

**City of Richmond, Minnesota**

**Universal Business Assistance Application**

Business Name: _____ Business Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Daytime Phone: _____ Email: _____	<p align="center"><i>For office use only:</i></p> Application # _____ Date Received _____ Application Fee Paid _____ Zoning Designation _____
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**Assistance Requested**

**CITY PROGRAMS:** *(Availability depends upon either annual allocation or Loan Fund Balance)*

\_\_\_\_\_ Enhancement Program (max \$5,000)    \_\_\_\_\_ Revolving Loan (max \$50,000)

**OTHER:**    \_\_\_\_\_ Tax Increment    \_\_\_\_\_ Tax Abatement    \_\_\_\_\_ Other (please specify)

Amount of assistance requested: \$ \_\_\_\_\_ (if known)

Projected start date: \_\_\_\_\_    Projected completion date: \_\_\_\_\_

- 1. Attach a description of the proposed project.**
- 2. Attach a letter with a description of why the assistance is needed, please be specific and indicate how the assistance or lack of assistance would impact your plans.**

**Project Information**

Estimated Costs (please itemize)	Financing Sources (please itemize)
Land Acquisition                    \$ _____	Private Equity                        \$ _____
Site Improvements/Parking        \$ _____	Bank Financing                        \$ _____
Utilities                                \$ _____	Other:
Building Improvements            \$ _____	_____ \$ _____
Machinery, Equipment, FF&E       \$ _____	_____ \$ _____
Working Capital                      \$ _____	_____ \$ _____
Total Costs                            \$ _____	Total Funds                            \$ _____

Project Site: Parcel #'s: \_\_\_\_\_ *Please attach a legal description of the property.*

\_\_\_\_\_ Own    \_\_\_\_\_ Lease    \_\_\_\_\_ Other, explain:

If the assistance is for a building project:

Estimated value *after* project completion:                    \$ \_\_\_\_\_

Size of Building \_\_\_\_\_ sq. ft.                                    Building Type \_\_\_\_\_

Function of Building: \_\_\_\_\_

*Provide a sketch plan and/or site plan for the project.*

## Public Purpose and Job Creation Information

What benefits will the City and its residents gain if assistance is provided?

Job Creation     
  Job Retention     
  Job Training     
  Land Clean Up  
 Tax Base     
  Removal of Blight     
  Redevelopment     
  Other(please list)

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If job creation is part of your proposal please list:

# of full-time jobs created      \_\_\_\_\_     
 # of part-time jobs created      \_\_\_\_\_  
 Average full-time salary      \$ \_\_\_\_\_     
 Average part-time salary      \$ \_\_\_\_\_

### Banker's Information

Name of Bank: \_\_\_\_\_      Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_      Phone Number: \_\_\_\_\_

### Ownership/Company Information

Type of company (corporation, etc): \_\_\_\_\_

Owner(s) name(s): \_\_\_\_\_      Address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_      Is there a parent company? \_\_\_\_\_

*If there is a parent company, please describe the relationship in detail.*

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Has the business, owners or parent company ever declared bankruptcy? No \_\_\_\_\_ Yes \_\_\_\_\_

*If yes is checked, you must include information about the bankruptcy.*

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Has your business or parent company received a business subsidy, for this or any other project, from another Minnesota unit of government during the past 5 years?

Yes \_\_\_\_\_ No: \_\_\_\_\_

*If yes is checked, please attach a description of the subsidy and by whom it was provided.*

**Please include a letter, addressed to the Council, addressing the need for financial assistance and the viability of the project without the assistance.**

Revolving Loan Applications should include the following in order to be a complete application:

1. Business Plan
2. Purpose and Source of funding for Total Project
3. Balance Sheet and/or 3 Year Projections
4. Full-time Equivalent Worksheet Profit and Loss
5. Cashflow Statement and/or or 3 Year Projections
6. Personal Financial Statement
7. Letter of Acceptance/Rejection from Financial Institution or lender

This application must be accompanied by a \$ \_\_\_\_\_ application fee, as prescribed by the City Council annually adopted fee schedule. Depending upon the type of assistance requested, you may also be required to provide the City with a deposit to cover administration and consulting expenses associated with your project. Unused funds will be returned upon completion of this process. The applicant agrees to provide additional information if requested by the City. The applicant certifies that the above is true and correct. If any information is found incorrect or misleading, the application fee shall be forfeited and funding may be repayable early.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Applicant      Title      Date

**NOTICES TO APPLICANTS**

**PRIVATE INFORMATION:** The information requested in this application is classified as private data under the Minnesota Data Practices Act unless otherwise specified below. Under the provisions of this Act, we are hereby notifying you that:

