Development Corporation of Mercedes, Inc.

Agenda

August 13, 2020 at 11:30AM

320 S. Ohio

#### Development Corporation of Mercedes, Inc. Agenda August 13, 2020 11:30AM 320 S Ohio

NOTICE, is hereby given that the Development Corporation of Mercedes, Inc. will be holding a VIRTUAL Special Called Meeting on Thursday, August 13, 2020 at 11:30AM at URL: <a href="https://global.gotomeeting.com/join/186801909">https://global.gotomeeting.com/join/186801909</a> /PHONE: 1 877 309 2073 / ACCESS CODE: 186-801-909, for the purpose of considering and taking formal action regarding the following items:

- 1. Call meeting to order
- 2. Discussion and Action: Mercedes Small Business Recovery Grant- Joe Longoria
- 3. Discussion and Action: Mercedes Small Business Recovery Grant- Albaro de la Garza
- 4. Discussion and Action: Mercedes Small Business Recovery Grant- Jason Martinez
- 5. Discussion and Action: Mercedes Small Business Recovery Grant-Sonia A. Martinez
- 6. Adjournment

The Board of Discours reserves the right to go time Executive System at any time during the meeting to consult with traditionsy in accordance with Section 551 072, deliberate or side of real property in accordance with Section \$11072. deliberate personact matters in accordance with Section \$51 074, and or deliberate incomment development insight to the section \$11072. In shortest in present movements with Section \$11072. This notice is given in accordance with Section \$10072. In such the right of the section \$10072. In such that the section \$10072. This notice is given in accordance with the typen Neurops as to on the usual belieful yeard at (i) the Neuron of a Neurope of the Development I would be discoursed in the section \$10072. This notice was proted on the section \$10072. This notice was proved on the section \$10072. This notice was

ATTEST:

Melissa Ramirez, Development Corporation of Mercedes

## 1. Call meeting to order

## 2. Discussion and Action: Joe Longoria



## Memo

To: DCM Board of Directors

From: Melissa Ramirez, Executive Director

CC: File

**Date:** 8/10/2020

Re: Mercedes Small Business Grant Program

#### Recommendation:

Joe Longoria- Approve \$5K Albaro de La Garza- Approve \$5K Jason Martinez- Approve \$3K Sonia A. Martinez- Table, exceeds the employee criteria

# Mercedes Small Business Recovery Assistance Grant Program APPLICATION

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

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First/Last Name of person completing this application:	Joe L. Longoria
Name of Business: Wes-Mer Drive-In	
Business Type: Drive-In Motion Picture Theater	
Address of Business: 2090 W. Business 83 Mercedes,	Texas 78570
Email Address: role88wt88@gmail.com	Phone Number: 956/756-2429
BUSINESS OWNERSHIP	
Tax ID #: 32012051721	
Entity Name: Wes-Mer Drive-In	
Name of business owner (if different from above): Ro	lando Garza Robles, Jr.
Number of years in business: 15 years	
<ul> <li>Businesses that are restricted to patrons above oriented businesses and other similar businesses.</li> <li>Finance Institutions;</li> <li>Businesses owned by the members of the Boate Businesses owned by employees or Mercedes.</li> </ul>	rd of Directors of the Mercedes EDC; or
PERSONNEL	
How many total employees were employed at your bu	isiness on February 1, 2020?
Full-time Employees #: (Part-time # er	nployees:7)
Does your business have furloughed employees who a	re receiving unemployment benefits?
Yes No X	

Is your business operated as a sole proprietorship?	
Yes X No	
USE OF FUNDS	
How will your business use the loan funds? Please check all that apply.	
X Rent/mortgage payment. List specific amount. (\$2,010.65 x 3 months)	\$ 6,031.95
Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, we for online sales, etc.)	ebsite upgrades \$
Employee support (salaries, insurance, paid leave)	\$
Utilities (i.e. electricity, water, phone, internet, etc.)	\$
Expenses associated with increased material costs from suppliers or alternate suppliers.	\$
Purchase of COVID-19 supplies for business protection/cleaning.	\$
Total Amount	\$ <u>6,031.95</u>
Total Grant amount requested from Mercedes DCM: \$ 5,000	
(amount shown above may no \$3,000 for business with 1-3 e \$5,000 for business with 4-9 e	employees,
You must attach cancelled checks, payroll reports and/or bank statements to substantiate the above.	amount shown
Business owners may request less and/or only what is needed if receipts cannot be produced payment on the list above, under <b>USE OF FUNDS</b> . The Development Corporation of Mercedes is authority in determining eligibility and amount of funding. Funds not used as indicated, or document back immediately.	the sale and final
FINANCIAL ASSISTANCE (Currently pending or received)	
Name of your primary financial institution: N/A Name of your Bank Officer:	· · · · · · · · · · · · · · · · · · ·
Have you met with your financial institution (bank) about financial assistance? Yes_No	
If no, why not? Not needed until now	

Have you applied for any of the following  No Paycheck Protection Prog	ram (PPP)	Requested amount:
No Economic Injury Disaster L	oan (EIDL)	Requested amount:
*Provide proof of application pro	vided via attach	ment.
If not, why not? Unware of Grants available		
ACKNOWN EDERAFAITS (SIGNATI	1056	
ACKNOWLEDEMENTS/SIGNATU	IKES	
Please check each statement acknowledge within this application is true and accura-	ging that you hav te to the best of	ve read and affirm the information you have submitted your knowledge. <b>USE YOUR INITIALS IN THE BLANK.</b>
JL My business has 1-9 full time (or for	ull time equivale	ent) employees.
I affirm that my business has expe	rienced or is pro O. (including sol	jected to experience a decline in employment between e proprietors.)
JL The Tax ID and Entity Name of my	business shown	above, are true and accurate.
My business is located in the incor with a Certificate of Occupancy iss		its of Mercedes, in a commercial setting of Mercedes.
By signing this document, I am atta	esting that I am	the majority owner of the business applying for this
JL I will provide proof of efforts to ob	otain current Fed	leral stimulus grants/loans: EIDL, PPP, etc.
0 -1		ty of Mercedes with respect to taxes, fees, utility
payments, or other financial oblig.	ations.	
Business Legal Name Wes-Mer Drive-In		
A 6. 3		
Written:		Title
Signed:		Title
Signed as Individual:	Loughe	Date \$1/7/20
Signed as Individual: Le Lord L		Date y 1/50
I Colordo L	elle	8/17/20

# Form (Rev. October 2018) Department of the Treasury Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return), Name is required on this line; do	o not leave this line black.											
	Joe Longoria												
	2 Business name/disregarded entity name, if different from above										-		
page 3.	Check appropriate box for federal tax classification of the person whose name following seven boxes.	ne is entered on line 1. Ch	eck only (	one of the	- 0	certa	n en	tities	, not	indiv		only ils; se	
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Print or type. Specific Instructions on	Limited liability company. Enter the tax classification (C=C corporation, S=Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax put	n of the single-member ov om the owner unless the o	wner. Do	he LLC is	,   "								
₽ E	is disregarded from the owner should check the appropriate box for the ta	ax classification of its own	er.										
oec.	☐ Other (see instructions) ▶				1	savaq.	to acc	ounts	manta	wred o	utsrae	the U :	31
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See	1281 linda Lane												
	6 City, state, and ZIP code												
	Stafford, Texas 77477		100										
	7 List account number(s) here (optional)							2					
Par	t I Taxpayer Identification Number (TIN)												
	your TIN in the appropriate box. The TIN provided must match the name			Social s	ecu	rity n	umb	er					_
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Numb	er To Give the Requester for guidelines on whose number to enter.		10000										
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Under	penalties of perjury, I certify that:												
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3. I an	n a U.S. citizen or other U.S. person (defined below), and												
4. The	FATCA code(s) entered on this form (if any) indicating that I am exemp	ot from FATCA reportin	g is corr	ect.									
you ha	ication instructions. You must cross out item 2 above if you have been no ave failed to report all interest and dividends on your tax return. For real est sition or abandonment of secured property, cancellation of debt, contribution than interest and dividends, you are not required to sign the certification, b	tate transactions, item 2 ons to an individual retire	does no ement ar	it apply, f rangeme	For i	morte	gage and	inte	erest erall	paid v. pa	d, avme	ants	ıse
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Form (Rev. October 2018)
Department of the Treasury
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	Roland Garza Robles, Jr.	, do not leave this line blank										
	2 Business name/disregarded entity name, if different from above											
on page 3,	Check appropriate box for federal tax classification of the person whose rifollowing seven boxes:	name is entered on line 1. Ch	eck only	one of the	4 ce	Exemp ertain er	tions	(coo	des a	pply vidu:	only	to
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٧,	6 City, state, and ZIP code											
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	7 List account number(s) here (optional)								-			
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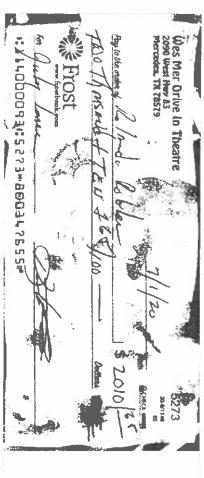
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USA

### DRIVER LICENSE

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Page



Queen City of the Rio Sminde Valley

Date Issued:

### WORK SAFE BLAN CERTIFIÇATE

This is to certify that

(Business Name & Store #)

Owned or operated by

(Name of Person)

Has Submitted a work safe plan for the business at

2040 W. Bos 83 (Address of Business)

Until the state of disaster is terminated or other date is determined by the City Commission

CONSPICUOUS PLACE

## **Emergency Management Division**

Javier Campos Jr., totories Fire Chief



Ruben A. Gutierrez, Fire Marshal

1355 565 3114 • P.O. Box 837 • Mercedes, Texas 78570

#### COMMERCIAL LEASE AGREEMENT

THIS LEASE as dated below

BETWEEN:

Rolando G. Robles, Jr.
Address: 1105 West Ash Street, Weslaco, Texas 78596
Telephone: 956/246-7840
(the "Landford")

-1 \D-

Joe L. Longoria
Address: 12811 Linda Lane, Stafford, Texas. 77477
Telephone: 281 499-1952 - 832 473-6408 (cell phone)
(the "Tenant")

IN COSIDERATION OF the landlord leasing certain premises to the Tenant, the Tenant leasing those premises from the Landlord and the mutual benefits and obligations set torth in this I case, the receipt and sufficiency of which consideration is hereby acknowledges, the parties to this I case agree as follows:

#### LEASE PRÉMISES

- 1. The Landlord agrees to rent the Tenant in an "as-is" condition, the commercial premises municipally described as, 2090 West Hwy 83, Mercedes Texas (Wes-Mer Drive-In Theatre) " the Premises". The Premises will be used for only the following permitted use (the Permitted Use"). Drive-In Theater and Associated Concessions: Neither the Premises nor any part of the Premises will be used at any time during the term of this Lease by Tenant for any purpose other than the Permitted Use.
- 2. No pets or animals are allowed to be kept in or about the Premises. Upon thirty days notice, the Landlord may revoke any consent previously given pursuant to this clause.

#### TERM

- 3 The term of the Lease commences at 12.00 noon on February 1, 2019 and ends at 12:00 noon on January 31, 2022.
- 4. I poin 5 days notice, the Landlord may terminate the tenancy under this Lease if the Tenant has defaulted in the payment of any portion of the Rent when due
- 5. Upon 10 days notice the Landford may terminate the tenancy under this Lease if the Tenant fails to observe, perform and keep each and every of the covenants, agreements stipulations, obligations, conditions and other provisions of this lease to be observed, performed and kept by the Tenant and the Tenant persists in such default beyond the said 10 days notice.
- Should the tenant remain in possession of the Premises with the consent of the Landlord after the natural expiration of this Lease, a new tenancy from month to month will be created between the Landlord and the Tenant which will be subject to all the terms and conditions of this Lease but will be terminable upon either party giving one month notice to the other part

#### RENT

- This leaves to the provisions of this Leave, the Tenant will pay a base rent \$1.700.00 per month for the Premises. In addition to the Base Rent, the Tenant will pay the following taxes to the appropriate government agencies: Texas State Property Taxes for Furniture: Fixtures and Equipment. Texas State Sales Tax and any and all increase in Hidging County Property Taxes accessed beyond the year 2010 tax assessment amount of \$6,506.96 to be paid in full for the duration of this agreement.
- 8 The Tenant will pay the Base Rent on or before the first 15 of each and every month of the term of this Lease to the Landlord, in care of and payable to the following: Mr. Rolando Robles, at 1105 West Ash Street Weslaco, Texas 78596 or at such other place as the landlord may designate.

 The Tenant will be charged an additional amount of \$25.00 per day for any rental payments that are received the fifth (5%) day after the due date.

#### USE AND OCCUPATION

- The Tenant will use and occupy the premises only for the Permitted Use and for no other purpose whatsoever. The Tenant will carry on business under the name of Wes-Mer Drive-In Theatre and will not change such name without the prior written consent of the Eandlord, such consent not to be unreasonably withheld. The Tenant will open the whole of the Premises for business to the public fully fixtured, stocked and staffed on the date of commencement of the term and throughout the term, will continuously occupy and utilize the entire Premises in the active conduct of its business in a reputable manner on such days during such hours of business as may be determined from time to time by the Landlord.
- 11. The Tenant covenants that the Tenant will carry on and conduct its business from time to time carried on upon the Premises in such manner as to comply with all statues, bylaws, rules and regulations of any federal, provincial, municipal, or other competent authority and will not do anything on or in the Premises in contravention of any of them.

#### ADVANCE RENT

12. On execution of this Lease, the Tenant will pay the Landlord advance rent (the "Advance Rent") to be held by the Landlord without interest and to be applied on account of the first and last installments of Base Rent as they fall due and to be held to the extent not so applied as security for and which may be applied by the Landlord to the performance of the covenants and obligations of the Tenant under this Lease.

#### QUIET ENJOYMENT

13. The landlord covenants that on paying the Rent and performing the covenants contained in this Lease, the Tenant will peacefully and quietly have, hold and enjoy the Premises for the agreed term.

#### DISTRESS

14 If and whenever the Tenant is in default in payment of any money for a term of thirty (30) days beyond the initial due date, whether hereby expressly reserved or deemed as rent or any part thereof, the landlord may, on the thirty-first (31%) day, issue notice or an form of legal process whatsoever to enter upon the Premises and seize, remove and sell, the Tenant's goods, chattels, and equipment therefrom or seize, remove and sell any goods, chattels and equipment at any place which the Tenant or any other person may have removed them, in the same manner as if they had remained and been distrained upon the Premises, all nothwithstanding any rule of law or equity to the contrary, and the Tenant hereby waives and renounces the benefit of any present or future statue or law limited or eliminating the Landlord's right of distress.

#### OVERHOLDING

- 15. If the Tenant continues to occupy the Premises with the written consent of the landlord after the expiration or other termination of the term, then, without any further written agreement, the Tenant will be a month-to-month tenant at a minimum monthly rental equal to twice the Base Rent and subject always to all of the other provision of this Lease insofar as the same are applicable to month-to-month tenancy and a tenancy from year to year will not be created by implication of law.
- In It the Tenant continues to occupy the Premises without the written consent of the Landlord at the expiration or other termination of the term, then the Tenant will be a tenant at will and will pay to the Landlord, as liquidated damages and not as rent, an amount equal to twice the Base Rent plus any Additional Rent during the period of such occupancy, accruing from day to day and adjusted pro rata accordingly, and subject always to all the other provisions of this Lease insofar as they are applicable to a tenancy at will and a tenancy from month to month or from year to year will not be created by implication of law, provided that nothing herein contained will preclude the Landlord from taking action for recovery of possession of the premises.

#### ADDITIONAL RIGHTS ON REENTRY

- 17. If the Landlord reenters the Premises or terminates this Lease, then:
  - a notwithstanding any such termination or the term thereby becoming forfeited and void, the provisions of this Lease relating to the consequences of termination will survive:

- the landlord may use such reasonable force as it may deem necessary for the purpose of gaining admittance to and retaking proceedings, claims and demands whatsoever for and in respect of any such forcible entry or any loss or damage in connection therewith or consequential thereupon;
- c. the Landlord may expel and remove, forcibly, if necessary, the Tenant those claiming under the Tenant and there effects, as allowed by law, without being taken or deemed to be guild of any manner of trespass;
- d. In the event that the Landlord has removed the property of the Tenant, the Landlord may store such property in a public warehouse or at place, selected by the Landlord, at the expense of the Tenant. If the Landlord feels that it is not worth storing such property given its value and the cost to store it, then the landlord may dispose of such property in its sold discretion and use such funds, in any towards any indebtedness of the Tenant to the Landlord. The landlord will not be responsible to the Tenant for the disposal of such property other than to provide any balance of the proceeds to the Tenant after paying any storage cost and any amounts owed by the Tenant to the landlord:
- the Landlord may re-let the Premises or any part thereof for a term or terms which may be less or greater than the balance of the term of this Lease remaining may grant reasonable concessions in connection therewith including any alterations and improvements to the Premises; and
- If after reentry, the Landlord may produce the appointment of a receiver to take possession and collect rents and profits of the business of the Lenant, and, if necessary to collect the rents and profits the receiver may carry on the business of the Lenant and take possession of the personal property used in the business of the Lenant, including inventory trade fixtures, and furnishing, and use them in the business without compensating the Lenant.
- g. after reentry, the Landford may terminate the lease on giving 5 days written notice termination of the
   Tenant—Without this notice, reentry of the Premises by the Landford or its agents will not terminate this
   Lease.
- h. the Lemant will pay the Landlord on demand.
  - i all rent. Additional Rent and other amounts payable under this lease up to the time of reentry or termination, whichever is later.
  - ii. reasonable expenses as the Landford incurs or has incurred in connection with the reentering, terminating, re-letting, collecting sums due or payable by the Tenant, realizing upon assets seized, including without limitation, brokerage, fees, and expenses and legal fees and disbursements and the expenses of keeping the Premises in good order, repairing the same and preparing them for reletting, and
  - as liquidated damages for the loss of rent and other income of the Landlord expected to be derived from this Lease during the periods which would have constituted the unexpired portion of the term had it not been terminated, at the option of the Landlord, either
    - an amount determined by reducing the present worth at an assumed interest rate of twelve percentage (12%) per annom all Minimum Rent and estimated Additional Rent to become payable during the period which would have constituted the unexpired portion of the term such determination to be made by the Landlord, who may make reasonable estimates of when any such other amounts would have become payable and may make such other assumption of the facts as may be reasonable in the circumstances; or
    - 2 an amount equal to the Base Rem and estimated Additional Rent for a period of six (6) months

#### INSPECTIONS

- At all reasonable times during the term of this Lease and any renewal of this Lease, the Lundlord and its agents may enter the Premises to make inspections or repairs, or to show the Premises to prospective tenants or purchasers.
- 19 The term "reasonable time" is hereby expressed as not to include times at which the tenant is conducting business in accordance with the Permitted Use
- 20 The Tenant will provide the Landlord, for consideration and acceptance, a schedule of Hours of Operation that will identify the reasonable times stated herein. The Landlord and the Tenant covenant that upon acceptance of the proposed schedule, times outside of the provided Hours of Operation schedule shall hereby be expressed as reasonable time for entering the site.
- 21 The Landlord will effort to provide advance notification 24 hours prior to entering the premises should access be required at a time not deemed as reasonable. Said notification is hereby identified as a courtesy but shall not be deemed as required under the terms of this confact.

22. For so long as the Tenant, or assignee or subtenant approved by the Landlord, is using and occupying the premises for the Permitted Use and is not in default under the Lease, the Landlord agrees not to Lease space on the premises as its principal business, the services of Drivedin Theatre and Associated Concessions.

#### RENENEWAL OF LEASE

23. Upon giving written notice no later than 60 days before the expiration of the term of this Lease, the Tenant may renew this Lease for an additional term of one year only. All terms of the renewed lease will be the same except for this renewal clause.

#### TENANT IMPROVEMENTS

- 24 The Tenant will obtain written permission from the Landlord before doing any of the following:
  - a. Painting, wallpapering, redecorating or in any way significantly altering the appearance of the Premises;
  - b. Removing or adding walls, or performing any structural alterations:
  - c. Changing the amount of heat or power normally used on the Premises as well as installing additional electrical wiring or heating units:
  - d Placing or exposing or allowing to be placed or exposed anywhere inside or outside the Premises any placard, notice or sign for advertising (personal, political or otherwise) or any other purpose; or
  - Affixing to or erecting upon or near the Premises any radio or 1V antenna or tower.

#### UTILITIES AND OTHER CHARGES

25 The Tenant is responsible for the payment of the following utilities and other charges in relation to the Premises: Electricity, Natural Gas, Sewer, Telephone, Cable, and all other utilities or services not listed herein.

#### INSURANCE

- 26 The Tenant is hereby advised and understands that the personal property of the Tenant is not insured by the Landlord for either damage or loss, and the Landlord assumes no liability for any such loss. The Tenant is advised that if insurance coverage is desired by the Tenant, the Tenant should inquire of a Tenant's insurance agent regarding a Tenant's Policy of Insurance.
- 27 The Tenant is responsible for the insuring the Premises for damage or loss to the structure, mechanical or improvements to the building of the Premises for the benefit of the Tenant and the Landlord. Such insurance should include such risks as fire, theft, vandalism, flood and disaster.
- 28 The Tenant is responsible for insuring the Premises for hability insurance for the benefit of the Tenant and the Landlord
- 24. The Lenant will provide proof of such insurance to the Landlord upon the issuance or renewal of such insurance.

#### SALE BY LANDLORD

- 30 In the event of any sale, transfer or lease by the Landlord of the Building or any interest therein or portion thereof containing the Prentises of assignment by the Landlord of this Lease or any interest of the Landlord therein to the extend that the purchaser, transferee, tenant or assignce assumes the covenants and obligations of the Landlord under this Lease, the Landlord will without further written agreement be freed and relieved of liability under such covenants and obligations. This Lease may be assigned by the Landlord to any mortgage or encumbrance of the Building as security.
- 31 The Landlord shall notify the Tenant first of any intent to sell, transfer or lease any interest therein or portion thereof containing the Premises
- 32. The landford shall evaluate any and all offers by the Tenant for consideration of purchase of the Premises.
- 33 Said notification and consideration by the Landlord or its Agents shall not obligate the Landlord in any way to sell the Premises to the Tenant under the terms of this contract.

