This institution is an Equal Opportunity Provider and Employer Knox County, Nebraska Application for Business Loan Funds

PART I.

City	-	State	Z	
Contact Person:	Telephone No)	FAX	X No
Business Classification:	☐ Manufacturing ☐ Research and Development		using and Distribution trative Management Head	
Business Organization:	☐ Proprietorship ☐ Partnership ☐	Corporation Other		
Business Type:	☐ Start-up (0-2 yrs old) ☐ Existing If existing, years			
Federal ID #:		DUNS#		
NAICS Code:			П	
Does the Company have If Yes, Identify Name:	a Parent or Subsidiaries?	□ yes	по	
Does the Company have If Yes, Identify Name: Address:	a Parent or Subsidiaries?	,	— 119	
Does the Company have If Yes, Identify Name: Address: City	a Parent or Subsidiaries?	State		Zip
Does the Company have If Yes, Identify Name: Address: City Ownership Identification more of the stock. Under Black or African America Ethnicity Code, a "Y" if the stock of the stock o	a Parent or Subsidiaries?	State Iners, owner, co-o Prican Indian/Alas ther Pacific Island r Latino or an "N	wners and all stockholder kan Native; a "2" if Asia der; a "5" if White. Enter	rs with 20% in; a "3" if r under
Does the Company have If Yes, Identify Name: Address: City Ownership Identification more of the stock. Under Black or African America Ethnicity Code, a "Y" if the stock of the stock o	a Parent or Subsidiaries? on: List all officers, directors, part r Race Code, enter a "1" if an Ame an; a "4" if Native Hawaiian or Ot the person identified is Hispanic of a that number/letter if the individual contents.	State Iners, owner, co-o Prican Indian/Alas ther Pacific Island r Latino or an "N	wners and all stockholder kan Native; a "2" if Asia der; a "5" if White. Enter	rs with 20% in; a "3" if r under spanic or No

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Personnel: (Full-Time-Equivalent, FTE is based upon 2,080 hours per year.) Existing Number of Full Time Equivalent Positions: Full-Time-Equivalent Positions to be **Created** within 18 months of Application Approval: Total Number of Seasonal Full-Time-Equivalent Jobs Created (i.e. Jobs which will be available for at least 3 continuous months and recur annually):_____ If Jobs Would Be Lost Without Loan Approval, Total Number of Full-Time-Equivalent Jobs Retained: В. **Project Information USES OF FUNDS: Total Project Cost Knox CountyFunds Requested** Land Acquisition **Building Acquisition** Renovation **New Facility Construction** Acquisition of Machinery/Equipment Acquisition of Furniture/Fixtures Working Capital (Includes Inventory) Other (Specify)_____ **Total:** 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) _ 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 (Name of City) Population of City _____ Outside of City Limits, but within the Zoning Jurisdiction of (Name of City) Population of City ☐ Unincorporated Area (Name of County)____

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Personal Financial Statement: Complete the Attached Personal Financial Statement Form for Each Person Owning 20% or More of the Business.

D. A	TTACH THE FOLLOWING:
(1) Business Plan
	3-year historical balance sheets and operating statements. Current statements less than 90 days old. (Existing Businesses Only)
(3	Personal Financial Statement for each person owning 20% or more of the business (See attached form 3245-0188)
(4	Personal Tax returns for the past 2 years for each person owning 20% or more of the business.
(5	A letter of rejection from your bank or a letter from the bank requesting County participation with the proposed project
(6	6)
	7) Assistance Agreement
	3)
(9	Exhibit "A" Memorandum
meets the scheduled presented further as The above you evalua	documents have been received, NENEDD staff will review the application to determine if it eligibility requirements to be considered by the loan committee. If eligible, a meeting will be d with you and the items on the Full Application Checklist will be requested. If the loan will be d to the RLF Loan Board, a 1% loan processing fee will be collected. If we are not able to provide sistance, your processing fee will not be collected. In information is accurate to the best of my knowledge and belief. The above information is provided to help the the feasibility of obtaining public financial assistance. It is further understood that the submission of this not constitute a formal loan application and that the form will be used for analysis and assessment purposes
Dated:	Signature:
□ I hav	we received a copy of the Knox County's Guidelines and Procedures.

PERSONAL FINANCIAL STATEMENT As of _____

Complete this form if: 1) a sole proprietorship by the proprietor; 2) a partnership by each partner; 3) a corporation by each officer and each stockholder with 20% or more ownership; 4) any other person or entity providing a guaranty on the loan.

