

APPLICATION FOR ECONOMIC DEVELOPMENT ASSISTANCE



Date of Application ____/____/____

Company Information

Name of Business _____

Physical Address _____

Mailing Address _____

Business Phone # _____

Email Address _____

Fax Number _____

Name Owner _____

Personal Phone & Cell# _____

Drivers License # _____

Federal tax ID or SS# _____

Employee Identification# _____

Sales Tax ID# _____

Type of Business _____

Type on Entity _____

Corporation Partnership Sole Proprietorship

Number of Employees (Including owner) Full time Hourly wage Part-time Hourly wage

Type of financial Assistance

Business Retention \$ _____

Business Relocation \$ _____

Building Improvements \$ _____ (must be the owner of property and there must NOT be any tax liens against property)

Interest Rate Buy down \$ _____

New Job Creation \$ _____

Total Requesting \$ _____

Use of Grant

Land Acquisition _____
Purchase remodel Bldg _____
Purchase equipment _____
Start-up inventory _____
Other _____

Will need documentation, receipts

List Three Professional References including addresses and phone numbers

Description of Business

Market Area

Describe the impact this project may create

Have you consulted with Small Business Administration _____

Have you visited financing agencies _____

Name of Agency _____
Original Amount _____
Date of Request _____
Outstanding Balance _____
Monthly Payments _____
Maturity Date _____
Status(current or delinquent) _____

How much of your own money will you invest in the business? Include documentation _____

****Please note MEDC cannot be the sole source of capital for your start up business or expansion project**

Amount of real property added to tax rolls? _____

Estimated sales tax to be generated? _____

Annual Operating Budget? _____

Will this project affect existing businesses? _____

Growth expectations? _____

What infrastructure construction will be required _____

Type of jobs created? Full time _____ Part time _____

Items to include with application

1. Business plan
2. Copies of Federal Tax Identification Numbers/Copy of State Sales Tax Permit
3. Copies of all required permits and licenses
4. Copies of all required insurances

Will you collect and pay sales taxes Yes _____ No _____

If Yes Copies of Sales tax Returns must be provided for the term of the contract

Copies of the 941 for employees must be provided for the term of the contract.

Agreement: I hereby certify that to the best of my knowledge, all information submitted in the above application for the Economic Development incentives is correct and accurate. I understand that by completing this application, I am making a formal request to receive an economic development incentive or grant for our company that is contingent based upon acceptance/approval of the 4B Board. I understand that the grant money is paid 60 days after approval. I also understand that the approval process takes a minimum of 60 days and that it is my responsibility to ensure that our projects meet all city ordinances and or requirements.

Print Name _____

Signature _____ Date: _____/_____/_____

Return the Application and all materials to:

**MEDC
Box 320
216 East 6th
McCamey, TX 79752**

432-652-8008

Office use only	Date grant was awarded _____
Amount Awarded _____	Date contract was signed _____
Grant Completion date _____	Comments _____

Requirements for businesses:

- The State of Texas requires permit to do business in Texas
- The City of McCamey requires Permit for the following
 - Building projects
- The Federal Government requires an Employer Identification Number (EIN)