

# City of Hearne Economic & Community Development Business Assistance Incentive Application

2025

## CERTIFICATION OF APPLICATION – APPLICANT BUSINESS

### Authorized Business Representative (Applicant)

First Name:	Last Name:	Title:
Organization Name:	Doing Business As (DBA):	
Street Address:	Mailing Address:	
City:	State:	Zip:
Phone Number: (xxx) xxx -xxxx	Cell Number: (xxx) xxx -xxxx	
Email:	Website:	
<b>Background Check Information</b>		
Driver License Number:	State:	Social Security Number:
Last Previous Street Address:		
City:	State:	
Zip:	County:	
Previous States Resided in last 3 years:		

### Authorized Consultant Representative *Enter "N/A" if not applicable.*

The following consultant is authorized to provide and obtain information related to this application.

First Name:	Last name:	Phone #:
Email:	Company:	

To the best of my knowledge and belief, the information contained in this City of Hearne Economic & Community Development Corporation (HEDC/HCDC) Business Assistance Incentive Application is true and correct, as evidenced by my signature below. I further certify that the business entity is in good standing under the laws of the state in which the entity was organized and that no delinquent taxes are owed to any taxing entity. I authorize the HEDC/HCDC to complete background and credit checks. Should this project be approved, the HEDC/HCDC requires (in addition to the application), a Performance Agreement between the HEDC/HCDC and the recipient of incentives. The Performance Agreement will outline project costs, timelines, and other information as may be necessary to carry out the project in an efficient manner and will include any claw back or forfeit provisions. Application approval by the HEDC/HCDC Board is required prior to the start of any of the project work. Incentives are awarded as budgeted funds are available and in compliance with State Economic Development Corporations rules. By signing below, the applicant, current business property owner(s) understand and agree to the terms and requirements listed in the application as well as any supporting documentation provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Applicant)

Given under my hand and seal of office this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

Notary Public, State of Texas

(Notary Seal)

Commission expire date \_\_\_\_\_

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## BUSINESS APPLICANT INFORMATION

Is the Applicant registered with the Texas Secretary of State to do business in Texas? (If "No", enter N/A for this section)

List exact legal name registered in Texas:

Street Address:

City:

State:

Zip:

Texas Secretary of State File Number or Texas Taxpayer Number:

(Enter "N/A" if not registered for a number)

This 11-digit number is issued to an individual/entity by the Texas Comptroller of Public Accounts.

Employer Identification # (EIN):

(Enter "N/A" if you are self-employed and do not have employees)

The Employer Identification Number (EIN), also known as the Federal Employer Identification Number (FEIN) or the Federal Tax Identification Number, is a unique 9-digit number assigned by the Internal Revenue Service (IRS) to business entities operating in the United States for the purposes of identification.

Business Credit Rating:

Business Credit Rating Source:

NAICS Code:

Service/Product Produced:

<https://www.census.gov/eos/www/naics/>

Structure of Applicant (private, public, LLP, LLC):

# Years in business:

# Employees:

Most recent annual net income \$:

Most recent annual sales \$:

CEO/ President Name:

Evidence of good standing under the laws of the state in which the business was formed or organized is required.

Attach a Certificate of Status issued by the Texas Secretary of State, or the equivalent document issued by the state official having custody of the records pertaining to entities formed under the laws of that state.

N/A if not applicable \_\_\_\_\_

**Note:** To search an entity's Franchise Tax Account Status, visit the website of the Texas Comptroller of Public Accounts (CPA) at <https://ourcpa.cpa.state.tx.us/coa/Index.html>. To resolve any issues regarding a company's status with the Texas CPA, contact the CPA's Franchise Tax Division at (512) 463-4402.