1. This information is being collected in order to determine if you qualify for assistance under the Richmond EDA business assistance programs.
2. You are not legally required to provide the information which is requested in this application and you may refuse to do so. If you do provide the information which is requested, the EDA will be able to determine your eligibility for assistance. If you do not provide the information, the EDA will not be able to determine your eligibility and you will not receive program assistance.
3. You have the right to see, receive copies of, and challenge the accuracy and completeness of any and all information relating to you which the EDA has on file relating to your application.
4. To determine your eligibility for assistance, or to deliver such assistance, information relating to your application may be made available to the EDA, and other sources of assistance which, with your permission, may be involved in the financing of enhancements for your building.
5. As enacted by the Minnesota State Legislature in 2003: The names and addresses of applicants for and recipients of benefits, aid, or assistance through programs administered by any political subdivision, state agency, or statewide system that are intended to assist with the purchase, rehabilitation, or other purposes related to real property are classified as public data on individuals. If an applicant or recipient is a corporation, the names and addresses of the officers of the corporation are public data on individuals. If an applicant or recipient is a partnership, the names and addresses of the partners are public data on individuals. The amount or value of benefits, aid, or assistance received is public data.

**DO NOT BEGIN WORK AT THIS TIME:** Submitting this application does not mean that you are approved for assistance. The application collects much of the information we need in order to determine if you are eligible. No work can begin until you are approved in writing and other program conditions have been met.

**FALSE STATEMENTS:** Any person who knowingly makes a false statement or misrepresentation in connection with this application shall be subject to a fine or imprisonment under provisions of the Minnesota Criminal Code, under provisions of the United States Criminal Code, and/or may be required to return all or part of the assistance.

**Acknowledgements:**

1. I understand that I am not approved for assistance simply because I have submitted this application and that if I begin work or enter into any agreements for work on my building at this time; I am doing so without expectation of funding.
2. I certify that under penalty of law, the information provided in this application is true and correct to the best of my knowledge, and that I have read, understand, and agree to the terms as presented herein.

**AUTHORIZATION FOR INFORMATION:** I hereby authorize and give permission to any person, corporation, society, organization, government agency or department, bank, insurance company or agency, or financial institution to disclose to the Richmond EDA any and all information which they may request concerning my application for assistance under the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*Return this Application To:*  
Richmond EDA  
P.O. Box 400, Richmond, MN 56368  
Phone: 320-597-2075  
Email: administrator@ci.richmond.mn.us

**JOB CREATION/RETENTION WORKSHEET**

**Required for Assistance Requests in excess of \$**

Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Use this worksheet to provide employee information. The example below will assist you in completing the full-time equivalent portion of the worksheet.

1. Number of current full-time employees: \_\_\_\_\_ Number of current full-time equivalents: \_\_\_\_\_
2. Number of new full-time employees: \_\_\_\_\_ Number of new full-time equivalents: \_\_\_\_\_
3. Total Full-Time equivalent Employees: \_\_\_\_\_

Part-Time Employees:	Total Hours Worked
	+
	+
	+
	+
	+
	+
	+
	+
	+
Total hours worked:	=
Divided by:	2080
= Full Time Equivalents	=

Example:

Employee #1 worked	960 hours/year
Employee #2 worked	520 hours/year
Employee #3 worked	800 hours/year
	= 2,280 Total Part-time Hours
Divided by	2080 work hours in a year
	= 1.1 Full time Equivalent Jobs

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Required for Revolving Loan Fund (RLF) Applications**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I (We) hereby supplement the RLF Loan Application of \_\_, 20 \_\_\_\_, and agree as follows:

1. The Richmond Economic Development Authority (Lender) is authorized to make credit checks or inquiries concerning my (our) creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, any matters relating to assets, liabilities, and references on said application and support information, any subsequent application and support information; or any loan servicing request or action on any loan resulting from said applications;
  
2. Creditors, including but not limited to credit reporting agencies, state and national banks, Federal Land Banks, Production Credit Associations, the Farmers Home Administration and others, are hereby authorized to disclose to Lender any information relative to any of my (our) loans, accounts, purchases, other financial transactions, production or marketing information or other pertinent information, whether past, present, or future, with said creditors;
  
3. Lender is authorized to share with credit reporting agencies and creditors doing business, or who may do business with me (us), information regarding this extension of credit, any subsequent transactions or loan servicing actions resulting from any extension of credit, and my (our) general credit history;
  
4. Photocopies of this authorization may be presented to and relied upon by my (our) creditors and others as evidence of my (our) authorization to release information to the Lender.

\_\_\_\_\_

Applicant      Date

\_\_\_\_\_

Applicant      Date