#### TENANT SINDEMNITY

34. The Tenant will and does hereby indemnity and hold harmless the Landlord of and from all loss and damage and all actions, claims, costs, demands, expenses, fines, liabilities and suits of any nature whatsoever for which the Landlord will or may become liable, incur or suffer by reason of a breach, violation or nonperformance by the Tenant of any covenant, term or provision hereof or by reason of any builders' or other liens for any work done or materials provided or services rendered for alterations, improvements or repairs, made by or on behalf of the Tennant to the Premises, or by any reason of any injury occasioned to or suffered by any negligence on the part of

- the Tenant or any of its agents, concessionaires, contractors, customers, employees, invitees or licenses on the Premises or in or about any building on the Premises.
- 35. It is agreed between the Landlord and the Tenant that the Landlord will not be liable for any loss or damage caused by acts or omissions of other tenants or occupants, their employees or agents or any persons not the employees or agents of the Landlord or for any damage caused by the construction of any public or quasi-public work, and in no event will the Landlord be hable for any consequential andirect damages summered by the Tenant
- 36 It is agreed between the Landlord and the Lenant that the Landlord will not be liable for any loss, injury or damage caused to persons using the Common Area and Lacilities or to vehicles or their contents or any other property on them, or for any damage to property entrusted to its or their employees, or for the loss of any property by theft or otherwise, and all property kept or stored in the Premises will be at the sole risk of the Tenants.

#### LEISS

37. The Tenant will immediately upon demand by the Landlord remove or cause to be removed and thereafter institute and diligently prosecute any action pertinent thereto, any builders' or other lien or claim of lien noted or filed against or otherwise constituting an encumbrance on any title of the Landlord. Without limiting the foregoing obligations of the Tenant, the Landlord may cause the same to be removed, in which case the Tenant will pay to the Landlord as Additional Rent; the cost thereof including the Landlord's Legal costs.

#### ATTORNEY FEES

38. All costs, expenses and expenditures including and without limitation, complete legal costs incurred by the Landlord on a solicitor client basis as a result of unlawful detainer of the Premises, the recovery of any rent due under the Lease, or any breach by the Lenant of any other condition contained in the Lease, will forthwith upon demand be paid by the Lenant as additional rent. All rents including the monthly rent and additional rent will bear interest at the rate of twelve per cent (1.2%) per annum from the due date until paid.

#### GOVERNING LAW

39. It is the intention of the parties to this Lease that the tenancy created by this Lease and the performance under this Lease, and all suites and special proceedings under this Lease, be construed in accordance with and governed, to the exclusion of the Liw of any other forum, by the laws of the State of Texas, without regard to the jurisdiction in which any action of special proceeding may be instituted.

#### SEVERABILITY

40. If there is a conflict between any provision of this Lease and the applicable legislation of the State of Texas (the "Act"), the Act will prevail and such provisions of the Lease will be amended or deleted as necessary in order to comply with the Act. Lurther, any provisions that are required by the Act are incorporated into this Lease.

#### AMMENDMENT OF LEASE

41. Any amendment or modification of this Lease of additional obligation assumed by either party in connection with this Lease will only be binding if evidenced in writing signed by each party or an authorized representative of each party.

#### ASSIGNMENT AND SUBLETTING

42 The Tenant will not assign this Lease, or sublet or grant any concession or license to use the Premises or any part of the Premises. An assignment, subletting, concession, or license, whether by operation of law or otherwise, will be void and will, at Landlord's option, terminate this Lease.

#### TENANT'S MAINTENANCE, REPAIR AND ALTERATIONS

- 43 The Tenant covenants with the Landlord to lease the Premises in the current state of repair and physical condition and hereby agrees to make the necessary repairs and improvements necessary to ensure the health, safety and welfare of the general public in accordance with all applicable building and safety codes governing the Premises and the Permitted Use
- The Tenant covenants with the Landlord to occupy the Premises in a tenant-like manner and not to permit waste. The Tenant will at all times and at its sole expense, maintain and keep the Premises, reasonable wear and tear, damage by fire, lightning, hurricane, hail, tornado, structural repairs, and repairs necessitated from hazards and perils. Without hiniting the generality of the foregoing, the Tenant will keep, repair replace and maintain all glass, wiring, pipes, and mechanical apparatus in upon or serving the Premises in good tenantable repair at its sole expense. When it becomes tor, acting reasonably, would have become aware of same, the Tenant will notify the landlord of any damage to or deficiency or defect in any part of the Premises or the Building. The Tenant will not use or keep any device which might overload the capacity of any floor, wall, utility, electrical or mechanical facility or service in the Premises or in the Buildings.
- 45. The Tenant covenants with the Lundlord that the Lundlord, its servants, agents and workmen may enter and view the state of repair of the Premises and that the Tenant will repair the Premises according to notice in writing received from the Lundlord, subject to the Lundlord's repair obligations. If the tenant refuses or neglects to repair as soon as reasonably possible after written demand, the Lundlord may, but will not be obligated to, undertake such repairs without liability to the Tenant for any loss or damage that may occur to the Tenant's merchandise, fixtures or other property or to the Tenant's business by any reason thereof, and upon completion thereof, the Tenant will pay on demand, as Additional Rent, the Lundlords cost of making such repairs plus fifteen percent (15%) thereof for overhead and supervision.
- The Tenant will not make or have others make alterations, additions or improvements or erect or have others erect any partitions or install or have others install any trade fixtures, exterior signage, floor covering, interior or exterior lighting plumbing fixtures; shades, awnings, exterior decorations or make any changes to the Premises or otherwise with out first obtaining the Landlord's written approval thereto, such written approval not to be unreasonably withheld in the case of alterations additions or improvements to the interior of buildings on the Premises.
- 4º The Tenant will not install in or for the Premises any special locks, safes or apparatus for air conditioning, cooling, heating, illuminating, refrigerating or ventilating the Premises without first obtaining the landlord's written approval thereto. Locks may not be added or changed without prior written agreement of both the Landlord and the Tenant.
- 48. When seeking any approval of the landlord for Tenant repairs, alterations or improvements as required in this Lease, the Tenant will present to the Landlord plans and specifications of the proposed work which will be subject to the prior approval of the Landlord, not to be unreasonably withheld or delayed.
- 49. The Tenant will promptly pay all contractors, material supplies and workmen so as to minimize the possibility of a lien attaching to the Premises of the Building. Should any claim of lien be made or filed the Tenant will promptly cause the same to be discharged.
- 50. The Tenant will be responsible at its own expense to replace all electric light bulbs, tubes, ballasts or fixtures serving the Premises.
- 51. The Tenant covenants and agrees to effect at its expense repairs of a structural nature to the structural elements of the roof, foundation and outside walls of the Buildings, whether occasioned or necessitated by faulty workmanship, materials, improper installation, construction defects or settling, or otherwise.

#### CARE AND USE OF PREMISES

- 52. The tenant will promptly notify the Landford of any damage, or of any situation that may significantly interfere with the normal use of the Pienuses.
- 53 The Tenant will not engage in any illegal trade or activity on or about the Premises.
- 54 The Lenant will comply with standards or health, sanitation, fire housing and safety as required by law.
- 55. At the expiration of the lease term, the Tenant will quit and surrender the Premises is as good a state and condition as they were the commencement of this Lease, reasonable use and wear and damages by the elements excepted.

#### HAZARDOUS MATERIALS

56 The Tenant will not keep or have the Premises any article or thing of a dangerous, inflammable, or explosive character that might unreasonably increase the danger of the on the Premises or that might be considered hazardous by any responsible insurance company.

Initial: Tenant ∮£.

#### GENERAL PROVISIONS

- 57. Any waiver by the Landlord of any failure by the Tenant to perform or observe the provisions of this Lease will not operate as a waiver of the Landlord's rights under this Lease in respect of any subsequent defaults, breaches or nonperformance and will not defeat or affect in any way the Landlord's rights in respect of any subsequent default or breach.
- 58. This Lease will extend to and be binding upon and inure to the benefit of the respective heirs, executors, administrators, successors, and assigns, as the case may be, of each party to this Lease. All Covenants are to be construed as conditions of this Lease
- 59. All sums payable by the Tenant to the Landlord pursuant to any provision of this Lease will be deemed to be additional rent and will be recovered by the landlord as rental arrears.
- 60 Where there is more than one Tenant executing this Tease, all Tenants are jointly and severally liable for each other's acts, omissions and habilities pursuant to this Lease.

TNESWAWGIERAENZRolan to Concluded by Notary Public State of Texas 10 # 129777240

My Comm. Expires 04-07-2022

NESWWAREARDIZRolanto G. Robles, Jr. and Joe L. Longoria have duly affixed their signatures under hand and

Rolando G. Robles, Jr.

02-22-15

Date

Notarized:

Notarized:

JOE L. Longoria

03/01/2019 Date

END OF CONTRACT

### 3. Discussion and Action: Albaro de la Garza



### Memo

To: DCM Board of Directors

From: Melissa Ramirez, Executive Director

CC: File

Date: 8/10/2020

Re: Mercedes Small Business Grant Program

#### Recommendation:

Joe Longoria- Approve \$5K Albaro de La Garza- Approve \$5K Jason Martinez- Approve \$3K Sonia A. Martinez- Table, exceeds the employee criteria 19711:15 AM Merce

# Mercedes Small Business Recovery Assistance Grant Program APPLICATION

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT INFORMATION
First/Last Name of person completing this application: Albaro de la Garza  Name of Business: de la Garza Bakery, Inc.  Business Type: Bakery, Cake Shop and foods  Address of Business: 230 N. Texas Ave., Mercedes, Tx 78570  Email Address: Albaro de hgarza @gmail.com Phone Number: (95%) 825-9911
BUSINESS OWNERSHIP
Tax ID#: 38-3749349  Entity Name: de la Garza Bakery, Inc.  Name of business owner (if different from above): Albaro de, la Garza  Number of years in business: b1. 1, 2006
BUSINESSES THAT ARE INELIGIBLE TO APPLY
<ul> <li>Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses);</li> <li>Finance Institutions;</li> <li>Businesses owned by the members of the Board of Directors of the Mercedes EDC; or</li> <li>Businesses owned by employees or Mercedes elected officials of the City of Mercedes.</li> </ul>
PERSONNEL
How many total employees were employed at your business on February 1, 2020?
Full-time Employees #: (Part-time #employees:)
Does your business have furloughed employees who are receiving unemployment benefits?
Vas V No

Paycheck Protection Program (PPP)		it: <u>14,000 -</u> it: <u>40,000 -</u>
Economic Injury Disaster Loan (EIDL)	Requested amour	t: <u>40,000 -</u>
*Provide proof of application provided via atte	achment.	
If not, why not?	<i>E</i>	
ACKNOWLEDEMENTS/SIGNATURES		
Please check each statement acknowledging that you within this application is true and accurate to the best		•
My business has 1-9 full time (or full time equiv	valent) employees.	
I affirm that my business has experienced or is presented in February 1, 2020 and May 15, 2020. (including		ice a decline in employment between
The Tax ID and Entity Name of my business sho	wn above, are true a	ndaccurate.
My business is located in the incorporated city I with a Certificate of Occupancy issued by the Ci		a commercial setting
By signing this document, I am attesting that I a loan.	ım the majority owne	er of the business applying for this
✓I will provide proof of efforts to obtain current	Federal stimulus grar	its/loans: EIDL, PPP, etc.
I affirm this business is in good standing with the	e City of Mercedes wi	th respect to taxes, fees, utility
payments, or other financial obligations.		
Business Legal Name <u>de la Garza B</u>	akery, Inc	•
Written: Albaro de la Garza Legal Representative	Title	President
Signed: Albaro de la Garza  Legal Representative	Title	President
Signed as Individual: Album dela	Leur Date	August 5, 2020

Is your business operated as a sole proprietorship?
YesNo
USE OF FUNDS
How will your business use the loan funds? Please check all that apply.
Rent/mortgage payment. List specific amount. \$\(\frac{2,746}{-}\)
Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)
Employee support (salaries, insurance, paid leave) \$\$\$
Utilities (i.e. electricity, water, phone, internet, etc.) \$
Expenses associated with increased material costs from suppliers or alternate suppliers. $\$$
Purchase of COVID-19 supplies for business protection/cleaning. \$
Total Amount \$
Total Grant amount requested from Mercedes DCM: \$
You must attach cancelled checks, payroll reports and/or bank statements to substantiate the amount shown above.
Business owners may request less and/or only what is needed if receipts cannot be produced to show proof of payment on the list above, under <b>USE OF FUNDS</b> . The Development Corporation of Mercedes is the sole and final authority in determining eligibility and amount of funding. Funds not used as indicated, or documented, shall be due back immediately.
FINANCIAL ASSISTANCE (Currently pending or received)
Name of your primary financial institution:  Name of your Bank Officer:
Have you met with your financial institution (bank) about financial assistance? YesNo
If no, why not?

#### **DOCUMENTS TO BE ATTACHED**

Summary of documents that must be provided at time of application. Please attach in order and/or clearly label the document:

- 1. W-9 Form.
- 2. Receipt or cancelled check of most recent lease/mortgage payment.
- 3. Receipt or cancelled check of most recent utility payment (water, electric, phone, gas, etc.).
- 4. Receipt or cancelled check for salary payments made to furloughed employees, if applicable. 14/4
- 5. Receipts for expenses associated with increased material costs from suppliers or alternate suppliers.
- Receipts for the purchase of COVID-19 supplies for business protection/cleaning.
- 7. Receipts for purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)
- 8. Proof of application for COVID-19 Federal grant/loan programs.

We are requesting supporting documentation at this time and reserve the right to request and receive any such back-up documentation within 24 hours' notice by the DCM. Please make sure you maintain your business records and receipts to support your answers to the application.

## Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

- 1. Save the completed application as [BUSINESS NAME] Mercedes DCM Grant Application
- 2. Submit the completed application and ALL documents to:

Email: smallbuscares2020@cityofmercedes.com OR

**Deliver to: DCM Office (NE Ohio/4<sup>th</sup> Street)** and drop in the mail box in the foyer of the building between the hours of 8:00 am to 5:00 pm during the week of August 4<sup>th</sup> onward (until funds are exhausted).

- print the application
- hand write answers and responses into the application
- scan the application and all related documents and email the completed the file to: smallbuscares2020@cityofmercedes.com.

Corrections

Rent amount =3953.96

Utilities amount =1343.65

Total amount= 5297.61

## Tavas Madistree Commission's Unemployment Tax Services Employer's Quarterly Report - Filed on July 28, 2020

#### \*\*\* EMPLOYER FILE COPY \*\*\*

As of July 28, 2020 07:20 PM

The amounts displayed may be different than those submitted when the report was filed, due to transactions that were applied later.

Nage Report - Period Apr May Jun 2	2020		
Confirmation Number:	26339852		
TWC Tax Account Number:	10-947453-3		
Employer	DE LA GARZA BAK 230 N TEXAS AVE MERCEDES, TX 781		
Report Due Date:	Jul 31, 2020		
Payment Due Date:	Jul 31, 2020		
Filed On:	Jul 28, 2020 07:19 F	M	
Filed By:	De La Garza, Albaro	1	
Were any of the Texas employees I another state during 2020?	isted on this report paid wag	es to No	
lage Report Information			
Number of Employees:			
Apr 2020:	6		
May 2020:	5		
Jun 2020:	5		
Texas County:	HIDALGO		
mployee Wage Summary			
Texas Total Wages Reported:		\$10,500.00	
Other States Taxable Wages:		\$0.00	
Texas Taxable Wages:		\$10,500.00	
ax Summary			
Tax Rate:		0.31%	
Tax = Texas Taxable Wages x Tax	t Rate		
Tax:		\$32.55	
Late Reporting Penalty:		\$0.00	
Late Payment interest:		\$0.00	
Report Amount:		\$32,66	
Employee Wage Details - Filed on Ju	ily 28, 2020		
-5 of 5			12
S.S.N.	Neme	Texas Total Gross Wages	Texas Taxable Wages

П	8.S.N.	Name	Texas Total Gross Wages	Texas Taxable Wages
1	463-53-6091	Delagarza, M	\$2,300.00	\$2,300.00
2	463-53-6139	Delagarza, A	, \$2,300.00	\$2,300.00
3	636-80-8770	Delagarza, N	\$2,300.00	\$2,300.00
4	643-58-1095	De La Garza, E D	\$1,000.00	\$1,000.00
5	747-46-1890	Rocha, J F	\$2,600.00	\$2,600.00
		Report Totals	\$10,500.00	

#### \*\*\* EMPLOYER FILE COPY \*\*\*

Copy & attack

Form Rev. A	941 for 2020: Employer Department of the	's QUARTER! Treasury — Internal Reve	LY Federa	l Tax Retu	m	950120 OMB No. 1545-0029
Empl	loyer identification number (EIN) 3 8 -	3 7 4 9	3 4	9	Report for thi	s Quarter of 2020
Nan	ne (not your trade name) ALBARO DE LA GA	ARZA	-		1: January, F	ebruary, March
Trav	de name (if any) DE LA GARZA BAKERY	Z. INC	· · · · · · · · · · · · · · · · · · ·		X 2: April, May,	June
1160		, 1110.		=-	3: July, Augu	st, September
Add	Iress 230 N. TEXAS AVE	28	Suite or room	number	4: October, N	lovember, December
	MERCEDES	TX	7857		Go to www.irs.go nstructions and t	v/Form941 for he latest information.
	City	State	ZIP cod	Ling.	A Children Co.	
	Foreign country name	Foreign province/county	Foreign post	<del></del>		
Read Part	the separate instructions before you complete:  Answer these questions for this questions for this questions for this questions.		r print within the	a boxes.	<del></del>	
	Number of employees who received	NAVA DELICIONE DELICIONE DE LA TRACTICA DE LA TRACTICA DE LA TRACTICA DE LA TRACTICA DE LA TRACTICA DE LA TRACTICA DE LA TRACTICA DE LA TRACTICA DE LA TRACTICA DE LA TRACTICA DE LA TRACTICA DE LA TRACTICA DE LA TRACTICA DE	er compensat	ion for the pay		Manager Commence
	period including: June 12 (Quarter 2), S				1	5
2	Wages, tips, and other compensation				2	10,500 .
						bandi ir cungganini ka
3	Federal income tax withheld from wage	s, tips, and other co	mpensation .		3	0.
4	If no wages, tips, and other compensati	ion are subject to so	ocial security o	r Medicare tax	Check	and go to line 6.
		Column 1	and the second	Column 2		
5a	Taxable social security wages	10,500 .	× 0.124 =	1,302 _		
5a	(i) Qualified sick leave wages		× 0.062 =			
5a	(ii) Qualified family leave wages .	-	× 0.062 =			
5b	Taxable social security tips		× 0.124 =	•	10. Jahr 25 20. Jahr 26 20. Jahr 26	
5c	Taxable Medicare wages & tips	10,500	× 0.029 =	305	7.7	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =			
5e	Total social security and Medicare taxes.	Add Column 2 from lin	es 5a, 5a(i), 5a(ii)	, 5b, 5c, and 5d	5e	1,607
5f	Section 3121(q) Notice and Demand—To	ax due on unreporte	ed tips (see inst	ructions)	5f	
6	Total taxes before adjustments. Add line	es 3, 5e, and 5f			6	1,607 _
7	Current quarter's adjustment for fraction	ens of cents			7	
8	Current quarter's adjustment for sick pa				8	
9	Current quarter's adjustments for tips a	ind group-term life i	nsurance		9	desirente de la companya de la companya de la companya de la companya de la companya de la companya de la comp
10	Total taxes after adjustments. Combine				10	1,607
11a	Qualified small business payroll tax credit		rch activities. A	Attach Form 8974	118	
11b	Nonrefundable portion of credit for qualit				11b	New Participation of Constitution of Constitut
11c	Nonrefundable portion of employee rete				11c	elingere grædeledet.
						<b></b>
<b>▶</b> Y	ou MUST complete all three pages of For	m 941 and SIGN it.				Noxt <b>■</b> ▶

9	5	n	2	2	n
- 4	-	_	-	_	•

Name (not your trade name) ALBARO DE LA GARZA		Emplo	Employer identification number (EIN)				
Part 1: Answer these questions for this quarter. (continued)				38-3	749349		
fart.	And the state of t	was (continued)	ato o visita de la carecia	of the Advanced	And the second production of the passes		
11d	Total nonrefundable credits. Add lines 11a,	11b, and 11c		11d	0		
12	Total taxes after adjustments and nonrefur	idable credits. Subtract line	e 11d from line 10 .	12	1,607		
13a	Total deposits for this quarter, including overpayments applied from Form 941-X, 941-X (	overpayment applied from PR), 944-X, or 944-X (SP) filed	a prior quarter and in the current quarter	d 13a	0		
13b	Deferred amount of the employer share of	social security tax		13b	Andrews of the Control of the Contro		
13c	Refundable portion of credit for qualified si	ick and family leave wages	s from Worksheet 1	13c			
13d	Refundable portion of employee retention of	credit from Worksheet 1.		13d			
13e	Total deposits, deferrals, and refundable or	redits. Add lines 13a, 13b, 1	3c, and 13d	13e	0		
13f	Total advances received from filing Form(s)	7200 for the quarter		13f			
13g	Total deposits, deferrals, and refundable cred	its less advances. Subtract l	ine 13f from line 13e .	13g	54334		
14	Balance due. If line 12 is more than line 13g,	enter the difference and see	instructions	14	1,607 _		
15	Overpayment. If line 13g is more than line 12, ent	er the difference	■ Check	one: Apply to	next return. Send a refund		
Part	2: Tell us about your deposit schedule a	and tax liability for this qu	uarter.	- Maria esperativas es	YERROTESPENING DB/79+cs		
you'	re unsure about whether you're a monthly so	chedule depositor or a ser	niweekly schedule d	lepositor, see	section 11 of Pub. 15.		
16 (	Check one:   Line 12 on this return is less and you didn't incur a \$1000 cquarter was less than \$2,500 federal tax liability. If you're semiweekly schedule depositions are a monthly schedule liability for the quarter, then go	0,000 next-day deposit oblined but line 12 on this returned a monthly schedule depoter, attach Schedule B (Formula depositor for the entired but the continuous process.)	ligation during the on is \$100,000 or more ositor, complete the marks. Go to Part 3.	e, you must pe deposit sched	i. If line 12 for the prior ovide a record of your lule below; if you're a		
	Tax liability: Month 1	CONTRACTOR CONTRACTOR AND AND AND AND AND AND AND AND AND AND					
	Month 2						
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	Total liability for quarter		Total must eq	ual line 12.			
	You were a semiweekly sci Report of Tax Liability for Ser	hedule depositor for any priveekly Schedule Deposite	part of this quarter. ors, and attach it to F	Complete Sche orm 941. Go to	edule B (Form 941), Part 3.		
► Y	ou MUST complete all three pages of Form 9	41 and SIGN it.			Next •		

ne (not your trade n LBARO DE LA	GARZA	38-3749349	)
	about your business. If a question does NOT apply to		
7 If your busi	ness has closed or you stopped paying wages		eck here, and
enter the fin	al date you paid wages / / ; also attach	statement to your return. See instructions.	
If you're a s	seasonal employer and you don't have to file a return for	very quarter of the year	eck here.
Qualified h	ealth plan expenses allocable to qualified sick leave wag	s 19	in in the state
Qualified h	ealth plan expenses allocable to qualified family leave wa	jes 20	Savarse success
Qualified w	ages for the employee retention credit	21	Garnes - paragram
2 Qualified h	ealth plan expenses allocable to wages reported on line 2	1 22	Ward thirt a law
3 Credit from	Form 5884-C, line 11, for this quarter	23	En a son to entropia
	rages paid March 13 through March 31, 2020, for the this line only for the second quarter filing of Form 941) .		•
	ealth plan expenses allocable to wages reported on line and quarter filing of Form 941)		
			ALCOHOLOGICAL STREET, ST. T. S.
	speak with your third-party designee?		
<del></del>	e speak with your third-party designee? t to allow an employee, a paid tax preparer, or another perso	n to discuss this return with the IRS? See the	e instructions
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Do you wan for details.  Yes. De  X No.  Art 5: Sign he inder penalties of p	t to allow an employee, a paid tax preparer, or another personal signee's name and phone number  lect a 5-digit personal identification number (PIN) to use whence. You MUST complete all three pages of Form 941 and perjury, I declare that I have examined this return, including accompa	n talking to the IRS	f my knowledg
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## Form 941-V, Payment Voucher

#### **Purpose of Form**

section 11 of Pub. 15.

