

Ownership Information: List all officers, directors, partners, members, and all owners with 20% or more interest in the Applicant.

Name	Title	Ownership %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment Information of Applicant

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: _____

*Include a list of hourly wages for all new jobs proposed.

If jobs would be lost without loan approval, total number of FTE jobs **Retained**: _____

What is the average wage for FTEs? _____

Duration of commitment to maintain jobs in the community: _____ years

Miscellaneous Information

Have you ever declared bankruptcy? Yes No. If yes, Bankruptcy Chapter _____
Case # _____ Date of Deposition/Discharge _____

Are there any unsatisfied judgments against you? Yes No. If yes, give details
Amount per month _____ To whom _____

Have you ever defaulted on any previous loan? Yes No. If yes, give details:

Are you a party to a lawsuit? Yes No. If yes, give details:

B. Project Information

Uses of Funds:	Loan Funds Requested	Total Project Cost
Land Acquisition	_____	_____
Building Acquisition	_____	_____
Renovation	_____	_____
New Facility Construction	_____	_____
Acquisition of Machinery/Equip	_____	_____
Acquisition of Furniture/Fixtures	_____	_____
Working Capital (Incl Inventory)	_____	_____
Other (Specify) _____	_____	_____
Total:	_____	_____

Please identify any gaps in financing:

C. Sources of Funds

Note: *Public sources of financing require the participation of a Bank and/or an injection of equity (non-debt) funds.*

Participating Lender Information:

Name of Lending Institution: _____

Address: _____

Contact Person: _____ Phone (____) _____

Loan Amount: \$ _____ Loan Term: (Yrs) _____

Interest Rate: _____ % _____ Variable _____ Fixed

Collateral Required: _____ Equity Required: _____

Equity Information:

Amount available from business or owners for investment: \$ _____

Source of owner's equity into project: _____

Project Location:

____ Within the City Limits of Milford

____ Outside of City Limits, but within the Zoning Jurisdiction of Milford

____ Unincorporated Area within Seward County

D. Attach the following items:

- (1) Brief description of the Applicant's history.
- (2) Brief description of the proposed project that satisfies the goals and intentions of the Milford Economic Development Program. Has any part of this project started? __Y __N
- (3) Description of impact of project on Applicant and Project Location.
- (4) List of key management and employees and experience and skills related to the project.
- (5) Indemnification Agreement.
- (6) All other documents requested on the Application Checklist.

Once all documents have been received, the City of Milford staff will review the application to determine if it meets the Milford Nebraska Economic Development Program Loan eligibility requirements. If eligible, a meeting will be scheduled with you. **Please note, eligibility does not mean the City of Milford will approve the application and that Applicant will be entitled to funds.**

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.

Dated: _____

Signature of Applicant's Authorized Representative: _____

Title: _____