Residence Phone

Name

Residence Address						
City	State			Zip	Code	
Business Name of App	olicant/Borrower					
ASSETS				LIABILIT	IES	
		nit Cents)				(Omit Cents)
Cash on hand & in Bar	nks \$			Accounts F		\$
Savings Account	\$				able (to Bk & Others	
Mutual funds	\$				Describe in Section 2)	\$
Accounts & Notes Rec					t Account (Auto)	\$
(Describe in S	Section 6) \$				Io. Payments \$	
$Life\ Insurance-Cash$				Installment	t Account (Other)	\$
Surrender Val	lue Only \$			M	lo. Payments \$	
Stocks and Bonds				Loans on L	Life Insurance	\$
(Describe in S	Section 3) \$			Mortgages	on Real Estate	
Real Estate				(Γ	Describe in Section 4)	\$
(Describe in S	Section 4) \$			Unpaid Tax	xes	
Automobile - Present V	Value \$				Describe in Section 7)	\$
Other Personal Propert	ty			Other Liab	ilities	
(Describe in S	Section 5) \$			(Describe in Section 8) \$		\$
Other Assets						
(Describe in S	Section 6) \$			Total Liabi	ilities	\$
				Net Worth		\$
Total	\$			To	otal	\$
Section 1. Source of I	ncome			Contingent	Liabilities	
Salary	\$			As Endorse	er or Co-Maker	\$
Net Investment Income	e \$			Legal Claims & Judgments		\$
Real Estate Income	\$			Provision f	for Fed Income Tax	\$
Other Income (Describ	be) \$			Other Spec	ial Debt	\$
Description of Items L	isted in Section 1	l:				
*(Alimony or child sup	oport payments n	eed not be disclo	sed in "	Other Incom	ne" unless it is desired	to have such payments
counted toward total in						1 7
Section 2. Notes Paya	•	Others				
Name & Address of	Original	Current	Pa	ayment	Terms	How Secured or Endorsed
Noteholder	Balance	Balance		mount	(Monthly - etc.)	- Type of Collateral

Section 3. Stocks and B	onds:	(Use separat	e shee	t if neces	ssary)						
No. of Shares	No. of Shares Names of Securities		ities	Cost				rket Value		Date	
							Quotat	tion/Exchange	An	nount	
Section 4. Real Estate C	wned	(eets if necessa	ry. Each shee	t must be	
Address - Type of prop	ertv	<i>identifie</i> Title is in		<i>supplen</i> Oate	nent to this sta Original		ent and sig Present	gned). Mortgage	Amount of	Status of	
Address - Type of prop	City	name of		chased	Cost		Value	Balance	Payment	Mortgage	
Section 5. Other Person	al Pro										
		атош	nt of m	iortgage	, terms of pay	ment	, and if de	elinquent, desc	ribe delinquer	icy.)	
Section 6. Other Assets	Notes	e & Accounts	Dagais	oble (1	Dagariha)						
Section 6. Other Assets	TVOICE	s & Accounts	RCCCIV	auic. (1	<i>Jescribe</i>						
Section 7. Unpaid Taxe	s. (De	escribe in deta	iil. as i	to tvne. 1	o whom pava	ble. v	vhen due.	amount, and v	vhat. if anv. ni	roperty the	
1		lien attaches.		- VI -, -	· · · · · · · · · · · · · · · · · · ·	,	,		, , , , , , , , , , , , , , , , , , ,	· · · · · ·	
Section 8. Other Liabili	ties. (Describe in d	etail.)								
Castian O. Life Ingumen	sa IIal	d (Cinafaaa		~~~	of maliains w	~~~	of common	un and hanafa	ianiaa)		
Section 9. Life Insurance	е пен	d. (Give jace	vaiue	amouni	oj policies - n	ame (oj compai	ny ana venejici	aries.)		
Knox County is authorize	zed to	make all inqu	iries de	eemed n	ecessary to ve	-rify 1	the accura	acy of the state	ments made h	erein and to	
determine my/our credit			11105 4	oomoa n	cocasary to ve		ine accure	acy of the state	inomo mado n	orom una to	
(I) (W-)4: f- 411		1 41	4	4	: 41 1 411	1 1		. 4	44.44	-£()	
(I) or (We) certify the ab (our) financial condition					in the schedul	ies ne	erem are a	i true and accu	rate statement	or (my) or	
Signature				Sign	ature				Date		
5											
Social Security Number				Soci	al Security Nu	umbe	·r				
Social Security Indilloct				5001	ar becarity IN	umot	'1				

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y of, by and between the Knox
ter Nebraska (hereinafter referred to as the
(hereinafter referred to as the "Client").

