

Downtown Moberly CID Financial Assistance Application

Complete the following application and attach this application to your business plan, the checklist for the business plan is attached. Return the application and two (2) copies of your plan to:

Moberly Area EDC
115 N Williams
Moberly, MO 65270

Applicant Company Name: _____

FEIN _____ **Corporation:** Y/N (circle one)

If yes does the company have permission from the board to request this assistance? Y/N¹

Contact Person: _____

Daytime Phone Number: _____

E-mail: _____

Contact Mailing Address: _____

Purpose of Request _____

Business Location & or Legal Description _____

Year Business Established: _____

Requested Project Assistance: (circle one of the following)

Sales Tax Rebate **Property Tax Rebate**

Completed Grow Mid-Missouri Program: ___ Yes ___ No

Provide Completed Business Plan/Financial Projections: ___ Yes ___ No

Provide Business/Personal Tax Returns (3 yrs.): ___ Yes ___ No

Total Number of Jobs to be Created: _____ Full-time _____ Part-time

¹ All Corporations are required a letter signed by an officer of the corporation to make application.
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Estimated Total Annual Payroll to be Created: _____

Total Amount Requested from the Downtown Moberly CID: _____

Proposed Use for Funds Requested: _____

Company: _____

By: _____

Name: _____

Title: _____