CITY OF LOMITA

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 Juan Ibarra, Administrative Analyst 24300 Narbonne Avenue. If there are any questions, please email j.ibarra@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.

Applic	ant Name(s):
Date (Complete Application Received by City:
Το coι	mplete 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

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FULL LEGAL NAME OF COMPANY BORROWER:	TAX ID NUMBER OR SSN	TELEPHONE	
		BUSINESS:	
	DUNS No:	CELL:	
		Номе:	
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: 2 CORPORATION 2 PARTNE	RSHIP 2 SOLE PROPRIETORS	SHIP 2 SUBCHAPT	ER "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		FUNDS OBTAINED FROM OTHER FUNDING SOURCES ARE WHAT PERCENTAGE OF PROJECTED COSTS?
Working Capital (Including Loan Fees)		
Acquisition of Existing Business		NON-CITY LOAN AMOUNT TOTAL PROJECTED COSTS = %
TOTAL PROJECTED COSTS		
Minus Equity Injection		EQUITY IS WHAT PERCENTAGE OF PROJECTED COSTS?
MINUS OTHER FUNDING SOURCES		EQUITY TOTAL PROJECTED COSTS = %
TOTAL LOAN REQUESTED		TOTAL PROJECTED COSTS = % REQUESTED LOAN IS WHAT PERCENTAGE OF PROJECTED COSTS?
		REQUESTED CITY LOAN
		TOTAL PROJECTED COSTS = %

LEASE INFORMATION

DO YOU HAVE A LEASE FOR THE PROPERTY YOUR	??? YES ??? NO			
MONTHLY RENTAL	YEARS REMAINING ON LEASE	RENEWAL OPTION	??? YES	?? NO

MISCELLANEOUS — If answered "yes", provide detail. Attach separate sheet if necessary.)

HAS YOUR BUSINESS EVER FILED BANKRUPTCY OR DEFAULTED ON ANY DEBTS?	② N/A − NEW BUSINESS	?? YES ?? NO
HAS YOUR BUSINESS EVER FILED BANKRUPTCY OR DEFAULTED ON ANY DEBTS?	② N/A − NEW BUSINESS	?? YES ?? NO
DOES YOUR BUSINESS USE OR STORE ANY HAZARDOUS MATERIALS, OR PRODUCE TOXIC WASTE? (IF A NEW BUSINESS, IS THERE INTENT FOR THE AFOREM	ientioned?)	? YES ?? NO
IS THE BUSINESS A PARTY TO ANY CLAIM OR LAWSUIT?		? YES ??? NO
DOES THE BUSINESS OWE ANY TAXES FOR YEARS PRIOR TO THE CURRENT YEAR?		? YES ?? 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.

Business Name:			
DUNS Number:			
Is business new or existing?	2 New	2 Existing	
If business is existing, is it relocating?	② N/A	② Yes	₫ No

PROPERTY OWNER'S AUTHORIZATION AND ACKNOWLEDGMENT

l,	understand th	nat a leaseholder of my
property located at		
is applying for a Job Creation and Bus	siness Incentive Program Loan	through the City of Lomita.
I understand and agree that the Citany other party for any action or fail third party, and that the City will in supplied.	ure of the applicant/participar	nt, of any contractor or other
I assure the City that the leaseholder least 12 months after the date of appropriate whichever is greater, assuming all represents with me are met. I am requirement to stay in business at Guidelines.	oplication for this program, or ents are paid and all other te n aware of and understand t	through project completion, erms of the Applicants Lease that my leasehold will be a
I have received and reviewed the a proposed improvements to my proposed complete these improvements. (If a	perty. I understand that I am i	not financially responsible to
ACKNOW	VLEDGMENT AND AGREEMEN	т
I/we have read the above statementhe best of my knowledge. I/we hat improvement project and I/we agr Program Guidelines.	ve no objection to- the appli	cant pursuing the proposed
Property Owner Name Printed	Signature	Date
(if more than one):	-	
Property Owner Name Printed	Signature	Date

COMPLIANCE WITH NATIONAL OBJECTIVE

1. <u>Compliance with CDBG Nature</u> Project must meet the national jobs created will go to low-modern to the compliance with CDBG Nature in the compliance with	al objective of benefitting low i	ncome persons so th	าat those new
 Permanent, full-time journal 	efits le: Part-time: obs to be created by project: jobs in full-time equivalent to b		oject:
	red prior to such approval?		
If yes, Please describe:			
CERTIFICATION It is hereby represented and c	ertified that to the best knowle	edge and belief of th	e undersigned
that the information containe	d herein and attached hereto is the applicant and any guaranto	s accurate and corre	ct and truly
Applicant:	Applican	t:	
Title:	Title:		
Data	Data		

PROJECT FINANCING IDENTIFICATION AND USE OF LOAN PROCEEDS

roject Financing	Amount	Percent Project Costs	Annual Debt Service	Maturity	Interest Rat
. CDBG share of project cost	\$		\$		
. 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 o	bjective, inclu	uding a brief history	y of operations to	o date:	

^{*} Include with application packet proof of project funds and 3 months bank statements.