WHEREAS, Client has requested the County to investigate the feasibility of obtaining a County Loan in connection with the financing of a project to be undertaken by Client all as more particularly set forth on Exhibit "A" which is attached hereto and incorporated herein by this reference as is fully set forth herein, (hereinafter referred to as the Project").

NOW, THEREFORE, in consideration of the mutual covenants set forth herein, the parties hereto do hereby agree as follows, to-wit:

- 1. County agrees to work with the Client to investigate the feasibility of obtaining financing through a County Loan for the Project. County will investigate the financial condition of Client and determine whether or not a County Loan Application is appropriate. County will seek to obtain a County Loan for the Client if the County determines, in its sole discretion, that, to-wit:
- a. Client is within the County's eligibility criteria and the Project is likely to be approved by the County's Supervisors for a County Loan, and;
 - b. All other elements of the Project can be financed and /or paid for through the infusion of equity capital by the Client.
- 2. If County determines, in its sole discretion, that the Client is eligible for a County Loan, then, and in such event, County will advise and consult with the Client in the preparation by the Client for a complete set of Loan documents together with supporting exhibits, for the purpose of making applications for a Loan (hereinafter referred to as the "Loan Package"). The Loan Package shall be for the sole benefit of the Client, provided however, that such Loan Package shall be used by the County in connection with the Application for a County Loan on behalf of the Client, provided, however, that the Loan Package may be used by the Client in seeking financial assistance or guarantees from other governmental agencies and/or private lenders.
- 3. The Client agrees to pay a loan-packaging fee at the time the application is submitted equaling \$1,000 or 1% of the request, whichever is less minimum fee of \$200.00. This fee will be used to reimburse County for all out-of-pocket expenses incurred in researching, preparing and submitting the Loan Package for a County loan. If the loan request is denied, County reserves the right to reimburse a portion of the fee if it exceeds the costs of actual incurred costs of the loan-packaging.
- 4. Client hereby acknowledges that the Client is charged with the actual responsibility of preparing the Loan Package, and that the County's sole responsibility in connection with the preparation of the Loan Package shall be to consult with and advise the Client. The Client further acknowledges that the Client will be required to promptly and accurately supply financial information concerning the Project, the operation of Project, together with the manner, method and terms of financing the Project. Client further specifically acknowledges and agrees that the obtaining of a County Loan, or any other financing is dependent upon many factors that the County cannot control, including but not limited to economic factors, the decisions of Executive Committee of the County, and the decisions of other financial institutions; accordingly, the County does not guarantee that the Client will obtain financing for the Project. Client hereby covenants and agrees that County shall not be responsible, in any manner, or liable to the Client or any other person in the event that the Client is unable to obtain a County Loan for the Project, or any other type of financing for the Project, whether from the County or any other governmental or public source, or from any private financing sources. Client also further covenants and agrees that the County shall not be liable for any of the debts or obligations incurred in and for the assistance of benefit of the Client. Client further agrees that Client will hold the County harmless, and pay all costs and expenses, including attorney's fees, in the event that any claim is made or lawsuit is filed by or against the

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County arising out of any transaction with or assistance to the Client which may in any way be connected with the Agreement.

5. If the Client is successful in obtaining a County Loan, the Client agrees to pay to the County a Loan Processing Fee of one percent (1%) (minimum \$200.00) of the net Loan proceeds received by Client, less the previously paid deposit set forth in paragraph 3. The Loan Processing Fee shall be due and payable upon issuance of the Loan proceeds.

In addition to the above and foregoing fee, the Client further agrees to pay to the NENEDD an annual servicing fee of one-half percent (1/2%) of the declining loan balance on the Note, which shall be paid on an annual basis for the term of the loan to be issued by the County pursuant to the terms and provisions of the County Loan.

In addition to the above and foregoing fees, the Client hereby specifically covenants and agrees to pay all costs of closing the County Loan, and all related transactions, including, but not limited to, all costs of title insurance, abstracting, recording fees, survey costs, inspections, environmental assessment, and NENEDD legal fees. Client and County mutually acknowledge that the NENEDD attorneys are required to charge on an hourly rate basis. NENEDD hereby states that its attorneys charge at the rate of \$119.00 per hour for lawyer's time. It is estimated that the average fees will be \$250.00, but individual County Loans may vary, depending upon the complexity of the transactions, and the problems that develop in connection with the application of the County Loan, the processing and closing of such Loan.

