

**Downtown Moberly CID Leasing 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/N<sup>1</sup>

**Contact Person:** \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Contact Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Purpose of Request** \_\_\_\_\_

\_\_\_\_\_

**Business Location & or Legal Description** \_\_\_\_\_

\_\_\_\_\_

**Landlord Name and Contact Information:** \_\_\_\_\_

\_\_\_\_\_

**Year Business Established:** \_\_\_\_\_

**Requested Project Assistance: Rent Buy Down Program**

**Completed Grow Mid-Missouri Program:** \_\_\_ Yes \_\_\_ No

**Provide Completed Business Plan/Financial Projections:** \_\_\_ Yes \_\_\_ No

**Provide Business/Personal Tax Returns (3 yrs.):** \_\_\_ Yes \_\_\_ No

\_\_\_\_\_

<sup>1</sup> All Corporations are required a letter signed by an officer of the corporation to make application.  
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**Provide Copy of Executed Lease (min 6 mos. Term):** \_\_\_ Yes \_\_\_ No

**Total Number of Jobs to be Created:** \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

**Estimated Total Annual Payroll to be Created:** \_\_\_\_\_

**Total Amount Requested from the Downtown Moberly CID:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_