Complete Form 941-V if you're making a payment with Form 941. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

#### **Making Payments With Form 941**

To avoid a penalty, make your payment with Form 941 only if:

- Your total taxes after adjustments and nonrefundable credits (Form 941, line 12) for either the current quarter or the preceding quarter are less than \$2,500, you didn't incur a \$100,000 next-day deposit obligation during the current quarter, and you're paying in full with a timely filed return; or
- You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 for deposit instructions. Don't use Form 941-V to make federal tax deposits.

Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should've been deposited, you may be subject to a penalty. See Deposit Penalties in

#### **Specific Instructions**

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting the IRS website at www.irs.gov/EIN. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 941.

**Box 3—Tax period.** Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4—Name and address. Enter your name and address as shown on Form 941.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period ("1st Quarter 2020," "2nd Quarter 2020," "3rd Quarter 2020," or "4th Quarter 2020") on your check or money order. Don't send cash. Don't staple Form 941-V or your payment to Form 941 (or to each other).
- Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

Note: You must also complete the entity information above Part 1 on Form 941.

<del></del>	▼ De	etach Her	e and Mail With Your Payment and Form 941.	, 				
E 941-V Department of the Treasury Internet Revenue Service  ▶ Dec		►t	Payment Voucher on't staple this voucher or your payment to Form 941.		OMB No. 1545-0029 20 <b>20</b>			
Enter your employer number (EIN).     38	identification 8-3749349		2 Enter the amount of your payment. ►  Make your check or money order payable to "United States Treasury"	ars 1,607	Cents			
3 Tax Period			4 Enter your business name (individual name if sole proprietor).					
1st Quarter	0	3rd Quarter	DE LA GARZA BAKERY, INC.  Enter your address.  230 N. TEXAS AVE.					
2nd Quarter	0	4th Quarter	Enter your city, state, and ZIP code; or your city, foreign country name, foreign province/ci MERCEDES, TEXAS 78570	ounty, and foreign	postal code.			

#### NOTICE OF APPLICATION FOR UNEMPLOYMENT BENEFITS Date Mailed April 13, 2020

DE LA GARZA BAKERY INC 230 N TEXAS AVE MERCEDES TX 78570-2747 Haalkaladdaadlkaaaldkaafalkadalkikaalka

All dates are shown in month-day-year order.

Account #: 10-947453-3

Name: JOSE F ROCHA SSN:

747-46-1890 440367

Access Key:

IMPORTANT

If you wish to respond, you must do so with detailed information on or before If you wish to respond, you must do so with detailed information on or before 04-27-20.

The person named above applied for unemployment benefits naming you or your organization as the last place worked. State law requires we notify you of this action and allow you to respond. A response must contain adequate information. If you are covered by the Texas Unemployment Compensation Act, the determination we make, together with the timeliness and adequacy of your response, could affect the taxes or reimbursements you pay. If you respond late, or choose not to respond, you waive all rights in connection with this claim. A pattern of late or inadequate responses (two or more) may negatively impact charges to your account on future unemployment claims.

What you need to do:

Respond on or before 04-27-20

to protect your appeal rights and receive any

determination TWC makes. If you do not wish to protest or be an interested party, you are not required to respond. To be adequate, your response must include sufficient facts and enough detailed

information for TWC to determine the applicant's right to receive benefits. You should include the reason for separation, along with any adverse facts that are directly related to any allegation(s) raised regarding the applicant's eligibility. Be prepared to answer additional questions. If the address listed above

is incorrect please respond on the Internet OR by phone and provide your correct address.

How to respond:

You have four response options. Select one of the following.

Internet

Respond at www.texasworkforce.org/ui/er.html. Enter the SSN and Access Key shown above. Print the

confirmation page as proof of your response.

Phone:

(888) 876-6107 , weekdays, between 8:00 a.m. and 5:00 p.m. Central. You must speak with a TWC representative and receive a confirmation number. Leaving a voice message does not constitute a response. Record the number in the space below and keep this notice for your

records.

Fax:

(512) 322-2871 . Include both sides of this notice and any attachments. TWC uses the date we receive the fax to determine whether your response is timely. Retain the fax confirmation as

proof of your response.

Mail:

Mail a completed copy along with any attachments to the address in the upper left-hand corner. TWC

uses the postmark to determine whether your response is timely.

Note: We use the information from you and the applicant to determine the applicant's eligibility for benefits. We will contact you if we need additional information. The applicant gave the following statement when he/she applied for benefits.

REASON NO LONGER EMP	10	YED

DISASTER

If you have difficulty reading the applicant's statement, call TWC at the telephone number listed above.

PLEASE ANSWER ALL QUESTIONS ON REVERSE

HEARING-IMPAIRED CUSTOMERS dial 711 for RELAY TEXAS

Claim ID: 04-05-20 Claim Date: 04-05-20 Entity ID:

## Work Separation Details Please answer the following questions regarding:

Applicant's Name: JOSE F ROCHA	SSN: 747-46-1890											
We have your TWC account number as 10-947453-3     If the actual number is different from this, print the correct number		Account Number										
in the box at the right.								14				
Dates Worked.  From For temporary or seasonal employees, enter the start and	n	0	1	F	0	2	—	2	0			
end dates for the most recent assignment. Throu	gh	O	3	-	Ó	9	_	2	0			
Reason no longer employed:  Permanent Layoff Fired Quit Reduced Hours Never Worked Here												
☐ Still Working ☐ Temporary Layoff with Recall Da	nte:	0	4	_	1	5		2	Ô			
3. Attach a detailed explanation of Fired and Quit separations. Include the applicant's name and SSN on each attachment.  * If the applicant was fired, include relevant company policies, any warnings given, the date and nature of the last incident causing the termination, and the name of the person who discharged the applicant.  * If the applicant quit, include the applicant's reason for quitting and whether the applicant gave any notice.  TWC may disclose to the applicant any information you provide.  NOTE: Failing to provide complete information may cause inappropriate benefit payments and raise employer taxes.												
4. Did you give the applicant advance notice of work separation?		区	Y	BS .			No					
5. Did you pay the applicant an additional payment such as wages paid instead of providing advance notice of layoff or severance pay?	i		Ye	es	ı	X	No					
5a. If yes, how many days of additional pay did you give?												
5b. If you paid an additional payment, what dates did the payment cover?	<u> </u>						_					
6. If the applicant is laid off temporarily, have you paid or will you pay the applicant holiday or vacation pay during the layoff?			Ye	es		X,	No					
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6b. If you paid holiday or vacation days, what dates did the holiday or vacation pay cover?  Through the holiday or vacation pay cover?	1	<b>1</b> 50	100	``;		İ	<u>-</u>					
Preparer's Signature: Classo dela Pare Title: Drevident												
Telephone Number: 956-825-9911 Dat	в [	0	4	<u> </u>	2	j T	-	2	0			
Contact A L B A R D D E L A G A R Z Person	A											
Phone Number 9 56 - 825 -	9	9	ſ	1	X							

04-05-20

6485

000440367

You may receive, review, and correct information TWC collects about you by contacting TWC Open Records at 1-866-274-0940.



8483 6032-1 E154766 Ul Support & Customer Service TEXAS WORKFORCE COMMISSION PO BOX 2211 MC ALLEN TX 78502-2211

# 52041111008483010

#### NOTICE OF APPLICATION FOR UNEMPLOYMENT BENEFITS Date Mailed April 20, 2020

DE LA GARZA BAKERY INC 330 N TEXAS AVE MERCEDES TX 78570-2747 Hardladachtarradalladachtarladalladachtarradacht

All dates are shown in month-day-year order.

Account #:

10-947453-3

Name: HERNELINDA PEREZ SSN:

632-06-3129

Access Key:

622167

#### IMPORTANT

if you wish to respond, you must do so with detailed information on or before 05-04-20 The person named above applied for unemployment benefits naming you or your organization as the last place worked. State law requires we notify you of this action and allow you to respond. A response must contain adequate information. If you are covered by the Texas Unemployment Compensation Act, the determination we make, together with the timeliness and adequacy of your response, could affect the taxes or reimbursements you pay. If you respond late, or choose not to respond, you waive all rights in connection with this claim. A pattern of late or inadequate responses (two or more) may negatively impact charges to your account on future unemployment claims.

What you need to do:

Respond on or before 05-04-20 to protect your appeal rights and receive any determination TWC makes. If you do not wish to protest or be an interested party, you are not required to respond. To be adequate, your response must include sufficient facts and enough detailed

information for TWC to determine the applicant's right to receive benefits. You should include the reason for separation, along with any adverse facts that are directly related to any allegation(s) raised regarding the applicant's eligibility. Be prepared to answer additional questions. If the address listed above

is incorrect please respond on the Internet OR by phone and provide your correct address.

How to respond:

You have four response options. Select one of the following.

Internet

Respond at www.texasworkforce.org/ui/er.html. Enter the SSN and Access Key shown above. Print the

confirmation page as proof of your response.

Phone:

(888) 876-6107 , weekdays, between 8:00 a.m. and 5:00 p.m. Central. You must speak with a TWC representative and receive a confirmation number. Leaving a voice message does

not constitute a response. Record the number in the space below and keep this notice for your records

Fax:

(512) 322-2871 . Include both sides of this notice and any attachments. TWC uses the date we receive the fax to determine whether your response is timely. Retain the fax confirmation as

proof of your response.

Mait

Mail a completed copy along with any attachments to the address in the upper left-hand corner. TWC uses the postmark to determine whether your response is timely.

Note: We use the information from you and the applicant to determine the applicant's eligibility for benefits. We will contact you if we need additional information. The applicant gave the following statement when he/she applied for benefits.

REASON NO LONGER EMPLOYED

DISASTER

May return as of 4/15/20

If you have difficulty reading the applicant's statement, call TWC at the telephone number listed above.

PLEASE ANSWER ALL QUESTIONS ON REVERSE

HEARING-IMPAIRED CUSTOMERS dial 711 for RELAY TEXAS

Case No.: Claim ID: 04-12-20 Claim Date: 04-12-20

**Entity ID:** 

## Work Separation Details Please answer the following questions regarding:

1. We have your TWC account number as 10-947453-3 If the actual number is different from this, print the correct number In the box at the right.  2. Dates Worked. From o 3 3 1 1 8 From o 3 3 1 1 8 From o 3 3 1 1 8 From o 3 3 1 1 8 From o 3 3 1 1 8 From o 3 3 1 1 8 From o 3 3 1 1 1 8 From o 3 1 1 1 8 From o 3 1 1 1 8 From o 3 1 1 1 8 From o 3 1 1 1 8 From o 3 1 1 1 8 From o 3 1 1 1 8 From o 3 1 1 1 8 From o 3 1 1 1 8 From o 3 1 1 1 1 8 From o 3 1 1 1 1 8 From o 3 1 1 1 1 8 From o 3 1 1 1 1 8 From o 3 1 1 1 1 8 From o 3 1 1 1 1 8 From o 3 1 1 1 1 8 From o 3 1 1 1 1 8 From o 3 1 1 1 1 8 From o 3 1 1 1 1 1 8 From o 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Applicant's Name: HERNELINDA PEREZ	99	:NF	632	2-06	-31	29			33
If the actual number is different from this, print the correct number in the box at the right.  2. Dates Worked. For temporary or seasonal employees, enter the start and end dates for the most recent assignment.  Reason no longer employed: Permanent Layoff   Fired   Quit   Reduced Hours   Never Worked Here   Still Working   Temporary Layoff with Recall Date.   Off   15   2   0    3. Attach a detailed explanation of Fired and Quit separations. Include the applicant's name and SSN on each attachment.  If the applicant was fired, include relevant company policies, any warnings given, the date and nature of the last incident causing the termination, and the name of the person who discharged the applicant causing the termination, and the name of the person who rotice.  WC may disclose to the applicant any information you provide.  NOTE: Failing to provide complete information may cause inappropriate benefit payments and rates employer taxes.  4. Did you give the applicant advance notice of work separation?   Yes   No    5a. If yes, how many days of additional payment such as wages paid   Yes   No    5a. If you paid an additional payment, what dates did the payment cover?   Through   Prom   No    6a. How many paid holidays or vacation days did or will the applicant receive?   O    6b. If you paid holiday or vacation days, what dates did the holiday or vacation pay cover?   N    From   Preparer's Signature:   Title:   President   Preparer's Signature:   Title:   President   Preparer's Signature:   Title:   President   Date   Dut	SSN: 632-06-3129									
In the box at the right  2. Dates Worked. For temporary or seasonal employees, enter the start and end dates for the most recent assignment.  Reason no longer employed:    Permanent Layoff   Fired   Quit   Reduced Hours   Never Worked Here	If the actual number is different from this, print the correct number	$\vdash$	7	<del>T '</del>	ACCO	unt i	Vumb	er T		
For temporary or seasonal employees, enter the start and end dates for the most recent assignment.  Reason no longer employed:    Permanent Layoff   Fired   Quit   Reduced Hours   Never Worked Here	in the box at the right.	<u>L</u>	上							
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Reason no longer employed:    Permanent Layoff   Fired   Quit   Reduced Hours   Never Worked Here   Still Working   X Temporary Layoff with Recall Date: 0 4 - 1 5 - 2 0   3. Attach a detailed explanation of Fired and Quit separations. Include the applicant's name and seach attachment.   If the applicant was fired, include relevant company policies, any warnings given, the date and nature of the last incident causing the termination, and the name of the person who distoraged the applicant quit, include the applicant's reason for quitting and whether the applicant gave any notice.   WC may disclose to the applicant any information you provide.   NOTE Failing to provide complete information may cause inappropriate benefit payments and relise employer taxes.   A. Did you give the applicant advance notice of work separation?   X Yes   No     No   No   No   No     S. Did you pay the applicant an additional payment such as wages paid   Yes   No     S. Did you pay the applicant an additional payment such as wages paid   Yes   No     S. Did you pay the applicant an additional pay did you give?   No     S. If yes, how many days of additional pay did you give?   No     S. If you paid an additional payment, what dates did   Through   No     S. If you paid an additional payment, what dates did   Through   No     S. If you paid an additional payment, what dates did   Through   No     S. If you paid an additional payment, what dates did   Through   No     S. If you paid holiday or vacation days, what dates did   Through   No     Preparer's Signature   Title:   PRESident   PRESID		ugh	Ö	3	_	1	9	_	2	0
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* If the applicant was fired, include relevant company policies, any warnings given, the date and nature of the last incident causing the termination, and the name of the person who discharged the applicant.  * If the applicant quit, include the applicant's reason for quitting and whether the applicant gave any notice.  TWC may disclose to the applicant any information you provide.  NOTE: Falling to provide complete information may cause inappropriate benefit payments and raise employer taxes.  4. Did you give the applicant advance notice of work separation?  5. Did you pay the applicant an additional payment such as wages paid yes.  5. Did you pay the applicant an additional payment such as wages paid yes.  5. Did you pay the applicant and additional pay did you give?  5. If yes, how many days of additional pay did you give?  5. If you paid an additional payment, what dates did the payment cover?  6. If the applicant is laid off temporarily, have you paid or will you yes No  6. If the applicant holiday or vacation days did or will the applicant receive?  6. If you paid holidays or vacation days, what dates did the holiday or vacation pay cover?  Title:  President  Title:  President  Title:  Preparer's Signature:  Title:  Title:  President  Total D4 23 - 20  Contact A B R R D E L A G A R Z A	Still Working	ate:	0	4		1	5	_	2	0
* If the applicant was fired, include relevant company policies, any warnings given, the date and nature of the last incident causing the termination, and the name of the person who discharged the applicant.  * If the applicant quit, include the applicant's reason for quitting and whether the applicant gave any notice.  TWC may disclose to the applicant any information you provide.  NOTE: Falling to provide complete information may cause inappropriate benefit payments and raise employer taxes.  4. Did you give the applicant advance notice of work separation?  5. Did you pay the applicant an additional payment such as wages paid yes.  5. If yes, how many days of additional pay did you give?  5. If you paid an additional payment, what dates did the payment cover?  6. If the applicant is laid off temporarily, have you paid or will you pay the applicant holiday or vacation pay during the layoff?  6. If you paid holidays or vacation days did or will the applicant receive?  6. If you paid holiday or vacation days, what dates did the holiday or vacation pay cover?  Title:  President  Title:  President  Title:  President  Title:  President  Title:  President  Total	3. Attach a detailed explanation of Fired and Quit separations. In	clud	e ti	he a	app	ican	t's	nan	10 8	and
arged the applicant quit, include the applicant's reason for quitting and whether the applicant gave any notice.  TWC may disclose to the applicant any information you provide.  NOTE: Failing to provide complete information may cause inappropriate benefit payments and raise employer taxes.  4. Did you give the applicant advance notice of work separation?  5. Did you pay the applicant an additional payment such as wages paid result instead of providing advance notice of layoff or severance pay?  5a. If yes, how many days of additional pay did you give?  5b. If you paid an additional payment, what dates did the payment cover?  6. If the applicant is laid off temporarily, have you paid or will you pay the applicant holiday or vacation pay during the layoff?  6a. How many paid holidays or vacation days did or will the applicant receive?  6b. If you paid holiday or vacation days, what dates did the holiday or vacation pay cover?  Title:  Prescident  Title:  Prescident  Telephone Number:  Telephone Number:  Telephone Number:  Date  Date  DAR BAR BAR BAR BAR BAR BAR BAR BAR BAR B	* If the applicant was fired, include relevant company policies.	eny v	vari	ning	s gi	ven,	the	dat	te a	nd
TWC may disclose to the applicant any information you provide.  NOTE: Falling to provide complete information may cause inappropriate benefit payments and rates employer taxes.  4. Did you give the applicant advance notice of work separation?  5. Did you pay the applicant an additional payment such as wages paid instead of providing advance notice of layoff or severance pay?  5. If yes, how many days of additional pay did you give?  5. If you paid an additional payment, what dates did the payment cover?  6. If the applicant is laid off temporarily, have you paid or will you pay the applicant holiday or vacation pay during the layoff?  6. If you paid holidays or vacation days did or will the applicant receive?  6. If you paid holiday or vacation days, what dates did the holiday or vacation pay cover?  7. A. Title: President  Title: President  Title: President  Telephone Number:  7. Date 04-23-20  Contact A L B A R B D E L A C A R Z A	discharged the applicant.									
TWC may disclose to the applicant any information you provide.  NOTE: Falling to provide complete information may cause inappropriate benefit payments and raise employer taxes.  4. Did you give the applicant advance notice of work separation?  5. Did you pay the applicant an additional payment such as wages paid instead of providing advance notice of layoff or severance pay?  5a. If yes, how many days of additional pay did you give?  5b. If you paid an additional payment, what dates did from from from he payment cover?  6. If the applicant is laid off temporarily, have you paid or will you you yes No Pay the applicant holiday or vacation pay during the layoff?  6a. How many paid holidays or vacation days did or will the applicant receive?  6b. If you paid holiday or vacation days, what dates did the holiday or vacation pay cover?  76b. If you paid holiday or vacation pay cover?  76c. Signature:  Title: President  Telephone Number:  76c. BARBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	# If the applicant quit, include the applicant's reason for quitting any notice.	and	wł	neth	er t	he a	<b>ippli</b>	cant	gar	ve
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Preparer's Signature:  Title: President  Telephone Number: $956-825-9911$ Contact $A L B A R D D E L A G A R Z A$ Date $D4-23-20$	dha balidan ha saaadan a	uah								
Telephone Number: 956-825-9911 Date 04-23-20  Contact A L B A R D D E L A G A R Z A	(1/4	لـــّـ								
Contact A L B A R B D E LA GARZA	Preparer's Signature: Title:	F)R	25	ide	nt	_				.
Contact A L B A R D D E LA GARZA	Telephone Number: 736-823-9411 D	ate	0	4	-	2	3	_	2	O
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Phone Number 956 - 825 - 9911 x	Person	9	9	1	1	x				

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You may receive, review, and correct information TWC collects about you by contacting TWC Open Records at 1-866-274-0940.

