

BUSINESS SUBSIDY APPLICATION
Houston County

TYPE OF SUBSIDY: _____ **Date:** _____

Loan: _____ Tax Abatement: _____ Tax Increment Financing(TIF): _____

Request: \$ _____ Total Project: \$ _____ Parcel#: _____

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Person: _____ Phone: _____

Type of Business: Sole Proprietor _____ Partnership _____ Corporation _____

Nature of Business: _____ Date Established: _____ SIC Code: _____

Employer's Federal Identification Number: _____

Employer's State Identification Number: _____

Name of Owner #1:

_____ Percentage Owned: _____%

Home

Address: _____

City, _____

State, Zip: _____

Home Phone: _____

Name of Owner #2:

_____ Percentage Owned: _____%

Home

Address: _____

City, _____

State, Zip: _____

Home Phone: _____

Professional Services / References

Name of Bank: _____

Bank Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Person: _____ Account#: _____

Name of Attorney: _____

Attorney Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name of Accountant: _____

Accountant Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

General Description of Principal Business or Product

Annual Sales:

Present: \$ _____

Future: \$ _____

General Description of Proposed Project, Building and Site

(Attach site and building plans)

Building size: _____ Materials: _____

Estimated Market Value upon completion (land & improvements): \$ _____

Expected Start Date: _____ Expected Completion Date: _____

Other Potential Use(s) of Proposed Facility: _____

Potential to Attract other Related Business / Industry: _____

Current and Projected Employment

<u>Type of Employment</u>	<u>Existing Jobs</u>	<u>Employment Projections</u>	
		<u>First Year</u>	<u>Second Year</u>
Professional/Managerial/Technical Wage Rate: _____	____ FT ____ PT	____ FT ____	____ FT ____ PT
Skilled Wage Rate: _____	____ FT ____ PT	____ FT ____	____ FT ____ PT
Semi-skilled/Unskilled Wage Rate: _____	____ FT ____ PT	____ FT ____	____ FT ____ PT
TOTALS:	____ FT ____ PT	____ FT ____	____ FT ____ PT

Public Benefit

State how the project will benefit the community and impact the local tax base:

Declarations:

- A. Have there ever been judgments or injunctions against the company or owners? Yes___ No___
- B. Is there any pending, anticipated or final regulatory or legal (civil or criminal) litigation involving the business, principals, officers, or shareholders? (If Yes, Explain.) Yes___ No___
- C. Has the company, or the owners of the company, ever filed bankruptcy? Yes___ No___
- D. Has the company, or the owners ever been or currently are delinquent on State or Federal taxes? Yes___ No___
- E. Has the company or the owners ever defaulted on any loan commitment, development or redevelopment agreement, or other business subsidy? Yes___ No___
- F. Note any potential conflicts that may be encountered should a business subsidy be approved:

SOURCES & USES OF FUNDS

			<u>BANK</u>	<u>EQUITY</u>	<u>Other</u>	<u>CITY-_____</u>		<u>TOTAL</u>
PROPERTY ACQUISITION								
IMPROVE/RENOVATE EXISTING BUILDING								
NEW CONSTRUCTION								
PURCHASE / REPAIR MACHINERY / EQUIPMENT								
INVENTORY								
WORKING CAPITAL								
PROFESSIONAL FEES								
OTHER / CONTINGENCIES								
TOTAL PROJECT:								
			<u>BANK</u>	<u>EQUITY</u>	<u>Other</u>	<u>CITY-_____</u>		<u>TOTAL</u>
SOURCE AMOUNTS								
% PROJECT COST			_____ %	_____ %	_____ %	_____ %	_____ %	
TERM YEARS								
INTEREST RATE			_____ %		_____ %	_____ %	_____ %	
MONTHLY DEBT SERVICE								
LIEN POSITION			1st					
Status of Financing Source:			Secured					
(Note if secured or pending)								