

# BUSINESS APPLICATION FOR STAR FUNDING

## APPLICANT INFORMATION

Name of Applicant:

Phone:

Cell:

E-mail:

Address:

City:

State:

ZIP Code:

Mailing Address:

City:

State:

ZIP Code:

## BUSINESS, GROUP OR HOME OWNER INFORMATION

Name of Business, Group or Home Owner

Location of Business or Home

City:

State:

ZIP Code:

Phone:

Cell:

E-mail:

Is this a NEW or EXISTING Business or Home:

Number of Full Time Jobs Created:

Number of Full Time Jobs Retained:

Number of Part Time Jobs Created:

Number of Part Time Jobs Retained:

How will the project impact Lisbon's Economic Growth or Increase the Tax Base:

Estimated annual sales tax generated:

Estimated annual payroll increase:

## FUNDING INFORMATION

Type of Funding Requesting:

**Grant:** \_\_\_\_\_

**0% Interest Loan:** \_\_\_\_\_

Amount of funding request in ZERO % Loan:

\_\_\_\_\_ \$5,000 @ 1 Year/Monthly Payments \$450  
\_\_\_\_\_ \$10,000 @ 2 Year Monthly Payments \$450  
\_\_\_\_\_ \$20,000 @ 3year/Monthly Payments \$575

Amount of funding requested in Grant: \$ \_\_\_\_\_

Have you investigated other funding alternatives:

Yes

No

If yes what other Sources:

Appropriation of funds: Check the categories that apply and enter amount of funds that will be used for that purpose: Operating, Inventory, and Payroll expenses are **NOT** eligible.

	Capital Improvement	\$
	New Facility	\$
	New Equipment	\$
	Other:	\$
	Explain:	\$

Post project review requested	<b>Yes</b>	<b>No</b>	Target Date
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**As of January 1, 2018 only projects/events that have not been completed will be accepted. Please attach copy of business plan with North Dakota Small Business Development Center. All business utilities bills and property taxes must be up to date before funding will approved.**

**REQUESTED FUNDS MUST BE USED FOR THE ABOVE STATED PURPOSE; ANY DEVIATION FROM THIS MAY RESULT IN RECOVER OF FUNDS**

Other information that may help the committee act on your request

<b>APPLICANTS SIGNATURE</b>	<b>DATE</b>
<b>STAR USE ONLY</b>	
REJECTED OR APPROVED	Reason if rejected

# ***STAR***

## Committee

- The ***STAR*** committee is comprised of volunteers who are responsible for redistribution of city sales tax dollars to local businesses or non-profit groups.
- The sole purpose and goal of this redistribution is to **promote economic growth and development** in the community.
- The following application is to help the committee determine whether the funding request meets that purpose and goal.
- As of January 1, 2018 only applications for projects/events that have not been completed will be accepted.
- Please fill out the application and return to the Economic Development Director in the city office. Please include your Business Plan thru the North Dakota Small Business Development Center. If you have additional questions, please feel free to call the Economic Development Director at 701-683-4140.
- STAR meets the third Monday of each month. Submissions are required to be turned in by the previous Friday for review.

### **STAR Committee Members**

Bonnie Mattson - Chairman

Ben Gemar – Council Representative

Kristina Dick – Economic Development Director

Tara Gillespie

Lee Falk

Amber Lyons

Eric Overn

Hannah Sagvold

# ***STAR***

## Committee

To ensure your application is reviewed in a timely manner please make sure your application has the following information attached.

- \_\_\_\_\_ Business Loan Application
- \_\_\_\_\_ Business Plan with NDSBDC
- \_\_\_\_\_ Business Projections with assumptions
- \_\_\_\_\_ Business Financial Statements- (Existing Business)  
(Profit/Loss & Balance sheet for the past two fiscal years)
- \_\_\_\_\_ Interim Financial Statements  
(for most recent month end)
- \_\_\_\_\_ Organizational Papers (Articles, dba papers etc)
- \_\_\_\_\_ Other Fund Sources
- \_\_\_\_\_ Estimated Cost of Project

Please turn in all supporting documentation to the Economic Development Coordinator at City Hall or email to:

[Kristina@cityoflisbon.net](mailto:Kristina@cityoflisbon.net)