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## **U.S. Small Business Administration**

DISASTER BUS	INESS LOAN APPLICATION Explanation 1003/1/2021
FOR SBA INTERNAL USE ONL	Y Date Received Location By
Physical Declaration Number	Filing Deadline Date
Economic Injury Declaration Number	Filing Deadline Date
FEMA Registration Number (if known)	SBA Application Number
1. ARE YOU APPLYING FOR:	
Physical Damage - Indicate type of damage	☐ Military Reservist EIDL (MREIDL)
Real Property Business Contents	(complete the following)  * Name of Essential Employee
∠ Economic Injury (EIDL)	* Employee's Social Security Number
PLEASE PROVIDE ALL INFORMATION OR DOCUMENTATION *For information about these questions, see the stacked Statements Required by Laws and it	ON REQUESTED IN THE ATTACHED FILING REQUIREMENTS.
Apply online at https://disasterloan.sba.gov/ela/ OR send co	
2. ORGANIZATION TYPE *Sole Proprietors should	complete form 5C
Partnership Limited Partnership	Limited Liability Entity
✓ Corporation	n Trust Other:
3. APPLICANT'S LEGAL NAME	4. FEDERAL E.I.N. (if applicable)
ALBARO DE LA GARZA	38-3749349
5. TRADE NAME (if different from legal name)	6. BUSINESS PHONE NUMBER (including area code)
DE LA GARZA BAKERY, INC.	956-825-9911
7. MAILING ADDRESS   Business	Home Temp Other
Number, Street, and/or Post Office Box City 30 N. TEXAS AVE MERCEDES	County State Zip TX 78570
B. DAMAGED PROPERTY ADDRESS(ES)	BUSINESS PROPERTY IS:
(If you need more space, attach additional sheets.)    with the control of the co	Same as mailing address Owned Leased County State Zip
9. PROVIDE THE NAME(S) OF THE INDIVIDUAL(S)	O CONTACT FOR:
Loss Verification Inspection	Information necessary to process the Application
Name ALBARO DE LA GARZA	Name
Telephone Number 956-825-9911 OR 956-463-1227	Telephone Number
10. ALTERNATE WAY TO CONTACT YOU	
Cell Number 956-463-1227	✓ E-mail albarodelagarza@g.mail.com
Fax Number 956-825-9911	Other
11. BUSINESS ACTIVITY: BAKERY/CAFE	12. NUMBER OF EMPLOYEES (pre-disaster): 7
13. DATE BUSINESS ESTABLISHED: 01/01/2006	14. CURRENT MANAGEMENT SINCE: 01/01/2008
15. AMOUNT OF ESTIMATED LOSS: Real Esta  If unknown, enter a question mark	
Machinery & Equipment	Leasehold Improvements
	age Type:
Name of Insurance Company and Agent STATE FARM	
Phone Number of Insurance Agent ALEJANDRINA TELLEZ,	956-351-7823 Policy Number 956-903-4410

SSINEIRY Martied Status Martied M	Legal Name		more space attach ad	runonal sheets.)	Complete for a general partner	r, or 3) stockhol		ind Animal Solve	or more y	roting stock.	microst and 620											
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Table of the Company								Telephone	Number	(area code)	US Citize											
Legal Name   WESIALCO   World   Crual Address   Tales/Clice   No Owned   Crual Address   Tales/Click   Tale	Mailing Address 2601 E. 18TH ST.							956-463-12	<u> </u>	1	V Yes [											
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Mailing Address    City	SSN/EIN*	<del></del> -,				Title/Offic	e	% Owned	E-mail	Address	10000											
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Significant Entity Owner De LA GARZA BAKERY, INC.  EIN Type of Business Entity Owner De LA GARZA BAKERY, INC.  EIN Type of Business Sale State	Mailing Address			<u> </u>		ICH.				(area code)												
Solutions (American) Committee (Committee)	* For Information about th	rese questions.	ten the attached Control			City				State												
Code   Code	Business Entity O	wner	CADZA DAMEN	no Required by Laws and E						<u></u>	<u> </u>											
State   Code   C	lame Jailing Address	UE LA	GARZA BAKERY	, INC.		19349		Type of Bus	iness		% Owners											
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8. For the applicant business and each owner ligited in ten 17, please respond to the following questions, providing dates and details on any question answered YES (Article an auditional sheet for detailed responses).  a. Has the business or a listed owner area earn of the provided on a banking judgments, tax lens, or pending leverals against there?  c. In the past year, has the business or a listed owner area owner over been involved in a banking judgments, tax lens, or pending leverals against there?  c. In the past year, has the business or a listed owner area owner owner owner owner owner in the production or distribution of any product or service that has been determined to be obscened by a court of competion with a rot or distribution of any product or service that has been determined to be obscened by a court of competion influenced their grants of the production or distribution of any product or service that has been determined to be obscened by a court of competion influenced training of the production or distribution of any product or service that has been determined to be obscened by a court of competion influenced training of the production or distribution of any product or service that has been determined to be obscened by an owner of the production or distribution of any product or service that has been determined to any product or service that has been determined to any product or service that has been determined to any product or service that has been determined to any product or service that has been determined to any product or service that has been determined to any product or service that has been determined any product or p	-mail Address	mail com			MERC	EDES	Tour			785	70											
b. Does the business or a listed corner have any outstanding lugisments, tax liens, or pending lawsuits against them?	8. For the applica	ent business	and each owner li	sted in the 47			Pho_ 95	ne 6-825-9911														
b. Does the business or a listed corner have any outstanding lugisments, tax liens, or pending lawsuits against them?	question answe	ered YES (A	ttach an additiona	sted in item 17, plea i sheet for detailed r	se respond to <u>espons</u> es).	the following	questi	ons, providin	g dates a	and details	s on any											
C. In the past year, has the business or a listed control them convicted of a criminal offeres committed during and in connection with air dot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a count of completen truinfaction?"   Yes	a. Has the bus	siness or a lis	sted owner ever bee	n involved in a bankr.	ptcy or insolve	ncy proceedir	10?															
connection with a rich or civil disorder or other declared disaster, or ever bear an expect in the production or distribution of any product or service that has been determined to be obscene by a court of competer it princilication?  It is the business or a listed owner ever had or gueranteed a Federal loan or a Federal guaranteed kean?  It is the business or a listed owner ever had or gueranteed a Federal loan or a Federal guaranteed kean?  It is the business or a listed owner definiquent on any Federal taxes, direct or gueranteed Federal loans (SBA, FHA, VA.   Yes   V   V   V   V   V   V   V   V   V	<ul><li>c. In the past v</li></ul>	vear has the	husiness as a list-	A consequential incidute	mts, tax liens, c	r pending law	Suits ac	Binet thom?			— <u>₽</u> "											
d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan?   Yes   Ves	connection i	With a riot or	civil disperder or other		a or a centimien	onense comp	naced di	uning and in		· [] Ye	s V											
e. Is the business or a listed owner delinquent on any Federal taxes, direct or guaranteed Federal Joans (SBA, FHA, VA.   Yes   Value   Yes	product of s	ervice that ha	as been determined	to be obscene by a c	ourt of compete	nt jurisdiction	product	tion or distribu	tion of ar	ny [												
Student, etc.), Federal contracts, Federal grants, or any child support payments?    Does any owner, owner's appuse, or household member work for S8A or serve as a member of S8A's SCORE, ACE, or Advisory Council'   Yes   Y	e. Is the busine	iiness or a lis ess or a lister	ted owner ever had	or guaranteed a Fede	ral loan or a Fe	derally guara	nteed k	an?	•••••		₩ "											
Advisory Council?	student, etc.	<ol> <li>Federal co</li> </ol>	ntracts Federal or	onto on one - bit i	an act of Antis	uraed Ladals	loens	(SBA, FHA, V	Α	∐ Ye	s 💌 N											
g. is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Pederal grants or loans?  Regarding you or any joint applicant listed in Item 17:  a) are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brough any jurisdiction; b) have you been arrested in the past six monnths for any criminal offense; c) for any criminal offense - other than a minor veh any jurisdiction; b) have you been arrested in the past six monnths for any criminal offense; c) for any criminal offense - other than a minor veh any form of parole or probation (including probation before judgament)?  PHYSICAL DAMAGE LOANS ONLY. If your application is approved, you may be aligible for additional funds to cover the cost of mitigating measures (real property improvements or devices to minimize or protect against future damage from the same type of disaster event), before any loan increase.  By checking this box, I am interested in having \$8A consider this increase.  If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.  Name and Address of Representative (please include the individual name and their company)  (Signature of Individual)  (Print Individual Name)  (Name of Company)  Phone Namber (Individual Name)  (Name of Company)  Prese Charged or Agreed Upon  Fee Charged or Agreed Upon  Fee Charged or Agreed Upon  Fee Charged or Agreed Upon  Fee Charged in Address of the papilicant business:  authorities \$A, as required by the Princey Act, to rehability or other creditors to release to \$Ab all records and information media the required to obtain mybur loan funds.  Any Memorities SA, as required by the Princey Act, to rehability of the purpose of assistance on grounds of age, color, handings, marital status, national origin, race, religion, or zec.  If paid anyone connected with the Federal gover	f. Does any ov	wher, owner's	SDOUSE or house a	old mombasses to	SBA or serve a	e a member e	f CDAL		•••••	Ye	s V No											
Regarding you or any joint applicant listed in Item 17:  a) are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brough any jurisdiction; b) have you been arrested in the past six months for any criminal offense; c) for any criminal offense; c) for any criminal offense; c) for any criminal offense; c) for any criminal offense; c) for any criminal offense; c) for any criminal offense; c) for any criminal offense; c) for any criminal offense; c) for any criminal offense; c) for any criminal offense; c) for any criminal offense; c) for any criminal offense; c) for any criminal offense; c) for any criminal offense; c) for any criminal offense; c) for any committed on partial diversion, or 5) been placed on partial diversion of the partial diversion of the partial diversion of the partial diversion of the partial diversion of the partial diversion of the partial diversion of the partial diversion of the partial diversion of the partial diversion of the partia	<ol><li>g. is the applica</li></ol>	ant or any list	led owner currents.			4.5.5.5.5.6.6		SCORE, ACI	≣, or	□ v <sub>*</sub>												
Regarding you or any joint applicant listed in Item 17:  a) are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brough any jurisdiction; b) have you been arrested in the past six months for any criminal offense; c) for any crim	Federal gran	ts or loans?	······································	suspended or deband	ed from contrac	ting with the I	ederal	government o	r receivin	70 T ₹6	s N											
a) are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brough any jurisdiction; (b) have you been arrested in the past six months for any criminal offense; c) for any criminal offense — other than a minor veh any jurisdiction; (b) have you been arrested in the past six months for any criminal offense; c) for any criminal offense — other than a minor veh any form of parole or probation (including probation for other past). The probation is approved, you may be eligible for additional funds to cover the cost of mitigating measures (real property improvements or devices to minimize or protect against future damage from the same type of disaster event).  PHYSICAL DAMAGE LOANS ONLY. If your application is approved, you may be eligible for additional funds to cover the cost of mitigating measures (real property improvements or devices to minimize or protect against future damage from the same type of disaster event).  It is not necessary for you to submit the description and cost estimates with the application. SBA must approve the mitigating measures by checking this box, I am interested in having SBA consider this increase.  If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.  Name and Address of Representative (please include the individual name and their company)  (Signature of Individual)  (Sig	. Regarding you	or any joir	at applicant line.																			
any form of parale or probation (including probation before judgement?)  PHYSICAL DAMAGE LOANS ONLY. If your application is approved, you may be eligible for additional funds to cover the cost of mitigating measures (real property improvements or devices to minimize or protect against future damage from the same type of disaster event). It is not necessary for you to submit the description and cost estimates with the application. SBA must approve the mitigating measures left any one assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.  If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.  Name and Address of Representative (please include the individual name and their company)  (Name of Company)  Phone Namber (notice Aven Code)  Intess the NO box is checked, I give permitesion for SBA to discuss any portion of this application with the representative listed above. NO permits only our insurance company, bank, francial institution, or other creditors to release to SBA all records and information may be required priors to loan dosing. Whe Wile be address in my contingent on the space of the service	a) are you nee					****		<u>· · · · · · · · · · · · · · · · · · · </u>		Ye												
PHYSICAL DAMAGE LOANS ONLY. If your application is approved, you may be eligible for additional funds to cover the cost of mitigating measures (real property improvements or devices to minimize or protect against future damage from the same type of disaster event).  It is not necessary for you to submit the description and cost estimates with the application. SBA must approve the mitigating measures before any loan increase.  By checking this box, I am interested in having SBA consider this increase.  If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.  Name and Address of Representative (please include the individual name and their company)  (Signature of Individual)  (Print Individual Name)  (Name of Company)  Phone Number (reduide Area Code)  Phone Number (reduide	One invited inting	cently eublica	t to an indicate	o in item 17:						Yes	140											
PHYSICAL DAMAGE LOANS ONLY. If your application is approved, you may be eligible for additional funds to cover the cost of mitigating measures (real property improvements or devices to minimize or protect against future damage from the same type of disaster event), before any loan increase. By checking this box, I am interested in having SBA consider this increase.  If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.  If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.  Name and Address of Representative (please include the individual name and their company)  (Signature of Individual)  (Print Individual Name)  (Name of Company)  Phone Number (include Area Code)  Street Address, City, Stree, Zp  Fee Charged or Agreed Upon  REEMENTS AND CERTIFICATIONS  Street Address, City, Stree, Zp  Fee Charged or Agreed Upon  REEMENTS AND CERTIFICATIONS  Debalf of the undersigned individually and for the applicant business:  authorize mylour insurance company, bant, financial institution, or other creditors to release to SBA all records and information may be required prior to loan dosing. (We will be addeed in writing what Information will be required to obtain my/our loan funds.  authorize SBA, as required by the Privory Act, to release any information and salary history as needed to process and service a disaster loan.  Well and arrays a service to proper a disaster loan.  Well and application, evaluating eligibility for additional assistance, or notifying me or will not proper in the proper of assistance from any person on grounds of age, color, handscap, married status, national origin, race, religion, or set.  will not proper to the first proper to the formation in the different propers of the purpose of assistance from will report to the SAO Otter My my/our past and price to otherwise subject to do		sently subject; b) have you	at to an indictment u been arrested in	, criminal information the past six months	n, arraignmen for any crimir	, or other me	eans be	Which forms		Yes												
Defore any loan increase.  By checking this box, I am interested in having SBA consider this Increase.  If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.  Name and Address of Representative (please include the individual name and their company)  (Signature of Individual)  (Print Individual Name)  (Name of Company)  Phone Namber (include Area Code)  Street Address, City, Stats, Zip  Fee Charged or Agreed Upon  Street Address, City, Stats, Zip  Fee Charged or Agreed Upon  REFMENTS AND CERTIFICATIONS  behalf of the undersigned individually and for the applicant business:  authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application.  In a strict the SBA to verify my/our past and present employment information and salary instory as required by the Privacy Act, to release any information collected in connection with this application to Federal state, local, this or comprofit organizations (e.g. Red Cross Adm), Memonite Deaster Services, SBA Resource Partners (in the purposer of assisting me with my/our SBA application), evaluating eligibility of such assistance.  will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from any person on grounds of age, color, handicap, marital status, national origin, race, religion, or se.  will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from the participation of age, color, handicap, marital status, national origin, race, religion, or se.  will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal f		sently subject; b) have you	at to an indictment u been arrested in	, criminal information the past six months	n, arraignment for any criminad ead noto conte	, or other me al offense; o ndere, 4) be	eans be	Which forms		Yes												
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In anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.  Name and Address of Representative (please include the individual name and their company)  (Signature of Individual)  (Name of Company)  Phone Number (Indude Area Code)  Street Address, City, State, 2p  Fee Charged or Agreed Upon  REEMENTS AND CERTIFICATIONS  behalf of the undersigned individually and for the applicant business: authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our foun funds.  authorize the SBA to verify my/our past and present employment information and salary history as needing to process and service a disaster loan.  Into Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my/our SBA application, or advantage any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.  will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any pregram or activity for which I/we receive Federal financial assistance, or notifying me or will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any pregram or activity for which I/we receive Federal financial assistance from any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.  will not recorded with the Federal government for help in getting this loan.  FECHATION AS TO INTERHILL INFORMATION: By spring this application, by our certify that all information in your application and submitted with your application is true and correct to the best willing the loan under 15 U.S.C. 63(b). In addition, any fale statement or misrepresentation to SBA may result in criminal, chi	any form of pan PHYSICAL DAM measures (real p	sently subject; b) have you ever: 1 role or proba	ct to an indictment u been arrested in ) been convicted, ; tion (including pro	o in item 17: , criminal information the past six months 2) plead guilty, 3) ple bation before judges pplication is approve	n, arraignment for any crimin and noto conte ment)? Yes No d, you may be	, or other ma al offense; ondere, 4) be	eans by ) for an en place , Nam	/ which formal off ed on pretrial e:	diversion	Al charges ther than a	are brought is minor vehicle en placed on											
Name and Address of Representative (please include the individual name and their company)  (Signature of Individual)  (Print Individual Name)  (Name of Company)  Phone Number (Indude Area Code)  Street Address, City, Sinte, Zip  Fee Charged or Agreed Upon  REEMENTS AND CERTIFICATIONS  Obehalf of the undersigned individually and for the applicant business: authorize myour insurance company, bank, financial institution, or other creditors to release to SBA all records and information mecessary to process this application. Henerby authorite myour insurance company, bank, financial institution, or other creditors to release to SBA all records and information mecessary to process this application. Henerby authorite the SBA to verify my/our past and present employment information and salary history as needed to process and service a distanct loan. Henerby authorite her SBA, as required by the Princy Act, to release any information content in this application to rederal, state, local, tribal or nonprofit organizations (e.g. Red Cross valiability of such assistance. In connection with this application, evaluating eligibility for additional assistance, or notifying me or will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from mying person on grounds of age, color, handrap, marrial status, national origin, race, religion, or sex.  In proper of the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved in not paid anyone connected with the Federal government for help in getting this ioan.  IFICATION AS TO TRUTHFUL INFORMATION: By gining this application, you carrilly that all information in order any program or activity for which I/we receive Federal financial assistance from the floating. When the propers of the propers of the financial assistance from the floating of the propers of	any form of pan PHYSICAL DAM measures (real p	sently subject; b) have you ever: 1 role or proba	ct to an indictment u been arrested in ) been convicted, ; tion (including pro	o in Item 17:  , criminal information the past six months 2) plead guilty, 3) ple bation before judges  pplication is approve tes to minimize or p otion and cost estima	n, arraignment for any crimin sad noto contenent)? Yes V Nod, you may be protect against ales with the same	, or other made offense; ondere, 4) be	eans by ) for an en place , Nameddition ge from	y which forms y criminal off ed on pretrial e: al funds to co	el crimina ense - o diversion	al charges ther than a on, or 5) be cost of mit isaster eve	are brought is a minor vehicle een placed on sigating ent).											
Name and Address of Representative (please include the individual name and their company)  (Gignature of Individual)  (Print Individual Name)  (Name of Company)  Phone Number (include Area Code)  Street Address, City, State, Zp  Fee Charged or Agreed Upon  REEMENTS AND CERTIFICATIONS  Obehalf of the undersigned individually and for the applicant business:  authorize mylour insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application. Hereby authorize the SBA to verify mylour past and present employment information and salary history as needed to process and service a disaster loan.  Identify the process of the Privacy Act, to release any information of consistent in the salary history as needed to process and service a disaster loan. In the Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with mylour SBA application, evaluating eligibility for additional assistance, or notifying me or will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity of which I/we receive Federal financial assistance, will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity of which I/we receive Federal financial assistance, or notifying me or will prove the SBA Office of the inspector General, Washington, Dc 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/william of province of the inspector General, Washington, Dc 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/william from the dutine of the inspector General, Washington, Dc 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/william from the dutine of the inspector General, Washington, Dc 20416, any Federal employee	any form of pan PHYSICAL DAM measures (real p It is not necessar before any loan in	sently subject; b) have you ever. 1 role or proba  IAGE LOAN property import for you to increase.	ct to an indictment u been arrested in ) been convicted, i tion (including pro- S ONLY. If your ap- rovernents or devi- submit the descrip	c in item 17:  criminal information the past six months 2) plead guilty, 3) ple bation before judged populication is approve to minimize or potion and cost estimated.	n, arraignment for any criminad note content? Yes No. d, you may be protect against ates with the a	, or other made offense; ondere, 4) be offense of the offense	eans by for an en place , Name addition ge from BA mu	y which forms by criminal off ed on pretrief e: al funds to co the same to st approve th	ense - o diversion	Al charges ther than a con, or 5) be cost of miles saster even	are brought is a minor vehicle en placed on igating ent).											
(Signature of Individual)  (Name of Company)  Street Address, City, State, Zip  Fee Charged or Agreed Upon  REEMENTS AND CERTIFICATIONS  behalf of the undersigned individually and for the applicant business: authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application.  Jour loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds.  Jour loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds.  Jour loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds.  Jour loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds.  Jour loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information in eccessary to process this application.  Jour loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information necessary to process this application.  Jour loan is approved additional information may be required to obtain my/our loan funds.  Jour loan is approved additional prior prior information in the loan under any program or activity for which I/We receive Federal financial assistance from will report to the SBA Office of the inspector General, Washington, DC 20916, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/We incovered to the program of any prior	any form of pan PHYSICAL DAM measures (real p It is not necessar before any loan in	sently subject; b) have you ever. 1 role or proba  IAGE LOAN property import for you to increase.	ct to an indictment u been arrested in ) been convicted, i tion (including pro- S ONLY. If your ap- rovernents or devi- submit the descrip	c in item 17:  criminal information the past six months 2) plead guilty, 3) ple bation before judged populication is approve to minimize or potion and cost estimated.	n, arraignment for any criminad note content? Yes No. d, you may be protect against ates with the a	, or other made offense; ondere, 4) be offense of the offense	eans by for an en place , Name addition ge from BA mu	y which forms by criminal off ed on pretrief e: al funds to co the same to st approve th	ense - o diversion	Al charges ther than a con, or 5) be cost of miles saster even	are brought is a minor vehicle en placed on igating ent).											
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Street Address, City, State, Zip  Fee Charged or Agreed Upon  Fee Charged or Agreed Upon  REEMENTS AND CERTIFICATIONS  behalf of the undersigned individually and for the applicant business: authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application.  Applicant pays and present employment information and salary history as needed to process and service a disaster loan.  Behalf of the undersigned individually and present employment information and salary history as needed to process and service a disaster loan.  Behalf of the privacy Act, to release any information collected in connection with sapplication to Federal, state, local, tribad or nonprofit organizations (e.g. Red Cross valiability of such assistance.  Will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from will report to the SBA Office of the inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/We receive with the federal government for help in getting this loan.  PERCATION AS TO TRUTHFUL INFORMATION: By spling this application, you certify that all information in your application and submitted with your application is true and correct to the best little. Or the company of the	any form of pan PHYSICAL DAM measures (real p It is not necessar before any loan in If anyone assister in the space belor	sently subject; b) have you ever: 1 role or proba  AGE LOAN property impory for you to increase.  Indicate the control of the	ct to an indictment unbeen arrested in been arrested in been convicted, ition (including prospection) for devironments or devironments or devironments applications of Representations.	point term 17:  criminal information the past six months 2) plead guilty, 3) plead guilty, 3) plead bation before judged population is approve ces to minimize or potion and cost estima By checking the cation, whether you prove (please include the common of the cation	n, arraignment for any crimin and note contended, you may be reter the address with the a his box, I am only a fee for the	, or other made offense; ondere, 4) be a lif yes eligible for a future dama pplication. Sinterested in is service or	eans by ) for an en place i, Nam iddition ge from BA must not, the	y which forms by criminal off ed on pretrial e: al funds to co in the same to st approve the ing SBA cons at person mu inpany)	ense - o diversion diversion over the ope of diversified in this pe of diversified in this der this	year all charges ther than a con, or 5) be cost of mit saster ever ting measured sign the cost of the	are brought is a minor vehicle en placed on igating ent).											
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/our loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds. authorize the SBA to verify my/our past and present employment information and salary history as needed to process and service a disaster loan. tion Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with miy/our SBA application, evaluating eligibility for additional assistance, or notifying me or will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance, or notifying me or any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.  will not be SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/We IFICATION AS TO TRUTHFUL INFORMATION: By signing this application, you certify that all Information in your application and submitted with your application is true and correct to the best lifting. Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal and imprisonment, or both, under 15 U.S.C. 645, 18 U.S.C. 1001, 18 U.S.C. 1014, 18 U.S.C. 1040, 18 U.S.C. 371, and any other applicable laws; 2) treble damages and civil penalties under the rement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act improvements Act of 2015.	any form of pan PHYSICAL DAM measures (real p It is not necessar before any loan i If anyone assiste in the space below	sently subject; b) have you ever: 1 vole or probated to probate to probate to property imports you to increase.  Indicate the property in the	ct to an indictment used to an indictment used arrested in been convicted, it is in indiction (including prosperies or devisus and it is including provements or devisus and it is in it is including this application of Representation (Signature of Inc.)	polication is approve to minimize or polication is approve to minimize or polication and cost estimate By checking the cation, whether you polication, whether you polication and cost estimate attorn, whether you polication, whether you polication and cost estimate attorn, whether you polication, re polication.	n, arraignment for any criminad noto content?? Yes No. d, you may be protect against ates with the ahls box, I am hay a fee for the	, or other made offense; on dere, 4) be a lif yes eligible for a future dams pplication. Sinterested in is service or marne and the	eans by ) for an en place is, Nam iddition ige from BA must in havin not, the	y which forms by criminal off ed on pretrial e: al funds to co in the same to st approve th ig SBA cons at person mu  (Print In	el crimina ense - o diversio over the ope of di e mitigat ider this st print a	al charges ther than a on, or 5) be cost of mit saster eve ting mease the sign the me)	are brought is a minor vehicle en placed on igating ent). ures .											
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Legal Name ALBARO DE LA GARZA	•			Title/Office PRESIDENT	% Owned 100%				
SSN/EIN* 463-53-6139	Mantal Status MARRIED	Date of Birth*	Place o	f Birth*	Telephone 956-463-12	Number		US Citizen	
463-53-6 139 Mailing Address 2601 E. 187H ST.	WARRED	01/22/19/1	wesia	City	956-463-12	21	State	✓ Yes No Zip	
Legal Name				WESLALCO Title/Office	% Owned	E-mail	TX Address	78596	
SSN/EIN*	Marital Status	Date of Birth*	Place o	F Di-th*				Luc cii	
	Maillai Status	Date of Birth	Piace 0		Telephone	Number	(area code)	US Citizen Yes No	
Mailing Address				City			State	Zip	
* For information about these questions,					J			To a li	
Business Entity Owner DE L	A GARZA BAKERY	, INC.	EIN 38-3	749349	Type of But BAKERY/C			% Ownership 100%	
Mailing Address 230 N. TEXAS AVE.,			City MER	CEDES		State TX	Zip 785	Code 70	
E-mail Address albarodelagarza@g.mail.com		63	•		Phone 956-825-9911	•			
18. For the applicant busines question answered YES	s and each owner l	isted in item 17, pleased sheet for detailed re	e respond sponses).	to the following q	uestions, providi	ng dates	and details	s on any	
a. Has the business or a				vency proceeding			.   Y	es 🗸 No	
<ul> <li>b. Does the business or a c. In the past year, has t</li> </ul>							📋 Y	es 🔽 No	
connection with a riot	or civil disorder or other	her declared disaster, o	r ever been	engaged in the p	oduction or distrib		· —		
d. Has the business or a		d to be obscene by a co	40.45				<b>-</b>	es V No	
e. Is the business or a lis	sted owner delinquen		direct or gu	aranteed Federal	oans (SBA, FHA,	VA,			
f. Does any owner, own							. 🗀 1	es 🔽 No	
Advisory Council? g. Is the applicant or any		v suspended or debarre	ed from cont	racting with the Fo	deral governmen	or receiv		es 🔽 No	
Federal grants or loan	s?						. 🔲 Y	es 🗹 No	
<ol> <li>Regarding you or any</li> <li>a) are you presently suit</li> </ol>			arraiono	ent or other me	nne hu which for	mal aris	inal charge	a on hought in	
any jurisdiction; b) have violation - have you eve any form of parole or pr	you been arrested r; 1) been convicted	in the past six months I, 2) plead guilty, 3) ple	for any crisad note co	rninal offense; c) ontendere, 4) bee	for any criminal	offense -	other than	n a minor vehicle	
20. PHYSICAL DAMAGE LC									
measures (real property It is not necessary for you		cription and cost estim	ates with t	he application. Si	BA must approve	the miti	gating mea	sures	
before any loan increase 21. If anyone assisted you in				am interested is					
in the space below.	compening this app	Sicador, whether you	pay a loc i	or una scryice or	not, that person	must þin	it and sign	uleii Hallie	
Name and Ad	dress of Represent	ative (please include	the individ	ual name and th	eir company)				
	(Signature	of Individual)	- <del>-</del>		(P	int ladividus	l Name)		
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AGREEMENTS AND C On behalf of the undersigned We authorize my/our insurance coi If my/our loan is approved, additiona	cked, I give permiss ERTIFICATION Individually and for mpany, bank, financial ins I information may be requ	sion for SBA to discus S the applicant business sitution, or other creditors to sired prior to loan closing. IA	S: o release to S We will be adv	BA all records and info	ntion with the report of the r	process ti	nis application		
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AGREMENTS AND C On behalf of the undersigned  VWe authorize my/our insurance con  If my/our loan is approved, additional  VWe hereby authorize the SBA to veit  VWe authorize SBA, as required by the  Salvation Army, Mennonite Disaster  In availability of such assistance.	ERTIFICATION: Individually and for mpamy, bank, financial ins I information may be requirify my/our past and prese a Privacy Act, to release a services, SBA Resource Paing in or deny the benefits color, handicap, marital st	the applicant business the applicant business stitution, or other creditors to sired prior to loan closing. I/A ent employment information any information collected in c rtners) for the purpose of ass of, or otherwise subject to d tatus, national origin, race, re	S: o release to S We will be adv o and salary hi connection wit disting me with iscrimination eligion, or sex.	BA all records and infi ised in writing what in story as needed to pro h this application to F my/our SBA applicati under any program or	ormation with the report of th	process the proces	nis application tain my/our lo rofit organizational assistance	an funds. tions (e.g. Red Cross te, or notifying me of al assistance from	
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AGREEMENTS AND C On behalf of the undersigned  We authorize my/our insurance could firmy/our loan is approved, additional  We hereby authorize the SBA to very  We authorize SBA, as required by the  Salvation Army, Mennonite Disasters  the availability of such assistance.  We will not exclude from participati  SBA, any person on grounds of age, or  We will report to the SBA Office of a  have not paid anyone connected with  CERTIFICATION AS TO TRUTHIFUL INFO  fyour knowledge, and that you will  WARNING: Whoever wrongfully misa	ERTIFICATION: Individually and for mpamy, bank, financial institution may be required may be required may be required may be required may be required may be required may be release a cervices, SBA Resource Paing in or deny the benefits color, handicap, marital stoler, handicap, marital stoler inspector General, want the Federal government ORMATION: By signing the submit truthful information polies the proceeds of an 636(b). In addition, any false of the proceeds of the 15 U.S.C. 645, 18 U.S.C. louble damages and civil in the proceeds of the 15 U.S.C. 645, 18 U.S.C. louble damages and civil in the proceeds of the 15 U.S.C. 645, 18 U.S.C. louble damages and civil in the proceeds of the proceeds of the 15 U.S.C. 645, 18 U.S.C. louble damages and civil in the proceeds of the	the applicant business stitution, or other creditors to uired prior to loan closing. I/A ent employment information may information collected in criters) for the purpose of asset of, or otherwise subject to diatus, national origin, race, reshington, DC 20415, any Fed to for help in getting this loan his application, you certify the on in the future.  58A disaster loan shall be child in the future.  58A disaster loan shall be child in the future.	S: o release to S We will be adv and salary hi onnection with listing me with iscrimination eligion, or sex. leral employee at all informat villy liable to 8 s.C. 1040, 18 Fraud Civil Re	BA all records and infised in writing what in story as needed to professor to be may our SBA application or say of the who offers, in return to in your application he Administrator in an Amay result in crimina U.S.C. 3571, and any other land of the SC.	primation necessary to formation necessary to formation will be requested and service a disease, local, trion, evaluating eligibility activity for which I/w for compensation of and submitted with y amount equal to one all, civil or administration ther applicable laws; 3802; and 4) suspen	process the proces	his application tain my/our lo crofit organizational assistance deral financia to help get this attion is true an aff times the cost including, but mages and chy debarment fi	an funds.  tions (e.g., Red Cross  e, or notifying me of  assistance from  loan approved. I/We  ad correct to the best  original principal  wat not limited to: 1)  if penalties under the  rom all Federal	
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To: pdc.reconsideration@sba.gov