Attached Certificate of Formation: ☐ Yes ☐ No State of Incorporation \_\_\_\_\_ N/A if not incorporated: \_\_\_\_\_

Attach By-laws and/or Operating Agreement

Disclose and attach an explanation of any tax-related forfeiture. N/A if not applicable \_\_\_\_\_

List any person or entity that has at least 5% ownership in the Applicant Company (Enter N/A if does not apply):

Name	Percent Ownership

## PROJECT SUMMARY

Enter N/A if any of the fields below do not apply

Construction Begin Date:	Construction Complete Date:
Fully Operational Date:	Purchase Machinery & Equipment Date:
Hiring New Employees Begin Date:	
Physical location of proposed site (address or intersection):	
Primary Contractor Name:	
Contractor Address:	Contractor Phone Number:

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Attach a list of permits and inspections and related fees:

- Any local, state, or federal permits that will be, or have been acquired, including the corresponding fees paid, issuing agency and the expected date of receipt, enter N/A if not applicable\_\_\_\_\_
- Any local, state, or federal surveys or inspections that will be, or have been acquired, including the corresponding fees paid, issuing agency and the expected date of receipt, enter N/A if not applicable\_\_\_\_\_

## COMPANY FINANCIAL DATA

Enter N/A if any of the fields below do not apply

### Committed Funding

Project is fully funded, or financing is secured ☐ Yes ☐ No

Attach detailed funding plan - Proof of committed funding may be required

Business Participation \$:	Financial Institution(s) \$:
State Participation \$:	Business Assistance Incentive Program\$:_____ Source: HEARNE EDC
Federal Participation \$:	Total \$:

Attach three consecutive years of financial data in the form of audited financial statements containing, at a minimum, the following categories:

Current assets	Inventories	Total Assets
Current Liabilities	Total Liabilities	Total Equity
Net Income	Revenue	Cost of Goods Sold / Sales
Current Accounts Receivable		

**Note:** Audited financial statements are required from the Applicant Business. If financial statements are provided from the parent entity or individual, the parent or individual will be required to guarantee any economic development grant contract with the HEDC/HCDC, should one result from this application. If this is a startup company, the applicant must provide a feasible business plan and three consecutive years of personal tax returns.

## CAPITAL INVESTMENT, JOB CREATION & INVESTMENT SCHEDULE

Enter N/A if any of the fields below do not apply

**Projected Capital Investment** consists of the items that the Company may capture as a capital investment on its financial reports, and includes, but is not limited to fixed assets, real property, and business personal property. Operational lease payments do not qualify as capital investment. Improvements made by landlords or investments made by developers do not qualify as capital investment. Local incentives, including land or building donations, should not be included as capital investment by the applicant.

Will the Applicant Company own the facility? ☐ Yes ☐ No If No, attach lease or relationship agreement

### Summary of Capital Investment

Land \$:	Building(s) \$:	Machinery & Equipment \$:	Working Capital \$:
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### Expected New Jobs Created

Total new and/or retained full time:	Total new and/or retained part time:	Total new and/or retained temp:
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Estimated annual average wage of new and/or retained jobs created \$\_\_\_\_\_

*Excludes benefits or bonuses*

A breakdown of the types of new and/or full-time jobs to be created by classification, title, and the salary may be requested. Any type of third-party employee, such as contract workers or temp-to-hire employees, will not qualify as created jobs and should not be included in this job creation schedule. If an incentive is awarded, new and/or jobs and annual average wages must be maintained throughout the term of the contract. Quarterly reports are required.

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Year	Existing Jobs	New Jobs	Total Jobs	Land	Building(s)	Machinery & Equipment	Total Investment
2024							
2025							
2026							
2027							
2028							
2029							
2030							
2031							
2032							
2033							

## CHECKLIST & REQUESTED ATTACHMENTS

City of Hearne Economic & Community Development Incentive Application Checklist	Check if Attached (Put N/A if not applicable)
Certification of application signed by Company (pg. 1)	
Evidence of good standing under the laws of the state in which the business was formed or organized. Certificate of Status, if formed in Texas.	
Certificate of Formation	
By-laws and/or Operating Agreement	
Explanation or disclosure of tax-related forfeitures	
List of permit, survey and inspection fees	
Funding plan details	
Three years of audited financial statements for applicant company or business plan and three years or personal tax returns	
Location lease or relationship agreement	
*Committed sources of funding	
*Breakdown of job creation	
*Other requested documentation	

“\*” Indicates additional documents required

## SUBMISSION INSTRUCTIONS

The application may be submitted in one of the following ways:

<b>Email:</b> hedctypeb@hotmail.com	
<b>Mail:</b>	<b>Drop off:</b>
City of Hearne Public Safety Building	City of Hearne Public Safety Building
Economic & Community Development	306 West Third Street
306 West Third Street	Hearne, TX 77859
Hearne, TX 77859	<b>Phone:</b> (979) 906-0521