A. Financial Institution (s)

Identify all entities participating with the financing of the project.

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 Source	es:		
Name:			Name:		
Address:			Address:		
City	State	Zip	City	State	Zip
Contact Person: _			Contact Person:		
Title:			Title:		
Telephone:			Telephone:		
Email:			Email:		
C. Sources of I	Equity/Investmen	t Capital			
Name:			Name:		
Address:			Address:		
City	State	Zip	City	State	Zip
Contact Person: _			Contact Person:		
Title:			Title:		
Telephone:			Telephone:		

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).

Financial Statement Form

Financial Statement of							
LEGAL NAME OF BUSINESS							
ADDRESS	CITY		STATE ZIP				
TAX TO NUMBER		TYPE OF	TYPE OF BUSINESS				
TELEPHONE		DATE SU	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	Income Statement for the Period from						
Authorized Signature			Date				

Personal Financial	Statement	t (for Ea	ach	Owner)	As of	_, 20
Complete this form for: (1) each proprietor, stockholder owning 20% or more of voting sloan.	or (2) each limited	partner wh	o own:	s 20% or more inter	rest and each genera	l partner, or (3) each
an. Business Phone						
Residence Address Residence Phone						
City, State, & Zip Code						
Business Name of Applicant/Borrower						
ASSETS	(OMIT CENTS)			МО	NTHLY LIABILITIES	(OMIT CENTS)
Cash on Hand and in Bank	\$		Acc	ounts Payable		\$
Savings Accounts	\$		Not	es Payable to Banks	s and Others	\$
IRA or Other Retirement Account	\$			(Describe in Section	n 2)	
Accounts and Notes Receivable	\$		Installment Account (Auto) \$ Mo. Payments \$			
Life Insurance-Cash Surrender Value Only	\$					
(Complete Section 8)			Installment Account (Other)\$			
Stocks and Bonds	\$			Mo. Payments	\$	<u> </u>
Real Estate	\$		Loa	n on Life Insurance		\$
Other Personal Property and Assets Please describe on a separate sheet of pape	\$ \$ r		Мо	Rent or Mortgages (Describe Real Esta		\$
Total	\$			oaid Taxes (Describe in Section	n 6)	\$
				er Liabilities (Describe in Section	n 7)	\$
			Tota	al Liabilities		\$
			Net	Worth		\$
					Total	\$
SECTION 1. Source of Income - Monthly			Con	tingent Liabilities -	Monthly	
Salary	\$		As Endorser or Co-Maker		\$	
Net Investment Income	\$		Legal Claims & Judgments		\$	
Real Estate Income	• ————		Provision for Federal Income Tax		\$	
Other Income (Describe Below)*	\$		Oth	er Special Debt		\$
DESCRIPTION OF OTHER INCOME IN SECTION 1			<u> </u>			
*Alimony or child support payments need income.	d not be disclosed	in "Other	ncom	e" unless it is desi	red to have such pa	ayments counted toward total
SECTION 2. Notes Payable to Bank and	Others				f necessary. Each	attachment must be identified
Name and Address of Note holder(s)	Original	as part of th	- 1	ement and signed) Payment	Frequency	How Secured or Endorsed
Hame and Address of Note Holder(s)	Balance	Balanc		Amount	(Monthly, etc.)	Type of Collateral
		1			1	

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 empl	oyment opportunities?
If so, state how	

Personal Resume (for Each Owner/Manager)

PERSONAL DATA:			
Residence:		City:	
	Zip:		
EMPLOYMENT HISTO	DRY: (List Current or Last	Employment First)	
From: To:	: Name	of Company:	
Address:			
_			
From: To:		of Company:	
Position & Descriptio	n of Duties:		
OTHER PERTINENT IN	JEORMATION:		

Other

Total Expenses

Net Profit (Sub Total)

Less Debt Service

Less Owner Withdrawals

Net Profit

Year to Year Projection

Company Name:				
Signature:				
For the Years of to	Current Applicable to Existing Businesses only	1 st Year	2 nd 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				