RE: Application Number: 3300330016

Dear SBA:

I am writing you this e-mail as per instructions of Amari, agent number 1129 (SBA). We are praying that you will re-activate our application. Thank you. Again, we ask that you reactivate our application.

SBA's initial "portal and invitation" was sent to <u>albarodelagarza@g.mail.com</u>. After repeated attempts to correct the e-mail address, we were advised to e-mail you to ask that you reactivate our application.

From: Albaro de la Garza (SSN: 463-53-6139)
De La Garza Bakery, Inc. (EIN: 38-3749349)
230 N. Texas Ave.
Mercedes, Texas 78570
albarodelagarza@gmail.com
956-463-1227

## Department of the Treasury Internal Revenue Service

### Disaster

**Request for Transcript of Tax Return** 

Do not sign this form unless all applicable lines have been completed.
 Request may be rejected if the form is incomplete or illegible.

self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506,

For more information about Form 4506-T, visit www.irs.gov/form4506t. Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated

OMB No. 1545-1872

Reques	t for Co	ppy of Tax Return. There is a fee to get a copy of your return.			
	Name s shown	hown on tax return. If a joint return, enter the name first.		ial security number on tax retur, or employer identification n	ern, individual taxpayer identification umber (see instructions)
DELA	GARZ/	BAKERY, INC.		38-374	19349
2a II	f a join	return, enter spouse's name shown on tax return.		l social security number or er if joint tax return	individual taxpayer identification
		name, address (including apt., room, or suite no.), city, state, and	ZIP code (see i	nstructions)	
		BAKERY, INC., 230 N. TEXAS AVE., MERCEDES, TEXAS 78570 saddress shown on the last return filed if different from line 3 (see	instructions)		
		anscript or tax information is to be mailed to a third party (such as ephone number.	a mortgage co	ompany), enter the third par	ty's name, address,
U.S. Sm	<u>rall Bu</u>	siness Administration Office of Disaster Assistance			
5b (	uston	er file number (if applicable) (see instructions)			
			_		
filled in control	these over w	e tax transcript is being mailed to a third party, ensure that you ha lines. Completing these steps helps to protect your privacy. Once what the third party does with the information. If you would like to nitation in your written agreement with the third party.	the IRS disclos	es your tax transcript to the	third party listed on line 5, the IRS has no
6	Tran: reque	script requested. Enter the tax form number here (1040, 1065, 11 est. > 1120	20, etc.) and c	heck the appropriate box be	low. Enter only one tax form number per
a	to the 1120-	rn Transcript, which includes most of the line items of a tax return e account after the return is processed. Transcripts are only availa A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcript essing years. Most requests will be processed within 10 business d	ible for the foll ts are available	owing returns: Form 1040 se	eries, Form 1065, Form 1120, Form
b	and a	ant Transcript, which contains information on the financial status idjustments made by you or the IRS after the return was filed. Fents. Account transcripts are available for most returns. Most reque	Return informa	tion is limited to items such	as tax liability and estimated tax
c	Avail	rd of Account, which provides the most detailed information able for current year and 3 prior tax years. Most requests will be p	rocessed withi	n 10 business days	
7	15th.	ication of Nonfiling, which is proof from the IRS that you did no There are no availability restrictions on prior year requests. Most i	requests will be	e processed within 10 busine	ess days 📙
8	inforr up to filed i Admi	W-2, Form 1099 series, Form 1098 series, or Form 5498 series nation returns. State or local information is not included with the Form 10 years. Information for the current year is generally not available to 2012, will likely not be available from the IRS until 2013. If you need nistration at 1-800-772-1213. Most requests will be processed within	m W-2 informat until the year at I W-2 information 10 business day	tion. The IRS may be able to p fter it is filed with the IRS. For on for retirement purposes, yo /s	rovide this transcript information for example, W-2 information for 2011, bu should contact the Social Security
Caution with yo	ur retu	u need a copy of Form W-2 or Form 1099, you should first contact rn, you must use Form 4506 and request a copy of your return, w	hich includes a	ll attachments.	
9	Year	or period requested. Enter the ending date of the year or periods, you must attach another Form 4506-T. For requests	iod, using the	mm/dd/yyyy format. If you	are requesting more than four years or
		quarter or tay period separately			,   , , , ,
Caution	na Do n	ot sign this form unless all applicable lines have been completed.	12 / 31	/ 2017   /	/ /
request	ted. If t er, qua	taxpayer(s). I declare that I am either the taxpayer whose nam he request applies to a joint return, at least one spouse must sign rdian, tax matters partner, executor, receiver, administrator, trus on behalf of the taxpayer. <b>Note:</b> This form must be received by IRS	i. If signed by a stee, or party o	corporate officer, 1 percent ther than the taxpayer, I ce	or more shareholder, partner, managing
		attests that he/she has read the attestation clause and upon so to sign the Form 4506-T. See instructions.	reading dedar	es that he/she has the	Phone number of taxpayer on line 1a or 2a
			1		956-463-9911
		Signature (see instructions)		Date	·
Sign	N.	PRESIDENT		<u> </u>	
Here		Title (if line 1a above is a corporation, partnership, estate, or trust)			
		Spouse's signature		Date	

## (Rev. October 2018) Department of the Treasury Internal Revenue Service

#### **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line;	do not leave this line blank.										
	de la Garza Bakery, Inc.											
	2 Business name/disregarded entity name, if different from above											
ا.												
age 3	3 Check appropriate box for federal tax classification of the person whose n following seven boxes.	ame is entered on line 1. Check of	only one	of the	f the 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):							
ou b	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	on Partnership	Trust/e	state					ode (i		1	
8.5	Limited liability company. Enter the tax classification (C=C corporation,	S-S corporation P-Partnershin			-		,		,	,,	_	
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classificat LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax	tion of the single-member owner, from the owner unless the owne purposes, Otherwise, a single-m	Do not r of the L	LC is	ر ا		ition if any		FAT	CA re	port	ing
_ ¥	Is disregarded from the owner should check the appropriate box for the	tax classification of its owner.			/4/	nes i	o ecco	werte r	naintain	and out	dria in	n // S 1
ě	Other (see instructions) ►  5 Address (number, street, and apt. or suite no.) See instructions.	Rec	uester's	name						DQ ODIS		
ဖွ	230 N. Texas Ave.		10000		,			(4P				
8	6 City, state, and ZIP code											
	-											
- 1	Mercedes, Texas 78570 7 List account number(s) here (optional)										_	
	7 List account number(s) nere (opiiona)											
Par	Taxpayer Identification Number (TIN)		-									
Enter y	our TIN in the appropriate box. The TIN provided must match the na		So	cia! s	ecurl	ty ne	umbe	<u>sr</u>		_		
	o withholding. For individuals, this is generally your social security not alien, sole proprietor, or disregarded entity, see the instructions for								_			
entities	, it is your employer identification number (EIN). If you do not have a	a number, see How to get a										
TIN, la			or			1						_
Note:	f the account is in more than one name, see the instructions for line	1. Also see What Name and	En	nploy	er ide	ntifi	catio	יח חנ	ımpe	<u></u>	_	┥
Numb	or To Give the Requester for guidelines on whose number to enter.		3	8	_	3	7	4	9	3 4	، ا ،	9
6 (												
Part	Certification penalties of perjury, I certify that:	<del> </del>				-						• ••
	number shown on this form is my correct taxpayer identification nu	mber (or Lam waiting for a ru	mher to	n he i	9911A	d to	me)	i: an	d			
2. I am Sen	not subject to backup withholding because: (a) I am exempt from bice (IRS) that I am subject to backup withholding as a result of a fail	ackup withholding, or (b) I ha	ve not l	been	notif	fied	by th	he Ir	ntern	al Re I me	tha	nue t I am
	onger subject to backup withholding; and a U.S. citizen or other U.S. person (defined below); and											
	FATCA code(s) entered on this form (if any) indicating that I am exer	mot from FATCA reporting is	correct									
	cation instructions. You must cross out item 2 above if you have been				hier	t to l	hack	aus v	vithh	oldin	a he	ecause
you ha	re failed to report all interest and dividends on your tax return. For real tion or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification	estate transactions, item 2 doe utions to an individual retireme	s not ap nt arran	oply. I geme	For m	norto RA),	gage and	inte gene	rest <sub> </sub> erally	paid, , pay	mer	nts
Sign Here	Signature of U.S. person Valle Sa	Me Date	<b>•</b>	8	<b>)</b> _	ی	<u> </u>	_	26	2		
Ger	neral Instructions	Form 1099-DIV (divide funds)	nds, inc	ludin	g the	ose	from	sto	cks	or m	utua	<b>s</b> l
Sectio noted.	references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (varie proceeds)	ous type	es of	inco	me,	prize	es, a	awar	o ,at	r gr	oss
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	<ul> <li>Form 1099-B (stock or transactions by brokers)</li> </ul>		fund	sale	s ar	nd ce	ertai	n oth	ner		
	ey were published, go to www.irs.gov/FormW9.	• Form 1099-S (proceed	s from I	real e	state	e tra	nsac	ction	15)			
Purj	oose of Form	<ul> <li>Form 1099-K (merchai</li> </ul>	nt card a	and t	hird	part	y net	two	rk tra	nsac	tior	ns)
inform	vidual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer	<ul> <li>Form 1098 (home mor 1098-T (tuition)</li> </ul>	tgage in	iteres	st), 16	098-	E (st	tude	ent la	an ir	ntere	est),
	cation number (TIN) which may be your social security number individual taxpayer identification number (ITIN), adoption	•	Form 1099-C (canceled debt)									
	er identification number (ATIN), or employer identification number	• Form 1099-A (acquisiti							•	•		
(EIN), 1	o report on an information return the amount paid to you, or other t reportable on an information return. Examples of information	Use Form W-9 only if alien), to provide your co	rrect T	N.	-				_			
	include, but are not limited to, the following.  1099-INT (interest earned or paid)	If you do not return Fo be subject to backup wit										

later.

**JUN 08** 2020

#### **DEBIT FOR ATT PAYMENT CO REF-**

XXXXX0011EPAYM ^

-\$79.31

Description:

DEBIT FOR ATT PAYMENT

CO REF- XXXXX0011EPAYM

Category:

Processing Date:

06/08/2020 02:48 AM CDT

**Effective Date:** 

06/08/2020

Learn More About Processing and Effective Dates

Posted Balance At Time of Transaction: (2)

Pending Transactions/Holds: 7

Available Balance Before Transaction: (2)

Amount of Transaction:

Available Balance After Transaction: (2)

Learn More About Balances and Transaction To

**JUN 11** 

DEBIT FOR SPEEDPAY DIRECT ENE

2020 CO REF- 1375042 ^

-\$884,31

Description.

DEBIT FOR SPEEDPAY

DIRECT ENE CO REF-

1375042

Category:

Processing Date:

06/11/2020 03:37 AM CDT

**Effective Date:** 

06/11/2020

Learn More About Processing and Effective Dates

Posted Balance At Time of Transaction: 1

Pending Transactions/Holds: 7

Available Balance Before Transaction: (2)

Amount of Transaction:

Available Balance After Transaction: (2)

Learn More About Balances and Transaction To

**JUN 23** 2020 **DEBIT FOR STATE FARM RO 27** 

**CPC-CLIENT CO REF-25 S** 

1349937925

-\$485.24

Description:

DEBIT FOR STATE FARM RO

27 CPC-CLIENT CO REF- 25

S 1349937925

Category:

Auto & Transport - Auto

Insurance

**Processing Date:** 

06/23/2020 03:42 AM CDT

**Effective Date:** 

06/23/2020

Learn More About Processing and Effective Dates

Posted Balance At Time of Transaction: 7

Pending Transactions/Holds: ?

Available Balance Before Transaction: (?)

