\_

Signature: \_\_\_\_\_

Dated \_\_\_\_\_

Signature: \_\_\_\_\_

## **Neligh Sales Tax Loan - Elements of a Basic Business Plan**

In order for the City of Neligh to understand your business and the project you wish us to help finance we ask that you provide us a basic business plan. This business plan will help us to assess not only your business and the project for which you are asking funding but help us establish likelihood of repayment. A business plan does not have to be an extravagant twenty page document but please cover the basic elements below:

- Introduction and Business Description
- Project Description that funding is requested for
- Products and Services
- Competition and Customers
- Marketing, Advertising, and Promotions Plan
- Personal and Business Goals
- Financial Projections and Financial Statement

Upon request, the Neligh Economic Development Office will provide a basic Business Plan Template.



## CERTIFICATION AND AUTHORIZATION

Applicant: \_\_\_\_\_

Lender:

City of Neligh  
105 E 2<sup>nd</sup> St  
Neligh, NE 68756

### Certification

To City of Neligh ("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 Neligh ("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 Neligh City Council and will be public information and includes the following: business entity, project description, loan amount, length of loan, interest rate, security, repayment, loan closing date and any other pertinent information.

Signature:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

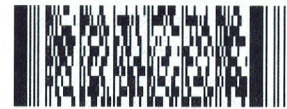


## LOAN CLOSING PROCEDURE

**The following is the procedure that will be followed upon approval of a loan by the City Council:**

1. The loan committee will make a two-part recommendation to the City Council. The first part will be the loan terms, and the second part will be the performance standards that must be met before the loan is closed and the loan check is issued (e.g., building size, type, timeline, jobs created, etc.).
2. If the city council approves a loan recommendation, the city attorney will provide the primary lender with a takeout commitment letter so the lender will be assured that the funds from sales tax are committed to the project.
3. **The primary lender will finance the project until completion.**
4. The primary lender will request disbursement.
5. The Loan Committee and primary lender will jointly decide on project completion according to predetermined specs (building size, type, renovations, etc.).
6. The city and applicant will close the loan when the project is deemed completed according to specifications. The city attorney will prepare all necessary loan closing documents.
7. The city will issue a joint party check payable to both the primary lender and the borrower. The borrower will sign off on the check and allow the bank to apply it to the loan.
8. Collateral – the bank has the 1st on all; when the city makes a loan payment, the collateral will be reassigned to cover the city.
9. The loan repayment will begin one month after closing.





This form is to be used to request a Central Registry Check. Individuals must enter information into each field. If a field is not applicable write NOT APPLICABLE. Individuals must sign and date on page 2; select which Central Registry check(s) are authorized to be checked; and have their signature notarized. If the individual is under the age of 19, the parent or guardian must sign and have their signature notarized. Please indicate below if the results are to be sent to a business or organization by checking the box and providing the Name and Portal ID of the business or organization.

Central Registry checks can also be requested online at <https://ecmp.nebraska.gov/DHHS-CR/>  
More information can be found at: <http://dhhs.ne.gov/CentralRegistry>

Business/Organization Check:

**ORGANIZATION/BUSINESS INFORMATION**

Name:	Portal ID:
-------	------------

Organization/Business must provide Portal ID to access results.  
Visit <https://ecmp.nebraska.gov/DHHS-CR/> to create a Portal ID.

**INDIVIDUAL INFORMATION**

First	Middle	Last Name
-------	--------	-----------

Date of Birth	Age	Social Security Number
---------------	-----	------------------------

Address

City	State	Zip Code
------	-------	----------

Phone Number:

Other names, such as a maiden name, former married name, or nickname.

Names and birthdates of your children and children who lived with you:

All previous addresses at which you have resided (minimum City & State):



Please release the following information to myself or the business or organization listed above (Check all that apply). This Authorization is valid for a period of 6 months from the date of the signature:.

Nebraska Child Abuse and Neglect Central Registry (CAN Registry)

1. Whether or not I am listed on the CAN Registry, and the following information regarding that listing:
- a. Date of the alleged child abuse or neglect; and
  - b. The classification of the case pursuant to Neb. Rev. Stat. 28-720. (i.e., Agency Substantiated or Court Substantiated).

Nebraska Adult Protective Services Registry (APS Registry)

1. Whether or not I am listed on the APS Registry, and the following information regarding that listing:
- a. Date of the alleged adult abuse or neglect; and
  - b. The classification of the case pursuant to Neb. Rev. Stat. 28-376. (i.e., Agency Substantiated or Court Substantiated).

Signature of Individual/Guardian \_\_\_\_\_

Date \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

Printed Name of Individual/Guardian \_\_\_\_\_

\*Affix Official Notary seal here\*

\_\_\_\_\_  
Notary Public

Instructions: Mail completed form to :

DHHS Accounting  
P.O. Box 94906  
Lincoln, NE 68509

Amount: \$2.50 Per Release Form whether both Central Registries are marked or only one

Payment: Only Check or Money Order accepted. No cash. Make checks payable to "Department of Health and Human Services"

Note: If your Release Form is sent back as Incomplete, another payment of \$2.50 is required





# NEBRASKA STATE PATROL

## Criminal History Record Request

### 1. Purpose of form

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 \$15.50 fee for this service. This fee is accepted as cash, check or money order. Make check or money order payable to Nebraska State Patrol.

**Certification/Notarization of record by the Nebraska State Patrol must be specifically requested.**

Check "yes" to request certification/notarization. \_\_\_\_\_ Yes

For questions, call the Criminal identification Division at 402-479-4971.

**Requests can also be made online at ne.gov/go/cbg. Online requests can be paid with a credit or debit card.**

### 2. Request Information

Date of Request:		
This request is on (Check one):	<input type="checkbox"/> Yourself	<input type="checkbox"/> Someone else
		Reason for request:

### 3. Person of Interest (Person on whom the background check will be complete)

Please provide as much information as possible. **First & Last Names and Date of Birth (DOB) are required fields.**

First Name:	Middle Name:	Last Name:	
DOB:	Place of birth:	Race:	Gender:
Current Street Address:		City, State, Zip code:	
ALIAS/AKA: List any other names used: maiden/married/adopted/nicknames/short names, etc			
Social Security Number:	<i>This request will not be denied for refusal to provide a social security number, but the criminal history check may take longer without the number, which will be used only for the purpose of confirming identity during the criminal history check.</i>		
Phone #:	Fax #:		

### 4. Individual or agency requesting/receiving the background check (Only if different than section 2)

Agency/Company Name:	
Individual Name:	
Mailing Address:	City, State, Zip code:
Phone #:	Fax #:
<b>Results will be sent by fax or mail. For security reasons we are unable to send results by email.</b>	

**Mail completed form with payment to:** Nebraska State Patrol, Criminal Identification Division  
PO Box 94907  
Lincoln, NE 68509-4907

\_\_\_\_\_  
*Signature of Requester (individual or agency)*

### 5. Notarized Release (Optional)

Portions of the criminal history record may be redacted in accordance with Nebraska Revised Statute §29-3523. If you would like a full release of the criminal history record, the person of interest (from section 3) must sign this form before a notary public. If this form is NOT notarized, a public record will be released to you. See §29-3523 for the difference between a *public* and *full release* criminal history record.

I consent to the disclosure and copying of any Record of Arrest and Prosecution to the person or entity listed above in Section 4.

State of \_\_\_\_\_ )  
  ) ss  
County of \_\_\_\_\_ )

\_\_\_\_\_  
*Signature of Person of Interest from Section 3*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public*