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| **NIAGARA COUNTY DEVELOPMENT CORPORATION**  **APPLICATION FOR**  **Hospitality Emergency Loan Program**  **(HELP)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_  **(Applicant Name)**          6311 Inducon Corporate Drive, Suite One  Sanborn, New York 14132  Phone: 716-278-8760 Fax: 716-278-8769  <http://niagaracountybusiness.com>  **June 2020** |

1. Subject to the applicable statute, information provided by applicant will be treated as confidential until such time as the Niagara County Development Corporation (“NCDC”) takes action on the request. However, in accordance with Article 6 of the Public Officers Law, all records in possession of the NCDC are open to public inspection and copy.
2. The Niagara County Development Corporation has a five hundred dollar ($500.00) non-refundable application fee that must accompany the application submission**.**
3. At the time of the loan closing, project applicant is required to pay certain costs associated with the loan. The applicant shall be responsible for the payment of the NCDC counsel fee in the amount of one percent (1.00%) of the total value of the loan, together with various related costs.

**NIAGARA COUNTY**

*The Niagara County Development Corporation does not discriminate on the basis of race, color, religion, sex, sexual orientation, marital status, age, national origin, disability or status as a disabled or Vietnam Veteran or any other characteristic protected by law.*

6311 Inducon Corporate Drive ■ Sanborn, NY 14132-9099 ■ 716-278-8760

Fax 716-278-8769 ■ www.niagaracountybusiness.com

**DEVELOPMENT CORPORATION**

**APPLICATION FOR HELP LOAN**

I. **APPLICANT INFORMATION**

Company Name:

Mailing Address:

Phone:

Email: \_\_\_\_\_\_

Fed Id. No.:

Contact Person:

Principal Owners/Officers/Directors (list owners with 15% or more in equity holdings with percentage ownership):

Corporate Structure (*attach schematic if applicant is a subsidiary or otherwise affiliated with another entity*)

Form of Entity

**Corporation**

Date of Incorporation:

State of Incorporation:

**Partnership**

General or Limited

Number of general partners

If applicable, number of limited partners

Date of formation

Jurisdiction of Formation

**Limited Liability Company/Partnership** (number of members )

Date of organization:

State of Organization:

**Sole Proprietorship**

If a foreign organization, is the applicant authorized to do business in the State of New York?

**APPLICANT'S COUNSEL, IF ANY**

Name:

Address:

Phone:

Email: \_\_\_\_\_\_\_\_\_

II. **HOTEL INFORMATION**

A) Project Address:

Tax Map Number

(Section/Block/Lot)

Located in City of

Located in Town of

Located in Village of

School District of

B) Total Annual PILOT payments or property taxes:

2019 Town/City: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2019 County: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2019 School: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Provide receipts for each

C) The Applicant Hotel:

Year built

Number of rooms available for rent on June 1, 2020

G) *List any other COVID Emergency funds received by Company (Federal, State, Local, Other):*

|  |  |
| --- | --- |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| TOTAL PUBLIC FUNDS | $ |

III. REPRESENTATIONS BY THE APPLICANT

The Applicant understands and agrees with the NCDC as follows:

A. Use of Funds: The Applicant confirms and acknowledges that the funds will be used as working capital, first to pay all applicable Payment in Lieu of Tax payment or Property taxes payments for the property. Paid tax/PILOT receipts must be submitted to the NCDC. Applicant must be current on PILOT payment or property tax payment through 2019.

B. Compliance with Applicable Laws: The Applicant confirms and acknowledges that the owner, occupant, or operator receiving the loan for the proposed hotel and is in substantial compliance with applicable local, state and federal tax, worker protection and environmental laws, rules and regulations.

C. False and Misleading Information: The Applicant confirms and acknowledges that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of the loan application.

D. Absence of Conflicts of Interest: The applicant has received from the NCDC a list of the members, officers, and employees of the NCDC. No member, officers or employee of the NCDC has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as herein described.

The Applicant and the individual executing this Application on behalf of Applicant acknowledge that the NCDC and its counsel will rely on the representations made in this Application when acting hereon and hereby represents that the statements made herein do not contain any untrue statement of a material fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.

STATE OF NEW YORK )

COUNTY OF NIAGRA ) ss.:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being first duly sworn, deposes and says:

1. That I am the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that I am duly authorized on behalf of the Applicant to execute the application on behalf of the Applicant.
2. That I have read the attached Application, I know the contents thereof, and that to the best of my knowledge and belief, this Application and the contents of this Application are true, accurate and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Officer)

Subscribed and affirmed to me under penalties of perjury

this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Notary Public)

This Application should be submitted to the Niagara County Development Corporation, 6311 Inducon Corporate Drive, Suite One, Sanborn, New York 14132.

**HOLD HARMLESS AGREEMENT**

Applicant hereby releases the NIAGARA COUNTY DEVELOPMENT CORPORATION and the members, officers, servants, agents and employees thereof (the "NCDC") from, agrees that the NCDC shall not be liable for and agrees to indemnify, defend and hold the NCDC harmless from and against any and all liability arising from or expense incurred by (A) the NCDC's examination and processing of, and action pursuant to or upon, the attached Application, regardless of whether or not the Application or the loan therein are favorably acted upon by the NCDC, (B) any further action taken by the NCDC with respect to the loan; including without limiting the generality of the foregoing, all causes of action and attorneys' fees and any other expenses incurred in defending any suits or actions which may arise as a result of any of the foregoing. If, for any reason, the Applicant fails to conclude or consummate the loan, or fails, within a reasonable or specified period of time, to take reasonable, proper or requested action, or withdraws, abandons, cancels or neglects the Application, or if the NCDC or the Applicant are unable to close the loan, then, and in the event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the NCDC, its agents or assigns, all costs incurred by the NCDC in processing of the Application, including attorneys' fees, of 1%.

(Applicant Signature)

By:

Name:

Title:

(Notary Public)

Sworn to before me this \_\_\_\_\_ day [stamp]

of , 20­­