Amount of Transaction:

Available Balance After Transaction: (2)



Learn More About Balances and Transaction Tr

#### **DEBIT FOR CITY OF MERCEDES** JUL 06 2020 UTILITY DD CO REF- 09-0542-01 ^

-\$229.13

Description: DEBIT FOR CITY OF

MERCEDES UTILITY DD CO

REF-09-0542-01

Bills & Utilities - Utilities

07/06/2020 02:50 AM CDT Processing Date:

**Effective Date:** 07/06/2020

Category:

Learn More About Processing and Effective Dates

Posted Balance At Time of Transaction:

Pending Transactions/Holds: 2

Available Balance Before Transaction: (2)

**Amount of Transaction:** 

Available Balance After Transaction: 7

Learn More About Balances and Transaction T

**DEBIT FOR CITY OF MERCEDES AUG 05** 2020 UTILITY DD CO REF- 09-0542-01 ^

-\$220.56

Description: DEBIT FOR CITY OF

MERCEDES UTILITY DD CO

REF-09-0542-01

Category: Bills & Utilities - Utilities

Processing Date: 08/05/2020 03:46 AM CDT

**Effective Date:** 08/05/2020

Learn More About Processing and Effective Dates

Posted Balance At Time of Transaction: (2)

Pending Transactions/Holds: (7)

Available Balance Before Transaction: 7

Amount of Transaction:

Available Balance After Transaction: ?

Learn More About Balances and Transaction Ty

#### DEBIT FOR ATT PAYMENT CO REF-**JUL 08** 2020 XXXXX3011EPAYS ^

DEBIT FOR ATT PAYMENT Description:

CO REF- XXXXXX3011EPAYS

Category: Bills & Utilities - Utilities Processing Date: 07/08/2020 03:44 AM CDT

**Effective Date:** 07/08/2020

Learn More About Processing and Effective Dates

-\$79.31

Posted Balance At Time of Transaction: (2)

Pending Transactions/Holds: 3

Available Balance Before Transaction: ??

**Amount of Transaction:** 

Available Balance After Transaction: (?)

Learn More About Balances and Transaction Ty

**JUL 22** 2020

**DEBIT FOR STATE FARM RO 27 CPC-CLIENT CO REF-25 S** 1349937925 ^

Description: DEBIT FOR STATE FARM RO

27 CPC-CLIENT CO REF- 25

S 1349937925

Category: Auto & Transport - Auto

Insurance

Processing Date: 07/22/2020 03:36 AM CDT

**Effective Date:** 07/22/2020

Learn More About Processing and Effective Dates

-\$485.24

Posted Balance At Time of Transaction: ?

Pending Transactions/Holds: (7)

Available Balance Before Transaction: (?)

Amount of Transaction:

Available Balance After Transaction: (2)

Learn More About Balances and Transaction Ty

**DEBIT FOR SPEEDPAY DIRECT ENE JUL 21** 2020 CO REF- 1375042 ^

> Description: **DEBIT FOR SPEEDPAY**

> > DIRECT ENE CO REF-

1375042

Category: Bills & Utilities

Processing Date: 07/21/2020 03:39 AM CDT

**Effective Date:** 07/21/2020

Learn More About Processing and Effective Dates

-\$500.00

Posted Balance At Time of Transaction: (7)

Pending Transactions/Holds: ?

Available Balance Before Transaction: (?)

Amount of Transaction:

Available Balance After Transaction: (?)

Learn More About Balances and Transaction T

**JUN 17** 2020

#### **DEBIT FOR STATE FARM RO 27 CPC-CLIENT CO REF- 25 S** 1327669825



-\$217.08

Description:

DEBIT FOR STATE FARM RO

27 CPC-CLIENT CO REF- 25

S 1327669825

Category:

Processing Date: 06/17/2020 03:56 AM CDT

**Effective Date:** 06/17/2020

Learn More About Processing and Effective Dates

Posted Balance At Time of Transaction: (?)

Pending Transactions/Holds: 3 \*

Available Balance Before Transaction: 7

**Amount of Transaction:** 

Available Balance After Transaction: (?)

Learn More About Balances and Transaction T

**JUL 21** 2020

#### DEBIT FOR SPEEDPAY DIRECT ENE

CO REF- 1375042 🔨

-\$500.00

Description:

**DEBIT FOR SPEEDPAY** 

DIRECT ENE CO REF-

1375042

Learn More About Processing and Effective Dates

Category:

Bills & Utilities

Processing Date: 07/21/2020 03:39 AM CDT

**Effective Date:** 

07/21/2020

Posted Balance At Time of Transaction: (2)

Pending Transactions/Holds: (2)

Available Balance Before Transaction: 7

Amount of Transaction:



**Account summary** 

Total due

NORA DELA GARZA DELA GARZA BAKERY 230 N TEXAS AVE MERCEDES TX 78570-2747

Page: Issue Date:

\$79.31

1 of 3

Account Number:

Jun 15, 2020 130627732

Total due

\$79.31

AutoPay is scheduled for: Jul 07, 2020

Your bill is available online at att.com. You can also safely and conveniently make payments. Don't have an online account? Go to att.com to register for one.

Yourl	ast bill		\$79.31
Payme	ent, Jun 05 - Thank y	~\$79.31	
Rema	aining balance	\$0.00	
Servi	ce summary		
	Internet	Page 2	\$30.79
1	Phone	Page 2	\$48.52
Total	services	34	\$79.31

utaDay is eshadulad to dabit your back account on Jul 07, 2020



Invoice # Account #

201710042457712 1375042

Invoice Date **Due Date** 

06/19/20 07/09/20

Page 1

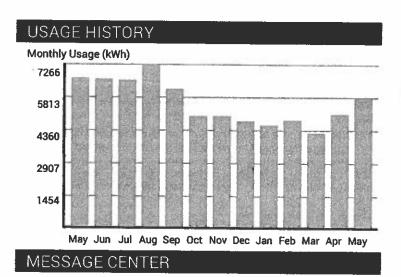
#### CUSTOMER INFORMATION

Company:

**DE LA GARZA BAKERY** 

Billing Address:

DE LA GARZA BAKERY 230 N TEXAS AVE UNIT B MERCEDES, TX 78570



#### **INVOICE SUMMARY Previous Balance** Payment Received (June 10, 2020)

\$884.31 -\$884.31 **Total Balance Forward** \$0.00

Adjustments \$0.00 Late Payment Charge \$0.00 **Current Usage Charges** \$810.63 Taxes \$14.57 **Total Current Charges** \$825.20

Amount Due By July 9, 2020 \$825,20

#### PAYMENT OPTIONS

By web

myaccount.directenergy.com

By phone

888,925,9115

By mail

Remittance slip below

#### QUESTIONS?

Visit Us

myaccount.directenergy.com



Call Us

888.925.9115

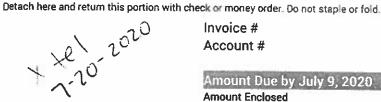
🕒 Outages

1.877.373.4858

7524-01-09-0001191-0001-0003753



1001 Liberty Avenue Pittsburgh, PA 15222



Invoice # Account # 201710042457712 1375042

\$825.20

#### Amount Due by July 9, 2020

**Amount Enclosed** 

Please write your account number on your check or money order made payable to Direct Energy Business.

0001191

02 AB 0.416 "AUTO T8 0 7624 78570-274730 -C01-P01192-I1

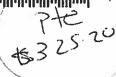
Ուսի<u>ի</u>նովինքիլիորդբեսկիիր հրդրդինինք գրելքիկինինքին DE LA GARZA BAKERY

230 N TEXAS AVE UNIT B MERCEDES, TX 78570-2747 42 00 xes 05, 30

Please remit to

իրելությունը անության արև անություն անություն անության անության անություններ և հերարարան անության անո

**Direct Energy Business** P.O. Box 660749 Dallas, TX 75266





Invoice # Account #

201710042457711 1375041

Invoice Date **Due Date** 

06/19/20 07/09/20

Page 1

\$70.83

-\$70.83

\$0.00

\$0.00

\$0.00

\$1.10

\$67.72

\$68.82

\$68.82

#### CUSTOMER INFORMATION

Company:

DE LA GARZA BAKERY

**Billing Address:** 

**DE LA GARZA BAKERY** 230 N TEXAS AVE UNIT B MERCEDES, TX 78570

## **USAGE HISTORY** Monthly Usage (kWh) 626 501 376 251 126 May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May

### PAYMENT OPTIONS

INVOICE SUMMARY

**Total Balance Forward** 

Late Payment Charge

**Current Usage Charges** 

**Total Current Charges** 

Payment Received (June 10, 2020)

Amount Due By July 9, 2020

**Previous Balance** 

**Adjustments** 

**Taxes** 

By web

myaccount.directenergy.com

By phone

888.925.9115

Remittance slip below

#### QUESTIONS?

By mail

Visit Us

myaccount.directenergy.com

Call Us

888.925.9115

Outages

1.877.373.4858

Detach here and return this portion with check or money order. Do not staple or fold.



MESSAGE CENTER

1001 Liberty Avenue Pittsburgh, PA 15222

0001185

Invoice # Account # 201710042457711

Amount Due by July 9, 2020

\$68.82

1375041

7624-01-00-0001185-0001-0003733

Amount Enclosed

Please write your account number on your check or money order made payable to Direct Energy Business.

01 AB 0.416 "AUTO 78 0 7624 78570-274730 -C01-P01186-I1 

**DE LA GARZA BAKERY** 230 N TEXAS AVE UNIT B MERCEDES, TX 78570-2747 1529433

Please remit to

Direct Energy Business P.O. Box 660749 Dallas, TX 75266

CITY OF MERCEDES WATER DEPT.
P.O. DRAWER 837
WERCEDES TEXAS 78570
(956) 565-3114 GA Garbage FF - Fire Fee

SERVICE CODES

TX - State Tax PD - Past Due WA - Water SE - Sewer

BP - Brush Pickup

RETURN POSTAGE GUARANTEED

PRESORTED FIRST CLASS MAIL U.S. POSTAGE PAID MERCEDES TX PERMIT NO. 34

(956) 565-3114  CODE PREVIOUS	FF - Fire ADING PRESENT	L USAGE	AMOUNT
WA 6321 SE SEWER GA GARBAGE FF FIRE FEE BR BRUSH TX SALES TAX	6463	142 142	74.58 70.40 70.00 3.50 4.50 6.15

ACCOUNT STATUS ACTIVE NETHANKS ACCOUNT NUMBER 229.13 09-0542-01 GROSS 🧼 AFTER THIE DATE PAY GROSS 07/06/2020 PD BY DRAFT SERVICE TO (F) SERVICE FROM 06/05/2020 05/05/2020 SERVICE ADDRESS 230 N TEXAS AVE

SERVICE ADDRESS



229.13

SERVICE FROM 1 05/05/2020 SERVICE TO

06/05/2020

GROSS.

07/06/2020 PD BY DRAFT

DUE DATE IS FOR CURRENT BILL ONLY 10% PENALTY USE DATE IS FOR CURHENT BILL UNLY, 10% PENALTY
IF PAID AFTER DUE DATE, SERVICE TERMINATED IF
ACCOUNT REMAINS DELINQUENT FOR 7-DAYS AFTER
DUE DATE, SILOU RECONNECT FEE, NO RECONNECTS

DE LA GARZA BAKERY 230 N TEXAS AVE MERCEDES TX

230 N TEXAS AVE

78570

ACCOUNT NUMBER 09-0542-01

ACCOUNT STATUS ACTIVE

PLEASE RETURN THIS STUB WITH PAYMENT

Pay Online at cityofmercedes.com

CITY OF MERCEDES WATER DEPT. P.O. DRAWER 837 MERCEDES. TEXAS 78570 (956) 565-3114

SERVICE CODES
WA - Water TX - State
SE - Sewer PD - Past I GA - Garbage FF - Fire Fee

TX - · State Tax PD · Past Due BP · Brush Pick up

RETURN POSTAGE GUARANTEED

PRESORTED FIRST CLASS MAIL U.S. POSTAGE PAID MERCEDES, TX

CODE METER READING	USAGE	Contractorist
PREVIOUS PRESENT		AMOUNT
08#EK	20	69.44 66.97 70.00 3.50 4.50 6.15

ACCOUNT STATU	S FIRST CLASS MAIL U.S. POSTAGE PAID MERCEDES, TX PERMIT NO. 34
ACCOUNT NUMBER	ZEED NET DOOR
09-0542-01	220.56
AFTER THIS DATE PAY GROSS	GROSS (160)
08/05/2020 PD	BY DRAFT
SERVICE FROM	SERVICE TO
06/05/2020	07/05/2020
SERVICE A	DDRESS
230 N TEXAS	AVE
SERVICE A	DORESS



SERVICE FROM 06/05/2020 SERVICE TO 07/05/2020 GROSS

220.56

08/05/2020 PD BY DRAFT

DE LA GARZA BAKERY 230 N TEXAS AVE

230 N TEXAS AVE

78570

ACCOUNT NUMBER

ACCOUNT NUMBER

09-0542-01

PLEASE RETURN THIS
STUB WITH PAYMENT

DUE DATE IS FOR CURRENT BILL ONLY 10% PENALTY
IF PAID AFTER DUE DATE. SERVICE TERMINATED IF
ACCOUNT REMAINS DELINOUENT FOR 7 DAYS AFTER
DUE DATE. \$10.00 RECONNECTS FEE NO RECONNECTS
AFTER 4:30 Fig. 10 July 10 Jul

## 4. Discussion: Jason Martinez



## Memo

To: DCM Board of Directors

From: Melissa Ramirez, Executive Director

CC: File

Date: 8/10/2020

Re: Mercedes Small Business Grant Program

#### Recommendation:

Joe Longoria- Approve \$5K Albaro de La Garza- Approve \$5K Jason Martinez- Approve \$3K Sonia A. Martinez- Table, exceeds the employee criteria

8/6/20

## Mercedes Small Business Recovery Assistance Grant Program APPLICATION

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT INCODMATION

CONTACT INFORMATION	
First/Last Name of person completing this application:  Name of Business:    DM   NUBSTMENTS   LC   DBA   THE CORIN   Business Type:   FINESS (ENTAN)   (OYAN   Address of Business:   70/3   B. BYMSSSUM 83   STE   MANCGORS,   Email Address:   JASON BUFCROV.COM   Phone Number: 9505328855     WARE: 950-903-4108	D TABLE
BUSINESS OWNERSHIP	
Tax ID #:	
Number of years in business.	4
BUSINESSES THAT ARE INELIGIBLE TO APPLY	*
<ul> <li>Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses);</li> <li>Finance Institutions;</li> <li>Businesses owned by the members of the Board of Directors of the Mercedes EDC; or</li> <li>Businesses owned by employees or Mercedes elected officials of the City of Mercedes.</li> </ul>	V <sub>2</sub>
PERSONNEL	
How many total employees were employed at your business on February 1, 2020?	
Full-time Employees #: (Part-time # employees:)	
Does your business have furloughed employees who are receiving unemployment benefits?	
YesNo	

Have you applied for any of the following Federal pro	W 77
Paycheck Protection Program (PPP) Economic Injury Disaster Loan (EIDL)	Requested amount: #3000
*Provide proof of application provided via att	achment.
If not, why not?	
ACKNOWLEDEMENTS/SIGNATURES	
	have read and affirm the information you have submitted tof your knowledge. USE YOUR INITIALS IN THE BLANK.
My business has 1-9 full time (or full time equiv	valent) employees.
I affirm that my business has experienced or is February 1, 2020 and May 15, 2020. (including	projected to experience a decline in employment between sole proprietors.)
The Tax ID and Entity Name of my business sho	own above, are true and accurate.
My business is located in the incorporated city	
with a Certificate of Occupancy issued by the C	ity of Mercedes.
	am the majority owner of the business applying for this
loan.	
will provide proof of efforts to obtain current	Federal stimulus grants/loans: EIDL, PPP, etc.
I affirm this business is in good standing with the	e City of Mercedes with respect to taxes, fees, utility
payments, or other financial obligations.	
Business Legal Name TOM NUDSTM	ents UC
Written:	
Legal Representative	Title
	$\mathcal{O}$
Signed: Legal Representative	Title  Date 7/10/2020
Signed as Individual:	Date

YesNo	
USE OF FUNDS	
How will your business use the loan funds? Please check all that apply.	
Rent/mortgage payment. List specific amount.	\$ 2,0000
Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery for online sales, etc.)	, website upgrades \$
Employee support (salaries, insurance, paid leave)	\$
Utilities (i.e. electricity, water, phone, internet, etc.)	\$ /,000 00
Expenses associated with increased material costs from suppliers or alternate suppli	ers. \$
Purchase of COVID-19 supplies for business protection/cleaning.	\$
Total Amou	unt \$ 3,000 00
Total Grant amount requested from Mercedes DCM: \$ 2002 (amount shown above ma \$3,000 for business with 1 \$5,000 for business with 4	-3 employees,
You must attach cancelled checks, payroll reports and/or bank statements to substantiate above.	the amount shown
Business owners may request less and/or only what is needed if receipts cannot be production payment on the list above, under <b>USE OF FUNDS</b> . The Development Corporation of Mercede authority in determining eligibility and amount of funding. Funds not used as indicated, or due back immediately.	es is the sole and final
FINANCIAL ASSISTANCE (Currently pending or received)	
Name of your primary financial institution:  Name of your Bank Officer:  ONA  Have you met with your financial institution (bank) about financial assistance? Yes No	
If no, why not?	

Department of the Treasu Internal Revenue Service

#### Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

-										
	1 Name (as shown on your income tax return). Name is required on this line;	; do not leave this line blank.								
	Jason Omar Martinez  2 Business name/disregarded entity name, if different from above									
6,										
page	JOM Investments, LLC. dba The Grind									
8	3 Check appropriate box for federal tax classification; check only one of the K individual/sole proprietor or C Corporation S Corporation Single-member LLC	e following seven boxes: ration Pertnership	Trust/e	- 1	certa	emption n entitie ctions o	s, not l	ndividu		
<b>₹</b> \$	Limited liability company. Enter the tax classification (C=C corporation,	S=S corporation, P=partnership	o) 🏲		Exem	pt payer	code	fany)		
Print or type See Specific Instructions	Note. For a single-member LLC that is disregarded, do not check LLC; the tax classification of the single-member owner.	check the appropriate box in th	ne line abov	ve for		ption fit (if any)	m FAT	СА гер	orting	,
FE	☐ Other (see instructions) ▶			ŀ		to accoun	الباداود د	ned outsit	to the U.	.s.)
툯	5 Address (number, street, and apt. or suite no.)		Coquester's				otional)			
8	1502 Carnelian Dr.	·	exas Na							
8	6 City, state, and ZIP code		1908 S. J							
S	Wesiaco, Texas 78596	"	Edinburg	j, 19xa	<b>5</b> / 6	539				
	7 List account number(s) here (optional)						-			
	Loan # 990496									
Par	Taxpayer Identification Number (TIN)									
Entery	our TIN in the appropriate box. The TIN provided must match the na	ame given on line 1 to avoid	) Sc	cial sec	uity i	rumber	-			$\neg$
backu	withholding. For individuals, this is generally your social security no	umber (SSN), However, for a	a		Ť		Т	$\top$	T	П
entities	it alien, sole proprietor, or disregarded entity, see the Part I Instructi , it is your employer identification number (EIN). If you do not have a	ions on page 3. For other	. 4	6  0	-	4	1 -	1 9	8	6
TIN on	page 3.	a manuer, see now to get a	OF	1.	3					ш
Note.	f the account is in more than one name, see the instructions for line	1 and the chart on page 4 t	for En	aployer i	denti	Ication	numbe	f .		
guideli	nes on whose number to enter.					4 4	LT		L	
			4	7 -	1	4 6	2	4 0	6	
Part	Certification			<del></del>						
Under	penalties of perjury, I certify that:									
1. The	number shown on this form is my correct texpayer identification nu	mber (or I am waiting for a	number to	be issu	jed t	o me);	and			
Ser	n not subject to backup withholding because: (a) I am exempt from I vice (IRS) that I am subject to backup withholding as a result of a fai onger subject to backup withholding; and	backup withholding, or (b) I illure to report all interest or	have not dividends	been no , or (c) t	tified he IF	by the	intern notifie	al Rev I me t	venue hat I	e am
3. I an	a U.S. citizen or other U.S. person (defined below); and									
4. The	FATCA code(s) entered on this form (if any) indicating that I am exer	mpt from FATCA reporting is	s correct.							
interes genera	cation Instructions. You must cross out Item 2 above if you have be you have failed to report all interest and dividends on your tax reto a paid, acquisition or abandonment of secured property, cancellationally, payments other than interest and dividends, you are not required into an apage 3. Occusional by:	um. For real estate transact n of debt. contributions to a	ions, item m individu	2 does	not	apply. I	For mo	rtgage	end	-
Sign Here	Signature of Jason Omar Martines	Date .	5/1/	/2020						
Gen	eral Instructions	<ul> <li>Form 1098 (home mortgi (tuition)</li> </ul>	age interes	st), 1098-	E (st.	dent los	n interi	est), 10	98-T	

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/hv9.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TTN), or employer identification number (TTN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- . Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- . Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from reel estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

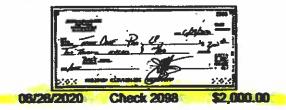
By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt peyee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Account Number Statement Date Statement Thru Date Page

06/30/2020 06/30/2020 5

### **CHECK IMAGES (Continued)**



08/29/2020 Check 2099 \$999.24

THREE CHIEF PRO LA LUNGO PAYMENT

CITY OF MERCEDES WATER DEPT. P.O. DRAWER 837 MERCEDES, TEXAS 78570 (956) 565-3114

**SERVICE CODES** 

WA - Water SE - Sewer GA - Garbage FF - Fire Fee

TX - - State Tax PD - Past Due

BP - Brush Pick up

**RETURN POSTAGE GUARANTEED** 

PRESORTED FIRST CLASS MAIL U.S. POSTAGE PAIL MERCEDES, TX PERMIT NO. 34

4863

CO	ne	METER	READING	HEACE	# \$ 1 CO 1 IA C
CU	JE	PREVIOUS	PRESENT	USAGE	AMOUN
WA		2645	2666	2 1	33.29
SE	SEW	ER		2 1	51.53
GA	GAR	BAGE			19.00
FF	FIR	E FEE		- 35	3.50
BR	BRU	SH			4.50
TХ	STAT.	EC TAV			1 0 4

ACCOUNT STATUS ACTIVE ACCOUNT NUMBER (NET MAKE 01-6014-01 113.76 AFTER THIS DATE GROSS 08/05/2020 124.94 SERVICE FROM 06/05/2020 07/05/2020

SERVICE ADDRESS

7013 E EXPRESSWAY 83 E

Magic Valley Electric Cooperative 2200 W 2nd St Mercedes, TX 78570

(866) 225-5683



Regular Business Hours: Monday-Friday 8:00 am - 5:00 pm

www.magicvalley.coop

### Empowering You, Empowering Your Community

Account Name

THE GRIND

Service Address Statement Date

7013 E EXP 83 - SUITE D & E

07/20/20

Member Number Account Number

290685 290685001

Statement Number

8840231

#### Previous Bill

Your previous balance

\$271.01

was

Your payment was

received

-\$271.01

**Current Bill** 

Your current charges for this billing period is

\$340.27

Your total amount due is

Amount Due

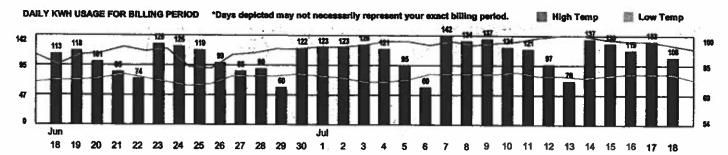
\$340.27

our current charges are due by

08/05/20

For full detail breakdown of charges, see the reverse side. →

Thank you for your payment!



