

Business Assistance Application City of Ottertail



Business Name: _____ Business Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Daytime Phone: _____ E-Mail: _____	<i>For office use only</i> Application # _____ Date Received _____ Development District _____ Finance District _____ Application Fee Paid _____
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Type of assistance requested (if known):
 Tax Increment Tax Abatement Low Interest Loan Other (please specify)

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

Projected start date: _____ Projected completion date: _____

Project Information

> Please attach a description of the proposed project
 > Please attach a description of why the assistance is needed be specific

Estimated Costs (please itemize)	Financing Sources (please itemize)
Acquisition \$ _____	Equity \$ _____
Demolition \$ _____	Bank Loan \$ _____
Site Improvements \$ _____	Other _____
New Construction \$ _____	_____ \$ _____
Machinery/Equipment \$ _____	_____ \$ _____
Working Capital \$ _____	_____ \$ _____
Signage/Landscaping \$ _____	_____ \$ _____
Other (describe in Project Description) \$ _____	_____ \$ _____
TOTAL COSTS \$ _____	TOTAL FUNDS \$ _____

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

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 this project.

Public Purpose and Job Creation Information

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

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

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

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

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?

No _____ Yes _____

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

This application must be accompanied by a \$_____ application fee. 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.

Applicant

Title

Date