

The Lomita Job Creation and Business Incentive Loan Program (JCBI) is designed to assist local businesses and create jobs. The City of Lomita through the use of its Community Development Block Grant (CDBG) will make loans available to businesses creating permanent jobs. The jobs must be permanent full-time (FTE) made available to low income households. While it is a loan program, the loan may be forgiven if the applicant has maintained compliance with the Program Guidelines during the one-year loan term.

Return completed application and documents to Daniella Knighton, Administrative Analyst 24300 Narbonne Avenue. If there are any questions, please email [d.knighton@lomitacity.com](mailto:d.knighton@lomitacity.com).

Note: Applicant(s) name(s) must be consistent throughout the loan package and exactly as filed on the Fictitious Trade Style or as filed on the Articles of Incorporation.

Applicant Name(s): \_\_\_\_\_  
\_\_\_\_\_

Date Complete Application Received by City: \_\_\_\_\_

**To complete the application, please also provide the following:**

- Letter of introduction with request for funds
- The Attached Job Creation and Business Incentive Program Application
- Complete Business Plan
- Copies of the Applicable Licenses and Permits (Fictitious Name Certification (filing and proof of publication), Articles of Incorporation or Partnership Agreement, Limited Liability Company Article of Incorporation N/A for sole proprietorship), Document which specifies what person/s in a corporation or partnership is authorized to sign documents and assume debt on behalf of the business (N/A for sole proprietorship)
- Fiscal year end business financial statements for prior two years (N/A for start-ups)
- Personal and Business tax returns for the prior two years to include all supporting schedules and statements (if available)
- Copy of property lease agreement (if applicable)
- Proof of project financing funds

**APPLICANT**

FULL LEGAL NAME OF COMPANY BORROWER:	TAX ID NUMBER OR SSN _____	TELEPHONE	
	DUNS No: _____	BUSINESS: _____	
		CELL: _____	
		HOME: _____	
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
BILLING ADDRESS (IF DIFFERENT FROM ABOVE):	CITY:	STATE:	ZIP CODE:
PROPOSED BUSINESS ADDRESS:	CITY:	STATE:	ZIP CODE:
EMAIL ADDRESS:			
NATURE OF BUSINESS:			
NUMBER OF EMPLOYEES, INCLUDING OWNER:			
TYPE OF ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> SUBCHAPTER "S" CORPORATION			

**COMPANY OWNERSHIP** (list below all owners, principals and officers)

NAME	TITLE	% OF OWNERSHIP

**AFFILIATES** (List below all business concerns in which the applicant company or any of the individuals listed in the ownership section above have any ownership. Attach current financial statements.)

COMPANY NAME	OWNER (Applicant Company or Individuals)	% OF OWNERSHIP

**PROJECTED COSTS**

USE OF PROCEEDS: (Enter Dollar Amounts)	COSTS	SOURCE OF APPLICANT’S EQUITY INJECTION
Land Acquisition		
New Construction/Expansion/Repair		
Acquisition and/or Repair of Machinery and Equipment		
Inventory Purchase		
Working Capital (Including Loan Fees)		
Acquisition of Existing Business		FUNDS OBTAINED FROM OTHER FUNDING SOURCES ARE WHAT PERCENTAGE OF PROJECTED COSTS?
TOTAL PROJECTED COSTS		<u>NON-CITY LOAN AMOUNT</u> TOTAL PROJECTED COSTS = %
Minus Equity Injection		EQUITY IS WHAT PERCENTAGE OF PROJECTED COSTS?
MINUS OTHER FUNDING SOURCES		<u>EQUITY</u> TOTAL PROJECTED COSTS = %
TOTAL LOAN REQUESTED		REQUESTED LOAN IS WHAT PERCENTAGE OF PROJECTED COSTS?
		<u>REQUESTED CITY LOAN</u> TOTAL PROJECTED COSTS = %

**LEASE INFORMATION**

DO YOU HAVE A LEASE FOR THE PROPERTY YOUR BUSINESS NOW OCCUPIES?		<input type="checkbox"/> YES <input type="checkbox"/> NO
MONTHLY RENTAL	YEARS REMAINING ON LEASE	RENEWAL OPTION <input type="checkbox"/> YES <input type="checkbox"/> NO

**MISCELLANEOUS — If answered “yes”, provide detail. Attach separate sheet if necessary.)**

HAS YOUR BUSINESS EVER FILED BANKRUPTCY OR DEFAULTED ON ANY DEBTS?	<input type="checkbox"/> N/A – NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS YOUR BUSINESS EVER FILED BANKRUPTCY OR DEFAULTED ON ANY DEBTS?	<input type="checkbox"/> N/A – NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES YOUR BUSINESS USE OR STORE ANY HAZARDOUS MATERIALS, OR PRODUCE TOXIC WASTE? (IF A NEW BUSINESS, IS THERE INTENT FOR THE AFOREMENTIONED?)		<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE BUSINESS A PARTY TO ANY CLAIM OR LAWSUIT?		<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE BUSINESS OWE ANY TAXES FOR YEARS PRIOR TO THE CURRENT YEAR?		<input type="checkbox"/> YES <input type="checkbox"/> NO

My signature (on this application) certifies the above statements are true and complete. I authorize the City of Lomita to verify or check any of the information given, including credit references and employment and to obtain credit reports (including my spouse’s if I live in a community property state). I authorize the City of Lomita to provide credit information about me and my account to others.