DOWNLOAD THE MVEC CONNECT APP TODAY

The new app will keep you on the go and in control







## Spectrum

July 1, 2020

Invoice Number:

0192174070120

Account Number:

8260 18 011 0192174

Security Code:

8570

Service At:

7013 E EXPRESSWAY 83 STE E MERCEDES TX 78570-4676

Contact Us
Visit us at SpectrumBusiness.net
Or, call us at 1-866-519-1263

#### SPECTRUM BUSINESS NEWS

Switch to Spectrum Mobile and stay connected with the fastest overall speeds, and the most reliable service, coast to coast. Call 1-855-244-4750 to see how much you can save!

Previous Balance	290.58
Payments Received -Thank You!	-290.58
Remaining Balance	\$0.00
Spectrum Business™ TV	92.59
Spectrum Business™ Internet	99.95
Spectrum Business™ Voice	59.95
Additional Discounts	-14.00
Other Charges	13.50
One-Time Charges	0.06
Taxes, Fees and Charges	33,26
Current Charges	\$285.31
otal Due by 07/18/20	\$285.31

1/3/2000 # 2/00

Thank you for choosing Spectrum Business. We appreciate your prompt payment and value you as a customer.



#### COMMERCIAL PROMISSORY NOTE



LOAN NUMBER	NOTE DATE	PRINCIPAL AMOUNT	MATURITY DATE	PROCESSOR
990496	04/29/2020	\$ 3,700.00	04/29/2022	Lisa Yanez

BORROWER INFORMATION JOM investments, LLC DBA The Grind

#### 7013 E EXPRESSWAY 83 SUITE E

#### MERCEDES. TX

NOTE. This Commercial Promissory Note will be referred to in this document as the "Note."

LENDER. "Lender" means Texas National Bank whose address is 4908 S. Jackson Rd, Edinburg, Texas 78539, its successors and assigns. BORROWER. "Borrower" means each person or legal entity who signs this Note.

PROMISE TO PAY. For value received, receipt of which is hereby acknowledged, on or before the Maturity Date, the Borrower promises to (\$ Three Thousand Seven Hundred USD & 90/100) and all interest on the outstanding pay the principal amount of \$ 3,700.00 principal balance and any other charges, including service charges, to the order of Lender at its office at the address noted above or at such other place as Lender may designate in writing. The Borrower will make all payments in lawful money of the United States of America.

PAYMENT SCHEDULE. This Note will be paid according to the following schedule: 17 consecutive payments of principal and interest in the amount of \$210.00 beginning on 11/29/2020 and continuing on the same day of each month thereafter. This will be followed by payment of principal and interest in the amount of \$ 228.50 on 04/29/2022. The unpaid principal balance of this Note, together with all accrued interest and charges owing in connection therewith, shall be due and payable on the Maturity Date. All payments received by the Lender from the Borrower for application to this Note may be applied to the Borrower's obligations under this Note in such order as determined by the Lender.

INTEREST RATE AND SCHEDULED PAYMENT CHANGES. Interest will begin to accrue on \_\_04/29/2020 \_\_\_. The interest rate on this Note will be fixed at 1.000% per annum.

Nothing contained herein shall be construed as to require the Borrower to pay interest at a greater rate than the maximum allowed by law. If, however, from any circumstances, Borrower pays interest at a greater rate than the maximum allowed by law, the obligation to be fulfilled will be reduced to an amount computed at the highest rate of interest permissible under applicable law and if, for any reason whatsoever, Lender ever receives interest in an amount which would be deemed unlawful under applicable law, such interest shall be automatically applied to amounts owed, in Lender's sole discretion, or as otherwise allowed by applicable law. Interest on this Note is calculated on an Actual/360 day basis. This calculation method results in a higher effective interest rate than the numeric interest rate stated in this Note. The unpaid balance of this loan after the Maturity Date, whether by acceleration or otherwise, shall be subject to a post-maturity rate of interest equal to 18.000% per annum.

LATE PAYMENT CHARGE. If any required payment is more than 10 days late, then at Lender's option, Lender will assess a late payment charge of 5.000% of the amount of the regularly scheduled payment then past due.

PREPAYMENT PENALTY. This Note may be prepaid, in full or in part, at any time, without penalty.

RIGHT OF SET-OFF. To the extent permitted by law, Borrower agrees that Lender has the right to set-off any amount due and payable under this Agreement, whether matured or unmatured, against any amount owing by Lender to Borrower including any or all of Borrowers accounts with Lender. This shall include all accounts Borrower holds jointly with someone else and all accounts Borrower may open in the future. Such right of set-off may be exercised by Lender against Borrower or against any assignee for the benefit of creditors, receiver, or execution, judgment or attachment creditor of Borrower, or against anyone else claiming through or against Borrower or such assignee for the benefit of creditors, receiver, or execution, judgment or attachment creditor, notwithstanding the fact that such right of set-off has not been exercised by Lender prior to the making, filing or issuance or service upon Lender of, or of notice of, assignment for the benefit of creditors, appointment or application for the appointment of a receiver, or issuance of execution, subpoena or order or warrant. Lender will not be liable for the dishonor of any check when the dishonor occurs because Lender set-off a debit against Borrowers account. Borrower agrees to hold Lender harmless from any claim arising as result of Lender exercising Lenders right to set-off.

DISHONORED ITEM FEE. If Borrower makes a payment on the loan with a check or presuthorized charge which is later dishonored, a fee in the amount of \$35.00 will be charged.

RELATED DOCUMENTS. The words "Related Documents" mean all promissory notes, security agreements, mortgages, deeds of trust, deeds to secure debt, business loan agreements, construction loan agreements, resolutions, guaranties, environmental agreements, subordination agreements, assignments, and any other documents or agreements executed in connection with the indebtedness evidenced hereby this Note



P.O. Box 4650, Edinburg, Texas 78540 **Return Service Requested** 

00001938 TT212S05012017420700 01 000000000 0001938 004

JOM INVESTMENTS LLC **DBA THE GRIND** 7013 E EXPRESSWAY 83 UNIT E **MERCEDES TX 78570-4673** 

Account Number Statement Date Statement Thru Date Check/Items Enclosed Page

XXXXXX1949 04/30/2020 04/30/2020 10

1

#### **Customer Service Information**



**24/7 Banking:** 1-888-862-1862

Customer Support: 1-855-862-1920 Your Bank associates are available to assist you Monday through Friday from 8:00AM to 5:00PM



Written Inquiries:

P.O. Box 4650, Edinburg, Texas 78540



Visit us Online: www.texasnational.com



Email Inquiries: customerservice@texasnational.com

Account Number: XXXXXXX1949



Join us on Facebook!

#### **BUSINESS CHECKING**

Account Owner(s): JOM INVESTMENTS LLC

#### **Balance Summary**

Beginning Balance as of 04/01/2020	\$2,424.06
+ Deposits and Credits (4)	\$5,785.03
- Withdrawals and Debits (20)	\$4,523.95
Ending Balance as of 04/30/2020	\$3,685.14
Service Charges for Period	\$0.00
Average Balance for Period	\$1,908.00

#### **DEPOSITS AND OTHER CREDITS**

Date	Description	100	Deposits
Apr 08	ASF INTERNATIONA/EDI PYMNTS 10341 THE GRIND		1,042.78
Apr 21	ASF INTERNATIONA/EDI.PYMNTS 10341 THE GRIND		1,605.79
Apr 24	SBAD TREAS 310/MISC PAY NTE*PMT*EIDG:3301265516\		3,000.00
-	EIDG:****65516 JOM INVESTMENTS LLC		
Арг 29	DEPOSIT		136.46











P.O. Box 4650, Edinburg, Texas 78540 Return Service Requested

00002217 TT212S05302001485900 01 000000000 0002217 004

JOM INVESTMENTS LLC DBA THE GRIND 7013 E EXPRESSWAY 83 UNIT E **MERCEDES TX 78570-4673** 

Account Number Statement Date Statement Thru Date Check/Items Enclosed Page

**XXXXXX1949** 05/29/2020 05/31/2020

#### **Customer Service Information**



**24/7 Banking: 1-888-862-1862** 

Customer Support: 1-855-862-1920 Your Bank associates are available to assist you Monday through Friday from 8:00AM to 5:00PM



Written Inquiries:

P.O. Box 4650, Edinburg, Texas 78540



Visit us Online: www.texasnational.com



Email Inquiries: customerservice@texasnational.com



Join us on Facebook!

#### **BUSINESS CHECKING**

Account Number: XXXXXX1949

Account Owner(s): JOM INVESTMENTS LLC

#### **Balance Summary**

Beginning Balance as of 05/01/2020	\$3,685.14
+ Deposits and Credits (10)	\$5,687.52
- Withdrawals and Debits (14)	\$4,743.95
Ending Balance as of 05/31/2020	\$4,628.71
Service Charges for Period	\$0.00
Average Balance for Period	\$5,152,00

#### **DEPOSITS AND OTHER CREDITS**

Date	Description	Deposits
May 01	PPP LOAN # 990496	 3,700.00
May 19	BNKCD SETTLE/MERCH DEP 286000000244467 THE GRIND	348.58
May 20	BNKCD SETTLE/MERCH DEP 286000000244467 THE GRIND	25.00
May 22	ASHF/ASHF JOM INVESTMENTS LLC	30.00
May 26	BNKCD SETTLE/MERCH DEP 286000000244467 THE GRIND	90.00
May 26	BNKCD SETTLE/MERCH DEP 286000000244467 THE GRIND	192.36
May 26	BNKCD SETTLE/MERCH DEP 286000000244467 THE GRIND	245.00
	DEPOSIT	768.39
May 28	BNKCD SETTLE/MERCH DEP 286000000244467 THE GRIND	43.19



Texas National Bank (## | Celebrating 100 Years of Excellence!





9:42 AM	ď	Payroll Summary	,					
08/08/20		orna fino			Space Z and a series	anata	TOTAL	<u>.</u>
	- Jaleen O Martinez Hours Rate Jul 20	Joel J Gomez Hours Rate	Jul 20	Hours	Rate	Jul 20	Hours	Rate
Employee Wages, Taxes and Adjustments Gross Pay Hourly Total Gross Pay	33 7.25 239.25 33 239.25 33 239.25	38.5	7.25 <u>279.13</u> 279.13	93.25	7.25	676.06	164.75	
Adjusted Gross Pay  Taxes Withheld Federal Withholding Medicare Employee Social Security Employee Medicare Employee Addi Tax  Total Taxes Withheld  Net Pay Employer Taxes and Contributions Federal Unemployment Medicare Company Social Security Company TX - Unemployment		0.00 14.83 14.83 18.30 18.30 1.44 3.47 14.83 6.46 26.20	4.05 4.05 0.00 22.36 4.05 7.53 30.57	83.25		9.80 41.92 0.00 -51.72 <b>624.34</b> 4.06 9.80 41.92 18.25	164.75	



## 5. Discussion and Action: Sonia A. Martinez



## Memo

To: DCM Board of Directors

From: Melissa Ramirez, Executive Director

CC: File

Date: 8/10/2020

Re: Mercedes Small Business Grant Program

#### Recommendation:

Joe Longoria- Approve \$5K Albaro de La Garza- Approve \$5K Jason Martinez- Approve \$3K Sonia A. Martinez- Table, exceeds the employee criteria Date Stamp: 8-5-20

CONTACT INFORMATION

## Mercedes Small Business Recovery Assistance Grant Program APPLICATION

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT IN CHINATION			
First/Last Name of person completing this application: Sonia A. Martine 2			
Name of Business: Valley Oak Tree Learning Center			
Business Type: Child Care Center			
Address of Business: 84 5. Texas Ave Mexicales			
Address of Business: 8415. Texas Ave Mercedes  Email Address: valleymaktre 1985@Shoglishal. net Phone Number: 9565656409			
Cell# 956-778-4326			
BUSINESS OWNERSHIP			
Tax ID#: 74-2664100 Entity Name: Valley Oak Tree Learning Center, Inc			
Entity Name: Valley Oak Tree Learning Center, Inc			
Name of business owner (if different from above): Carmina Flore S			
Number of years in business: 28 +			
BUSINESSES THAT ARE INELIGIBLE TO APPLY			
<ul> <li>Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses);</li> <li>Finance Institutions;</li> </ul>			
<ul> <li>Businesses owned by the members of the Board of Directors of the Mercedes EDC; or</li> <li>Businesses owned by employees or Mercedes elected officials of the City of Mercedes.</li> </ul>			
PERSONNEL			
How many total employees were employed at your business on February 1, 2020?			
Full-time Employees #: 9 (Part-time # employees: 1)			
Does your business have furloughed employees who are receiving unemployment benefits?			
Yes No			

AUG 0 5 2020 BY: 3.30 PM

#### DOCUMENTS TO BE ATTACHED

Summary of documents that must be provided at time of application. Please attach in order and/or clearly label the document:

- 1. W-9 Form.
- 2. Receipt or cancelled check of most recent lease/mortgage payment.
- Receipt or cancelled check of most recent utility payment (water, electric, phone, gas, etc.).
- Receipt or cancelled check for salary payments made to furloughed employees, *if applicable*. Receipts for expenses associated with increased material costs from suppliers or alternate suppliers.
- .6. Receipts for the purchase of COVID-19 supplies for business protection/cleaning.
- Receipts for purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)
- 8. Proof of application for COVID-19 Federal grant/loan programs.

We are requesting supporting documentation at this time and reserve the right to request and receive any such back-up documentation within 24 hours' notice by the DCM. Please make sure you maintain your business records and receipts to support your answers to the application.

## Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

- 1. Save the completed application as [BUSINESS NAME] Mercedes DCM Grant Application
- 2. Submit the completed application and ALL documents to:

Email: smallbuscares2020@cityofmercedes.com OR

Deliver to: DCM Office (NE Ohio/4<sup>th</sup> Street) and drop in the mail box in the foyer of the building between the hours of 8:00 am to 5:00 pm during the week of August 4<sup>th</sup> onward (until funds are exhausted).

- print the application
- hand write answers and responses into the application
- scan the application and all related documents and email the completed the file to: smallbuscares2020@cityofmercedes.com.

ls you	business operated as a sole proprietorship?		
	YesNo		
USE (	OF FUNDS		
How w	rill your business use the loan funds? Please check all that apply.		
$\sqrt{}$	Rent/mortgage payment. List specific amount.	\$ 3650.00	
	Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, we for online sales, etc.)	ebsite upgrades \$O	
	Employee support (salaries, insurance, paid leave)	\$ <u>-0-</u>	
	Utilities (i.e. electricity, water, phone, internet, etc.)	st/- 1248.40	
	Expenses associated with increased material costs from suppliers or alternate suppliers. \$		
_/	Purchase of COVID-19 supplies for business protection/cleaning.	\$ 101.60	
	Total Amount	\$ 5000	
Total Grant amount requested from Mercedes DCM: \$ 5000 (amount shown above may not exceed: \$3,000 for business with 1-3 employees, \$5,000 for business with 4-9 employees)			
You ma	ust attach cancelled checks, payroll reports and/or bank statements to substantiate the	amount shown	
payme author	ss owners may request less and/or only what is needed if receipts cannot be produced nt on the list above, under <b>USE OF FUNDS</b> . The Development Corporation of Mercedes is ity in determining eligibility and amount of funding. Funds not used as indicated, or doctok immediately.	the sole and final	
FINAI	NCIAL ASSISTANCE (Currently pending or received)		
Name (	of your primary financial institution: PlainsCap, tell Bank of your Bank Officer: Jesus Santana ou met with your financial institution (bank) about financial assistance? (Yes) No		
If no, w	rhy not?		
-			

Have you applied for any of the following Federal prog Paycheck Protection Program (PPP) Economic Injury Disaster Loan (EIDL)	grams that are currently available? Requested amount: サイン, つつつ Requested amount:
✓Provide proof of application provided via atte	achment.
If not, why not?	
ACKNOWLEDEMENTS/SIGNATURES	
Please check each statement acknowledging that you within this application is true and accurate to the best	have read and affirm the information you have submitted of your knowledge. USE YOUR INITIALS IN THE BLANK.
My business has 1-9 full time (or full time equiv	valent) employees.
I affirm that my business has experienced or is February 1, 2020 and May 15, 2020. (including	projected to experience a decline in employment between sole proprietors.)
The Tax ID and Entity Name of my business sho	wn above, are true and accurate.
My business is located in the incorporated city with a Certificate of Occupancy issued by the C	
By signing this document, I am attesting that I a loan.	m the majority owner of the business applying for this
will provide proof of efforts to obtain current	Federal stimulus grants/loans: EIDL, PPP, etc.
I affirm this business is in good standing with the	e City of Mercedes with respect to taxes, fees, utility
payments, or other financial obligations.	
Business Legal Name Valley Oak Tree La	carning Center
Written: Sonia A. Martinez  Legal Representative	Bus Mar.
Signed: Legal Representative	Bus. mgr.
Signed as Individual:	Dato

# (Rev. October 2018)

Department of the Treasury

### **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.											
	Valley Oak Tree Learning Center, Inc												
	2 Business name/disregarded entity name, if different from above												
	Valley Oak Tree Learning Center												
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.    C Corporation   S Corporation   Partnership   Trust/estate									4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate													
Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶													
single-member LLC  Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)  Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U,S. federal tax purposes, Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  Other (see instructions)   Address (number, street, and apt. or suite no.) See instructions.  Requester's name								if any)	m   	FAT	CA re	врог	ling
či	Other (see instructions)					(Аррі	es (	to accoun	ts ma	avri Lavr	ned cut	iside t	eUS)
Š	5 Address (number, street, and apt. or suite no.) See instructions.		Requester'	s na	me a	and a	dd	ress (o)	ptio	nal)			
See													
Ś	6 City, state, and ZIP code												
	Mercedes, TX 78570												
	7 List account number(s) here (optional)												
Pa	rt I Taxpayer Identification Number (TIN)												
	your TIN in the appropriate box. The TIN provided must match the name	given on line 1 to avo	oid S	ocia	ol se	curity	/ n	umber					
back	up withholding. For individuals, this is generally your social security number	oer (SSN). However, fo	ora 🗍	Т			ſ		٦	Γ		П	
resid	ent alien, sole proprietor, or disregarded entity, see the instructions for P es, it is your employer identification number (EIN). If you do not have a n	art I, later. For other	, ,			'	-			-		i	
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Par Under 1. Th 2. La Se no 3. La 4. Th Certi you hacqu other Sign Her Ge Secti noted Futu relate after	Certification  repenalties of perjury. I certify that:  e number shown on this form is my correct taxpayer identification numb m not subject to backup withholding because: (a) I am exempt from bac ervice (IRS) that I am subject to backup withholding as a result of a failure elonger subject to backup withholding; and m a U.S. citizen or other U.S. person (defined below); and the FATCA code(s) entered on this form (if any) indicating that I am exempt fication instructions. You must cross out item 2 above if you have been no have failed to report all interest and dividends on your tax return. For real esta isition or abandonment of secured property, cancellation of debt, contribution than interest and dividends, you are not required to sign the certification, but the Signature of U.S. person  Signature of U.S. person  Certification  Revenue Code unless otherwise d, re developments. For the latest information about developments	er (or I am waiting for a kup withholding, or (b) to report all interest of the from FATCA reporting tified by the IRS that you ate transactions, item 2 ns to an individual retirulat you must provide you Form 1099-DIV (dividuds) Form 1099-MISC (proceeds) Form 1099-8 (stoce	a number of have not or dividend or dividend or dividend or dividend or dividend or dividend or dividend or correct Totale or correct Totale or dividends, in (various typick or mutual cers)	to be to be	subjection of in	sued sold sold sold sold sold sold sold sol	to to to to to to to to to to to to to t	6 6 6 by the S has backungage irruction from s	and and p water and a stock an	4 desired desi	1 mal Red me	ng b	nue at I am ecause ants ter,

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Plains Capital Bank A

LUBBOCK TX 79408

PO BOX 271

Account Number Stafement Date Page

XXXXXX8001 06/30/2020 4 of 4

Account Number: XXXXXX8001

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CITY OF MERCEDES WATER DEPT. P.O. DRAWER 837 MERCEDES, TEXAS 78570

SERVICE CODES
WA · Water TX · State
SE · Sewer PD · Past 0 GA - Garbage

TX - · State Tax PD · Past Due BP - Brush Pick up

**RETURN POSTAGE GUARANTEED** 

PRESORTED U.S. POSTAGE PAID: MERCEDES, TX

(956) 565-3114 FF · Fire Fee METER READING USAGE AMOUNT CODE PREVIOUS PRESENT WA 5311 5431 120 69.44 SE SEWER 120 66.97 GA GARBAGE 85.00 FF FIRE FEE 3.50 4.50 BR BRUSH TX SALES TAX 7.35

08/05/2020

ACTIVE	PERMIT NO 34
ACCOUNT NUMBER	NET/
05-0096-00	236.79
AFTER THIS DATE PAY GROSS	GROSS
08/05/2020 PD	BY DRAFT
SERVICE FROM	SERVICE TO
06/05/2020	07/05/2020
SERVICE AT	DDRESS
841 S TEXAS A	V E
Contract Con	The state of the s

SERVICE ADDRESS

S TEXAS AVE

236.79

ACCOUNT STATUS

ACTIVE

SERVICE FROM 06/05/2020 SERVICE TO

07/05/2020

GROSS #

PD BY

DUE DATE IS FOR CURRENT BILL ONLY, 10% PENALTY IF PAID AFTER DUE DATE. SERVICE TERMINATED IF

ACCOUNT NUMBER

ACCOUNT REMAINS DELINQUENT FOR 7 DAYS AFTER

DUE DATE, \$10.00 RECONNECT FEE, NO RECONNECTS VELEB 4:30 ԵՎՈՄԻ [[[ԱՄԻՐԻՄ]]] [[[ՄԻՄԻՐԻՄ]] [[[[ԱՄԻՄ]]]] [[[[[[]]]]] [[[[]]]] [[[]]] [[[]]] [[[]]] [[[]]] [[[]]]

SONIA MARTINEZ VALLEY OAK TRES 841 S TEXAS AVE MERCEDES TX

941

78570

05-0096-00 PLEASE RETURN THIS STUB WITH PAYMENT

Pay Online at cityofmercedes.com

Portal Guide

Contact Us

Logout

Home

Manage Account

Payment

Profile

Search

Customer

My Accounts

VALLEY OAK TREE LEARNING CENTER INC

- 10032789464415410

**Payment Confirmation** 

### Confirmation #: 4626456-96052034

Payment of \$765.01 was successfully applied to 10032789464415410 - 841 S TEXAS AVE - MERCEDES TX 78570-3529 (Account #: 2622709-3)

**Back to Account** 

Electric Bill



## **Payment Receipt**

## Your payment has been accepted

Confirmation # 942832716

Payment Type Texas Gas Service

Account # 910123886 1048216 82

Status ACCEPTED

Payment Date Jul 22, 2020 – 4:46:37 PM

Payment Method MasterCard (Debit) \*\*\*\*\*\*\*\*\*9764

Payment Amount \$103.12

Service Fee \$1.49

Total Amount Charged \$104.61

## Juble paying your bill due to the COVID-19 pandemic? Contact us to discuss options.

stomer Service: 800-700-2443 Gas Leaks: 800-959-5325 Payments by Phone: 866-780-5488 Hearing Impaired: 711 TexasGasService.com

Texas Gas Service PO Box 219913 Kansas City MO 64121-9913

841 S TEXAS AVE MERCEDES, TX 78570-3529

> VO+1C1985 Vot@1983

Your Energy Use 20 Sc 10 ASONDJEMAMJ J 2020 Period Days Ccf Current 30 13.000 Lost Year 29 16,000

Go paperless! For the easiest and most convenient way to receive your natura gas bill, enroll in electronic statements. Learn more at www.TexasGasService.com/GoPaperless.