- 6. Client acknowledges understanding that County Loans contain a prepayment penalty if pre-payment occurs within two years of the loan closing date. The prepayment penalty is ten percent (10%) of the outstanding balance as stated in the original closing Loan Amortization Schedule for the date of such full prepayment.
- 7. Client acknowledges receipt of a copy of the Memorandum which is attached hereto as Exhibit "A" and incorporated herein by this reference as if fully set forth, said Memorandum setting forth an approximation of the Net Loan Proceeds which would be received by Client in connection with the sale of a \$_____ Loan by the County through the Revolving Fund program, exclusive of the fees and costs set forth in the third paragraph of paragraph 5 of this Agreement.
- 8. Client acknowledges that if loan proceeds are utilized for construction, that Davis-Bacon wage rates apply to all contractors retained for the project.
- 9. Client acknowledges that County will require an authorization from client to have loan payments be automatically withdrawn from client's bank account electronically on the 1st of each month and the annual service fee will be automatically withdrawn from the client's bank account electronically on the anniversary date of the County loan if the client is successful in obtaining a County loan.

IN WITNESS WHEREOF, the parties hereto have affixed or caused to be duly affixed hereto there seals, this	executed, caused to be duly executed this Agreement, and have is day of,
CLIENT	KNOX COUNTY
BY:	BY: MAYOR

INDEMNIFICATION AGREEMENT

	THIS AGREEMENT made and en	tered into on	, 20	between the Knox		
Count	y (County) (Indemnitee) its successor	ors and assigns and _				
of	(Indemnito	er) at		<u>.</u>		
	In consideration of the loan made b	oy County for \$	on	for the purpose		
of		, to Inde	nnitor, does here	by agree that:		
	During the useful life of the project, which is years from the above date, it will indemnify and hold harmless the Indemnitee from any liabilities, losses, damages, suites, judgments, counsel fees, and costs arising out of cleanup activities under the Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. 9601-9675 (CERCLA); the Resource Conservation and Recovery Act (RCRA), 42 U.S.C. 2601-2671, or related hazardous substances laws, including, but not limited to groundwater, surface, soil or other conditions caused directly or indirectly by Indemnitor or any of its predecessor on the property described in Attachment A hereto.					
	INDEMNITEE:	KNOX COUNT (COUNTY)	Y			
		By:				
Date		<u>Mayor</u> Title				
	IND	EMNITOR:				
		By:				
Date		 Title				

EXHIBIT "A" MEMORANDUM

TO:				
FROM:	K1	nox County ("County")		
RE:	Co	ounty Revolving Loan Fund		
DATE:				
TO BE, N FEES, C	and fe NOR E OSTS	Following is an approximation of the expenses of the loan es of the County. THIS IS AN APPROXIMATION ON DOESN'T PURPORT TO BE, A FULL AND COMPLE AND EXPENSES THAT WILL BE INCURRED IN COUNTY LOAN THROUGH THE COUNTY.	LY A	AND IS NOT INTENDED DISCLOSURE OF ALL
II.	PRIC	CING A COUNTY LOAN		
	A)	Determine Net Loan Proceeds	\$	
	B)	Calculate COUNTY Loan Processing Fee (1% of Amount A above or minimum amount of \$200.	\$ 00)	
	C)	Closing Costs a) Attorney fees b) Title insurance c) Abstracting d) Environmental Assessment e) Filing fees f) Survey g) Insurance h) Taxes i) Assessments j) Appraisal k) Inspections l) Other	\$	250.00
	D)	Balance to Borrower	\$	
	E)	Amount of Loan	\$	
		CLIENT		
		By		

United States Citizenship Attestation Form

For the purpose of con	aplying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:					
☐ I am a citizen	of the United States.					
	— OR —					
and alien num	I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:, and I agree to provide a copy of my USCIS documentation upon request.					
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.						
PRINT NAME	(first, middle, last)					
SIGNATURE						
DATE						

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Credit History Search Authorization

By signing this agreement, I hereby give full authorization to the Northeast Nebraska Economic Development District (NENEDD), to perform a credit history search on my past and current credit history. Also, I hereby give full authorization to NENEDD to utilize the information that I have supplied on this form for the purpose of performing a credit history search.

Applicants Full Name:			
Date:			
dba:			
Address:			
City:	State:	Zip Code:	
Telephone:			
FAX:			
E-mail:			
Social Security #:			
Fed I.D. #:			
Date of Birth:			
Employment:			
(Include address)			
Applicant Signature:		Date:	