I also agree to reimburse the City for its expenses incurred in connection with any credit commitment. These expenses include without limitation the City of Lomita’s appraisal, environmental services and legal costs and are payable even though the extension of credit may not be consummated.

\_\_\_\_\_ Authorized signature

\_\_\_\_\_ Authorized signature

\_\_\_\_\_ Print Name, Title

\_\_\_\_\_ Print Name, Title

\_\_\_\_\_ Soc Sec or Tax ID No. \_\_\_\_\_ Date

\_\_\_\_\_ Soc Sec or Tax ID No. \_\_\_\_\_ Date

**Fair Credit Notice:**

The Federal Equal Opportunity Act prohibits creditors from discriminating against applications on the basis of race, color, religion, national origin, sex, marital, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

**DATA UNIVERSAL NUMBER SYSTEM (DUNS)**

A DUNS number is required for receipt or renewal of a Federal grant. All recipients of federal money, whether loans/grant or income (contract work) are required to have a DUNS number. If business does not have a DUNS number, a free DUNS number can be obtained by calling Dunn & Bradstreet at 1-866-705-5711 (toll free) or through their website [http://www.dnb.com/US/duns\\_update/index.html](http://www.dnb.com/US/duns_update/index.html).

Business Name: \_\_\_\_\_

DUNS Number: \_\_\_\_\_

Is business new or existing?                       New                       Existing

If business is existing, is it relocating?                       N/A                       Yes                       No

**PROPERTY OWNER'S AUTHORIZATION AND ACKNOWLEDGMENT**

I, \_\_\_\_\_ understand that a leaseholder of my property located at \_\_\_\_\_ is applying for a Job Creation and Business Incentive Program Loan through the City of Lomita.

I understand and agree that the City of Lomita assumes no responsibility or liability to me or any other party for any action or failure of the applicant/participant, of any contractor or other third party, and that the City will in no way guarantee any work to be done or material to be supplied.

I assure the City that the leaseholder(s) may continue to rent and occupy my property for at least 12 months after the date of application for this program, or through project completion, whichever is greater, assuming all rents are paid and all other terms of the Applicants Lease Agreement with me are met. I am aware of and understand that my leasehold will be a requirement to stay in business at the location for a fixed period of time according to the Guidelines.

I have received and reviewed the application submitted by my tenant. I agree to permit the proposed improvements to my property. I understand that I am not financially responsible to complete these improvements. (If applicable, please initial: \_\_\_\_\_ )

**ACKNOWLEDGMENT AND AGREEMENT**

**I/we have read the above statements and acknowledge that they are true and complete to the best of my knowledge. I/we have no objection to- the applicant pursuing the proposed improvement project and I/we agree to be bound to the terms of this agreement and the Program Guidelines.**

Property Owner Name Printed	Signature	Date

(if more than one):

Property Owner Name Printed	Signature	Date

**COMPLIANCE WITH NATIONAL OBJECTIVE**

1. Compliance with CDBG National Objective:

Project must meet the national objective of benefitting low income persons so that those new jobs created will go to low-moderate income persons.

2. Description of Public Benefits

- Existing Jobs: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
- Permanent, full-time jobs to be created by project: \_\_\_\_\_
- Permanent, part-time jobs in full-time equivalent to be created by the project: \_\_\_\_\_

3. Have any costs been incurred prior to such approval?             Yes                             No

If yes, Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

It is hereby represented and certified that to the best knowledge and belief of the undersigned that the information contained herein and attached hereto is accurate and correct and truly descriptive of the project and the applicant and any guarantor or other proposed project user.

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**PROJECT FINANCING IDENTIFICATION AND USE OF LOAN PROCEEDS**

Project cost \$ \_\_\_\_\_

Please provide documentation of application and award of funding reported below.

Project Financing	Amount	Percent Project Costs	Annual Debt Service	Maturity	Interest Rate
1. CDBG share of project cost	\$		\$		
2. Private Sector Financial institution	\$		\$		
Other (Identify)  If you are an existing business, input any existing loan information here. Attach additional sheets if necessary.	\$		\$		
Total Private Sector Financing	\$		\$		
3. Equity Injection	\$		\$		
4. TOTAL PROJECT FINANCING	\$		\$		

State the project’s overall objective, including a brief history of operations to date:

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*\* Include with application packet proof of project funds and 3 months bank statements.*

**Identify all entities participating with the financing of the project.**

**A. Financial Institution (s)**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**B. Other Local, State or Federal Funding Sources:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**C. Sources of Equity/Investment Capital**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_



**REQUESTED FUNDING INFORMATION**

Total amount of funding requested \$ \_\_\_\_\_

Date funds are needed \_\_\_\_\_

Explain specifically how the funds will be used. Attach supporting documentation if applicable (receipts, estimates, etc).