				Page 1 of
Amount Due	_			\$103.12
<b>Current Charges Due</b>				07-24-20
Amount Due After Due Date				\$103.12
Account Number		<del></del>	910123886	1048216 82
Rate ME	RC I/S COM			
Active Deposit	\$50.00	Statement D	ate	07-08-20
Payments Received		-	101.98CR	20.00
Previous Balance			\$101.98	
Balance Forward		-		\$0.00
Customer Charge		\$81.35		
Delivery Charge		4.11		
Cost Of Gas		2.56		
Pipeline Integrity (Ccf @ \$0.041	28)	0.54		
Energy Efficiency Program				
		0.03		
City Franchise Fee		0.03 4.76		

Meter or
Station Number
0210A29196

Service	Period
From	То
06-02-20	07-02-20

Number of Days 30

City Tax

State Tax

**Current Charges** 

**Total Amount Due** 

Meter Readings Previous Present 3223 3236

Constant 1.0000

Ccf Billed 13.000

1.91

5.96

WNA/ Ccf

Cost of Gas/Ccf 0.197040

~04A

103.12

\$103,12



A Division of ONE Gas PO BOX 31427 . El Paso TX 79931-0427

ELECTRONIC SERVICE REQUESTED

Share the Warmth helps disadvantaged Texans with home heating costs. To contribute, please include an

overpayment and check the box to the left.

Please return this portion when paying by mail. When paying in person, please bring this entire bill with you.

Account Number 910123886 1048216 82 \$103.12 **Amount Due** 07-24-20 **Current Charges Due** Amount Due After Due Date \$103.12 Total Enclosed

TEXAS GAS SERVICE

PO BOX 219913

KANSAS CITY, MO 64121-9913

- Ուվինընակին մարնվարկարարվունալից ԱՈՐՈՒՈՐՈՐՈՐՈՐՈ

942832716 00 910153846104851685 000010315



4944 1 AV 0.386 \*0005203 S1 YYNNNN 66 KIDDIE KORNER PLAYSKOOL 841 S TEXAS AVE MERCEDES TX 78570-3529 լեինելինդիկնորվվիսիլյալիանկրկնորդերակիկներ

### **Payment Complete**

Thanks for your payment, You'll receive a confirmation message shortly. It may take up to 24 hours for payments to post to your account.

### Payment Info

Payment Amount

Amount Due: \$141.99

Payment Date

7/24/20

Payment Method

Checking

Account Number

XXXX3537

Back-

This is phone (voice) & internet

Phone = 89.99 internet = 52.00



July 8, 2020

Invoice Number: Account Number: 0258686070820 - 8260 18 011 0258686

Security Code

9830

Service At:

841 S TEXAS AVE OFC MERCEDES TX 78570-3529

#### Contact Us

Visit us at SpectrumBusiness.net Or, call us at 1-866-519-1263

Summary	Service from 07/08/20 through details on following pages	08/07/20
Previous Balar	nce	142.57
Payments Rec	eived -Thank You!	-142.57
Remaining Ba		\$0.00
Spectrum Bus	iness™ Internet	51.98
Spectrum Bus	iness <sup>™</sup> Voice	89.97
Taxes, Fees a	nd Charges	0.04
Current Char	ges	\$141.99
Total Due by	07/25/20	\$141.99

## Thank you for choosing Spectrum Business.

We appreciate your prompt payment and value you as a customer.

## SPECTRUM BUSINESS NEWS

NOTE. Taxes, Fees and Charges listed in the Summary only apply to Spectrum Business TV and Spectrum Business Internet and are detailed on the following page. Taxes, Fees and Charges for Spectrum Business Voice are detailed in the Billing Information section.

#### Telecommunications Relay Service (TRS)

The Federal Communications Commission (FCC) has adopted use of the 711 dialing code for access to Telecommunications Relay Services. (TRS) TRS permits persons with a hearing or speech disability to use the telephone system via a text telephone (TTY) or other device to call persons with or without such disabilities.

For more information about the various types of TRS, see the FCC's consumer fact sheet at

https://www.fcc.gov/consumers/guides/telecommunications-relay-service-trs. Please dial 711 to be connected to a TRS Center.

Promotion Discount - Thank you for being a Spectrum Business Customer. We hope you are continuing to take advantage of all that your Spectrum Business Services have to offer.

When you signed up for your Spectrum Business Services, you received a promotional discounted rate on your bill. The discounted rate for your services is expiring and your services were scheduled to be billed at the standard rates. However, as a valued business customer we are pleased to offer additional savings off the standard rates beginning with your next month's statement.

Thank you. It is our pleasure to serve you.

July 8, 2020

VALLEY OAK TREE LEARNING

Invoice Number: Account Number:

0258686070820

Service At:

8260 18 011 0258686 841 S TEXAS AVE OFC MERCEDES TX 78570-3529

Total Due by 07/25/20

\$141.99

Amount you are enclosing

S

Please Remit Payment To:

TIME WARNER CABLE
PO BOX 60074
CITY OF INDUSTRY CA 91716-0074

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## Spectrum Publication

4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652 8280 1800 NO RP 08 07092020 NNYNNYNN 01 006777 0025

VALLEY OAK TREE LEARNING CENTER 841 S TEXAS AVE OFC MERCEDES TX 78570-3529

<u>ինը հերդիկերևյանը կորգական արևարի արկինարև</u>

## amazon business

For customer support visit Amazon.com/contact-us

Order date: June 29, 2020

Purchase Order #:

Order #: 114-7812377-6853065

Date shipped: June 29, 2020

Ship to:

Sonia A Martinez

Valley Oak Tree Learning Center Inc

841 S TEXAS AVE

MERCEDES, TX 78570-3529

United States

### Shipment details

Item description		Qty	Item price	item subtotal
Hand Sanitizer Gel, 1 Gallon, 128 Fl Oz, 80 Made in USA (SKU: YC-SH-32-CA) Condition: New Sold by: America Strong	D+% Alcohol, Large Antibacterial Hand Gel Refill,	1	\$49.95	\$49.95
OLINE Advanced Hand Sanitizer, 1 Gallon, Hand Gel Refill, Made in USA (SKU: YC-SH Condition: New Sold by America Strong	128 Fl Oz, 80+% Alcohol, Large Antibacterial Bulk -35-CA-Non-Prime)	1	\$49.95	\$49.95
	Item subtotal Shipping & handling Sales tax			\$99.90 \$0.00 \$0.00
	Total			\$99.90

Purchase of CoviD-19 Supplies

## amazon business

For customer support visit Amazon,com/contact-us

Order date: June 11, 2020

Purchase Order #:

Order #: 114-8882558-0261039

Date shipped: June 16, 2020

Ship to:

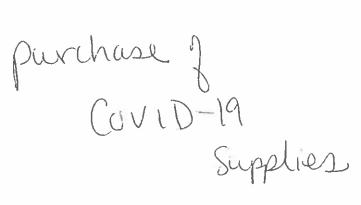
Sonia a Martinez 503 W 15TH ST

WESLACO, TX 78596-7433

**United States** 

### Shipment details

Item description	ABOUT THE STATE OF	Qty	Item price	item subtotal
Disposable Vinyl Gloves, Clear Latex Free Power Cleaning, Kitchen, Industrial, Safety Food Hand Condition: New Sold by: shenzhenshisanyecaoshangmaoyouxis		1	\$16.95	\$16.95
	Item subtotal Shipping & handling Promos & discounts Sales tax			\$16.95 \$0.00 -\$0.85 \$1.33
	Total			\$17.43





# COPY

### Paycheck Protection Program Borrower Application Form

OMB Control No.: 3245-0407 Expiration Date: 09/30/2020

Check One:  Sole proprietor Partnership C-Corp S-Corp LLC Independent contractor Eligible self-employed individual Sol(c)(3) nonprofit 501(c)(19) veterans organization Tribal business (sec. 31(b)(2)(C) of Small Business Act) Other						E	BA or Trade	name if .	Applicabi	le
11/4/	ement distribute sind servese.	Business	Legal Na	me All article	STATE OF SELECT			-		
Va	ley Oak Tree	Learn	Mg Co	enter, Ir	1C					
Valley Oak Tree Learning Center, Inc Business Address							(EIN, SSN)	-	Business	
&	341 S. Teyas	hve.				174-266	4100	(954)	965- 4	409
						Primary	Contact	学科学院	Email A	ddress
M	iercedes.	IX I	8570	)		Sonia A.	Martinez	Valle	yoak	tree 1983@
12.0	ge Monthly Payroli:	\$ 16,90	)6· <u>00</u>	x 2.5 + EIDI Advance (if A Equals Loan	Applicable)	42,265.0	Number o	of Empl	STATEMENT -	Julial net
(selec	t more than one):	Payroll	Leas	e / Mortgage I	nterest Utilities	Other (explain	N			
List all	owners of 20% or more	of the equity	of the A	Applicant O	h a separate sheet if no	cccssary. 57-58-132.S		doe	includ	Endler. 7
1 1000	Owner Name		A COL	Title	Ownership %				dress	
Ca	rmina Flores		Ow	ner	100% 45	77-58-1325 	237 E. I	10 th.	SI. M	ercedes; 7857
l	f questions (1) or (2) bel	ow are answ	ered "Ye	s." the loan wi	ll not be approved.					7,00
			emanasia	Question		Pierre a cista a	2 of 2002/2015/68	NAME OF	Tro Pg	Yes No
<ol> <li>2.</li> <li>3.</li> </ol>	Is the Applicant or any voluntarily excluded from the bankruptcy?  Has the Applicant, any guaranteed loan from S caused a loss to the gov. Is the Applicant or any business? If yes, list all	owner of the SBA or any overnment?	tion in the Applica ther Fede	is transaction b int, or any bush eral agency that int an owner of	ness owned or controll t is currently delinqued	nent or agency, of the nt or has defaulted have common r	m, ever obtains the last	ned a di 7 years :	in any irect or and	
4.	Has the Applicant receiprovide details on a sep	ived an SBA parate sheet i	Econom dentified	ic Injury Disas as addendum I	ter Loan between Janu 3.	ary 31, 2020 and	i April 3, 202	207 If ye	es,	
	questions (5) or (6) are				e approved.					
Mag				The state of the s	an o'n an all and an an a				Yes	No
5.	Is the Applicant (if an to an indictment, crimi brought in any jurisdic Initial here to confirm	inal informat tion, or prese	ion, arrai ently inca	lividual owning gnment, or oth creerated, or on	g 20% or more of the core means by which for probation or parole?	quity of the App	licant subjec			¥
6.	Within the last 5 years been convicted; 2) plea placed on any form of Initial here to confirm	aded guilty; : parole or pro	3) pleade bation (i	d nolo contend neluding proba	ere; 4) been placed on	pretrial diversio	oplicant 1) n; or 5) been			V
								an	,	
7.	Is the United States the Applicant's payroll cal	principal pl culation abo	ace of res	sidence for all	employees of the App	licant included in	the	4		
8.	Is the Applicant a franc	chise that is I	isted in t	he SBA's Fran	chise Directory?					<b>1</b> 27



### Paycheck Protection Program Borrower Application Form

By Signing Below, You Make the Following Representations, Authorizations, and Certifications

### CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more
  than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13
  C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was
  for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

### **CERTIFICATIONS**

The authorized representative of the Applicant must certify in good faith to all of the below by initialing next to each one:

CA

The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.

Cf

Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.

Af

The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.

Of

The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.

Of

I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.

ef.

During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.

I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

4

I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

Signature of Authorized Representative of Applicant

Alimon 1

Print Name

Tiele

#### Eligible use of PPP loan funds and Forgiveness:

	PCB SBA PPP Loan
Payroll costs	36,479.00
Cost related to the continuation of group health care benefits during periods of paid sick, medical, or family leave, and insurnace premiums	
Employee salaries, commissions, or similar compensation (capped at an annualized rate of \$100k per employee)	
Rent	3650.00
Utilities	3650.00 2136.00
hterest on debt incurred before 2/15/2020	
Refinance eligible EDL	+
Tota	\$ 42,265.00

Please complete the table above for your proposed use of PPP loan proceeds. Borrower acknowledges that it is their sole responsibility to use the PPP funds for the eligible purposes listed above. Borrower understands that it is their sole responsibility to provide the forgiveness documentation stated below.

Vhat counts as payroll costs? Payroll costs include:
Salary, wages, commissions, or tips (capped at \$100,000 on an annualized basis for each employee);
Employee benefits including costs for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; ayments required for the provisions of group health care benefits including insurance premiums; and payment of any retirement benefit
State and local taxes assessed on compensation; and
For a sole proprietor or independent contractor: wages, commissions, income, or net earnings from self-employment, capped at 100,000 on an annualized basis for each employee.
• •

### Forgiveness Requirements:

How much of my loan will be forgiven? You will owe money when your loan is due if you use the loan amount for anything other than payroll costs, mortgage interest, rent, and utilities payments over the 8 weeks after getting the loan. Based on SBA guidance, not more than 25% of the forgiven amount may be for non-payroll costs.

You will also owe money if you do not maintain your staff and payroll.

- Number of Staff: Your loan forgiveness will be reduced if you decrease your full-time employee headcount.
- ☐ Level of Payroll: Your loan forgiveness will also be reduced if you decrease salaries and wages by more than 25% for any employee that made less than \$100,000 annualized in 2019.
- ☐ Re-Hiring: You have until June 30, 2020 to restore your full-time employment and salary levels for any changes made between February 15, 2020 and April 26, 2020.

How can I request loan forgiveness? You can submit a request to the lender that is servicing the loan. The request will include documents that verify the number of full-time equivalent employees and pay rates, as well as the payments on eligible mortgage, lease, and utility obligations. You must certify that the documents are true and that you used the forgiveness amount to keep employees and make eligible mortgage interest, rent, and utility payments. The lender must make a decision on the forgiveness within 60 days.

Borrower acknowledges the amount of loan forgiveness requested might be less than the amount actually forgiven once lender submits information to the SBA.

Signature of Authorized Representative of Business

### **Borrower Certification**

(please select and certify the one option that fits your business)

I, Carmina Flores, certify that no individual employee's annual payroll costs exceed \$100,000 as described on page 3 under the instructions for completing the Paycheck Protection Program Application Form (SBA Form 2483).
OR
, certify the applicant has individual employees with annual payroll costs in excess of \$100,000 as described on page 3 under the instructions for completing the Paycheck Protection Program Application Form (SBA Form 2483), and have provided documentation sufficient to meet the SBA's requirements.

### Payroll includes the following:

Payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

Signature of Authorized Representative of Business

## **Borrower Certification of Total Number of Employees**

I, <u>Carmina Flores</u>, certify that the total number of employees related to all entities which have common ownership and management as documented on Addendum A, as required by Question 3 on Paycheck Protection Program Borrower Application Form ("SBA Form 2483"), is less than 500 employees.

Signature of Authorized Representative of Business

		PLAINSCAPITAL BANK	30179
VALLEY OAK TREE LEARNING CENTER INC 956-565-6409		WWW.PLANSCAPITAL.COM	68-2299/1113
	841 S TEXAS AVE MERCEDES, TX 78570	*	07/08/2020
PAY TO THE	19	A	
ORDER OF	Río Americana LLP		\$**1,825.00
ORDER OF	Rio Americana LLP sand eight hundred (wenty-five and 00/100*********************************	***********************	\$**1,825.00
ORDER OF		***************************************	
ORDER OF One thou	sand eight hundred twenty-five and 00/100**********	Quu Qu	

Cheaft to the account of within named payee.

Texas Regional Bank in Halingen, Texas Regional Bank in Halingen, Texas Regional Bank in Halingen, Texas Regional Bank in Halingen, Texas Original Bank in Halingen, Texas Do Hot Write. Stady or Sign Story Stady S

50m 941 for 2020: Employer's QUARTERLY Federal Tax Return 950120 (Rev. April 2020) Department of the Treasury - Internal Revenue Service OMB No. 1545-0029 Report for this Quarter of 2020 74-2664100 Employer identification number (EIN) (Check one.) Name (not your trade name) | Valley Oak Tree Learning Center In 1: January, February, March X 2: April, May, June Trade name (if any) 3: July, August, September 841 S. Texas Address 4: October, November, December Number Suite or room number Go to www.irs.gov/Form941 for Mercedes instructions and the latest information. TX 78570 Cltv State ZIP code REV 07/13/20 OSP Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. Part 1: Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) . 12 Wages, tips, and other compensation 53,565.01 Federal income tax withheld from wages, tips, and other compensation . 3 505.59 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6. Column 1 Column 2  $53,565.01 | \times 0.124 =$ Taxable social security wages . 5a 6,642.06 5a (i) Qualified sick leave wages .  $\times 0.062 =$ (ii) Qualified family leave wages 5a  $\times 0.062 =$ 5b Taxable social security tips . . .  $\times$  0.124 = Taxable Medicare wages & tips. 5c 53,565.01 1,553.39  $\times$  0.029 = 54 Taxable wages & tips subject to Additional Medicare Tax withholding  $\times$  0.009 = Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 8,195.45 Section 3121(q) Notice and Demand-Tax due on unreported tips (see instructions) 6 Total taxes before adjustments. Add lines 3, 5e, and 5f . 8,701.04 Current quarter's adjustment for fractions of cents . 0.01 8 Current quarter's adjustment for sick pay . Current quarter's adjustments for tips and group-term life insurance . 9 10 Total taxes after adjustments. Combine lines 6 through 9 8,701.05 11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974

11b

Nonrefundable portion of employee retention credit from Worksheet 1

Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1

	950920				
Valley Oak Tree Learning Center Inc	Employer identification number (EIN)				
Part 3: Tell us about your business. If a question does NOT apply to your b	74-2664100				
17 If your business has closed or you stopped paying wages					
enter the final date you paid wages ; also attach a statement to your return. See instructions.					
18 If you're a seasonal employer and you don't have to file a return for every q	uarter of the year Check here.				
19 Qualified health plan expenses allocable to qualified sick leave wages .	19				
20 Qualified health plan expenses allocable to qualified family leave wages .	20				
21 Qualified wages for the employee retention credit	21				
22 Qualified health plan expenses allocable to wages reported on line 21	22				
23 Credit from Form 5884-C, line 11, for this quarter	23				
Qualified wages paid March 13 through March 31, 2020, for the employeredit (use this line only for the second quarter filing of Form 941)	yee retention				
Qualified health plan expenses allocable to wages reported on line 24 (use for the second quarter filing of Form 941)	e this line only				
Part 4: May we speak with your third-party designee?					
Do you want to allow an employee, a paid tax preparer, or another person to dis for details.	cuss this return with the IRS? See the instructions				
Yes. Designee's name and phone number Marcela Arredon	(956) 519-3773				
Select a 5-digit personal identification number (PIN) to use when talking No.	g to the IRS. 55555				
	REV 07/13/20 OSP				
Part 5: Sign here. You MUST complete all three pages of Form 941 and SIG	N it.				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Sign your	Print your name here Sonia A.Martine 2				
name here www.hutz:	Print your title here Dus. May.				
Date 07 28 20	Best daytime phone 9Se 57e 5-6409				
Paid Preparer Use Only	Check if you're self-employed				
Preparer's name Mardela Arredondo	PTIN P00691981				
Preparer's signature Date 7-22-20					
Firm's name (or yours if self-employed)  Arredondo & Cabriales, LLC	EIN 27-4081501				
Address 2018 E Griffin Parkway	Phone (956) 519-3773				
City Mission State TX	ZIP code 78572				

# 6. Adjournment