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## Financial Statement Form

Financial Statement of			
LEGAL NAME OF BUSINESS			
ADDRESS	CITY	STATE	ZIP
TAX TO NUMBER	TYPE OF BUSINESS		
TELEPHONE	DATE SUBMITTED		

Balance Sheet as of \_\_\_\_\_ 20\_\_\_\_  
Month                      Year

ASSETS		LIABILITIES	
Cash	\$	Accounts Payable	\$
Marketable Securities		Notes Payable	
Accounts Receivable		Current Portion Long Term Debt	
Inventory		Accruals	
Prepaid Expenses		Taxes Payable	
Other Current Assets		Other Current Liabilities	
Total Current Assets		Total Current Liabilities	
Land and Building		Long Term Debt	
Machinery and Equipment		Other Liabilities	
Leasehold Improvements		Total Liabilities	
Other Fixed Assets		Capital Stock	
Less Accumulated Depreciation		Paid in Capital	
Net Fixed Assets		Retained Earnings	
Other Assets		Total Equity	
TOTAL ASSETS		TOTAL LIABILITY & EQUITY	

Income Statement for the Period from \_\_\_\_\_  
Month                      Date                      Month                      Date

Authorized Signature \_\_\_\_\_                      Date \_\_\_\_\_

**Personal Financial Statement (for Each Owner)**

As of \_\_\_\_\_, 20\_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(OMIT CENTS)	MONTHLY LIABILITIES	(OMIT CENTS)
Cash on Hand and in Bank	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others (Describe in Section 2)	\$ _____
IRA or Other Retirement Account	\$ _____	Installment Account (Auto) \$ _____	
Accounts and Notes Receivable	\$ _____	Mo. Payments \$ _____	
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$ _____	Installment Account (Other) \$ _____	
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
Real Estate	\$ _____	Loan on Life Insurance	\$ _____
Other Personal Property and Assets Please describe on a separate sheet of paper	\$ _____	Mo. Rent or Mortgages on Real Estate (Describe Real Estate in Section 4)	\$ _____
Total	\$ _____	Unpaid Taxes (Describe in Section 6)	\$ _____
		Other Liabilities (Describe in Section 7)	\$ _____
		Total Liabilities	\$ _____
		Net Worth	\$ _____
		Total	\$ _____

SECTION 1. Source of Income - Monthly	Contingent Liabilities - Monthly
Salary	\$ _____
Net Investment Income	\$ _____
Real Estate Income	\$ _____
Other Income (Describe Below)*	\$ _____
	As Endorser or Co-Maker
	\$ _____
	Legal Claims & Judgments
	\$ _____
	Provision for Federal Income Tax
	\$ _____
	Other Special Debt
	\$ _____

**DESCRIPTION OF OTHER INCOME IN SECTION 1**

\_\_\_\_\_

\_\_\_\_\_

**\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.**

**SECTION 2. Notes Payable to Bank and Others** (Use attachments if necessary. Each attachment must be identified as part of this statement and signed)

Name and Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral

**Business Data and History**

(Use separate attachments to answer questions if necessary)

Company Name \_\_\_\_\_

Nature of business \_\_\_\_\_

Types of products/services \_\_\_\_\_

Customer profile \_\_\_\_\_

Competitive Advertisements \_\_\_\_\_

Major Supplies \_\_\_\_\_

Geographical Sales Area \_\_\_\_\_

Future plans growth/expansion \_\_\_\_\_

How will this loan benefit your company? \_\_\_\_\_

Will the funding of the loan create new employment opportunities? \_\_\_\_\_

If so, state how \_\_\_\_\_

**Personal Resume (for Each Owner/Manager)**

Name: \_\_\_\_\_

**PERSONAL DATA:**

Residence: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**EMPLOYMENT HISTORY: (List Current or Last Employment First)**

From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Position & Description of Duties: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Position & Description of Duties: \_\_\_\_\_

\_\_\_\_\_

**OTHER PERTINENT INFORMATION:**

\_\_\_\_\_

\_\_\_\_\_

**Year to Year Projection**

Company Name: \_\_\_\_\_

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

For the Years of ____ to ____	Current Applicable to Existing Businesses only	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	TOTALS
Gross Sales or Receipts				
CDBG Loan Amount				
Less Cost of Goods Sold				
Gross Profit				
Expenses				
Advertising				
Rent or Mortgage Pymt				
Utilities				
Insurance				
Taxes & Licenses				
Accounting & Legal				
Travel & Auto				
Repairs & Maintenance				
Salaries Paid to Others				
Salaries Paid to Officers				
Supplies				
Interest Expense				
Depreciation				
Other				
Other				
Other				
Total Expenses				
Net Profit (Sub Total)				
Less Debt Service				
Less Owner Withdrawals				
Net Profit				