

Development Corporation of Mercedes, Inc.

Agenda

August 13, 2020 at 11:30AM

320 S. Ohio

Development Corporation of Mercedes, Inc.

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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: <https://global.gotomeeting.com/join/186801909> /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- Alvaro 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 Directors reserves the right to go into Executive Session at any time during the meeting to consult with its attorney in accordance with Section 551.071, deliberate the purchase or sale of real property in accordance with Section 551.072, deliberate personnel matters in accordance with Section 551.074, and/or deliberate economic development negotiations in accordance with Section 551.087. This notice is given in accordance with Vernon's Texas Code Annotated, Texas Government Code, Section 551.001 et. seq. I hereby certify this Notice of a Meeting of the Development Corporation of Mercedes as posted in accordance with the Open Meetings Act on the outside bulletin board at City Hall of the City of Mercedes, located at 400 S. Ohio, visible and accessible to the general public during and after working hours. This notice was posted on the 10th day of August 2020 at 10AM and will remain so posted continuously for at least 72 hours preceding the scheduled time of this meeting in accordance with Chapter 551 of the Texas Government Code.

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.

CONTACT INFORMATION

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): Rolando Garza Robles, Jr.
Number of years in business: 15 years

BUSINESSES THAT ARE INELIGIBLE TO APPLY

- Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses);
- Finance Institutions;
- Businesses owned by the members of the Board of Directors of the Mercedes EDC; or
- Businesses owned by employees or Mercedes elected officials of the City of Mercedes.

PERSONNEL

How many total employees were employed at your business on February 1, 2020?

Full-time Employees #: _____ (Part-time # employees: 7)

Does your business have furloughed employees who are 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.*

<u>X</u>	Rent/mortgage payment. List specific amount. (\$2,010.65 x 3 months)	\$ <u>6,031.95</u>
_____	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		\$ <u>6,031.95</u>

Total Grant amount requested from Mercedes DCM: \$ 5,000

(amount shown above may not exceed:

\$3,000 for business with 1-3 employees,

\$5,000 for business with 4-9 employees)

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 **USE OF FUNDS**. 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: 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 Federal programs that are currently available?

No Paycheck Protection Program (PPP) Requested amount: _____
No Economic Injury Disaster Loan (EIDL) Requested amount: _____

**Provide proof of application provided via attachment.*

If not, why not?

Unaware of Grants available

ACKNOWLEDEMENTS/SIGNATURES

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

JL ☒ My business has 1-9 full time (or full time equivalent) employees.

JL ☒ I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (including sole proprietors.)

JL ☒ The Tax ID and Entity Name of my business shown above, are true and accurate.

JL ☒ My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.

JL ☒ By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

JL ☒ I will provide proof of efforts to obtain current Federal stimulus grants/loans: EIDL, PPP, etc.

JL ☒ I affirm this business is in good standing with the City of Mercedes with respect to taxes, fees, utility payments, or other financial obligations.

Business Legal Name Wes-Mer Drive-In

Written: _____
Legal Representative

_____ Title

Signed: _____
Legal Representative

_____ Title

Signed as Individual: Joe L. Loria

Date 8/7/20

Richard Keller

8/7/20

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Joe Longoria

2 Business name/disregarded entity name, if different from above

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.

☒ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ 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) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3).

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

1281 Linda Lane

6 City, state, and ZIP code

Stafford, Texas 77477

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

4 6 2 - 6 8 - 0 8 2 9

or

Employer identification number

-

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am 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 exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Joe L Longoria

Date ►

8/7/20

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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 (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 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 real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- 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.

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line, do not leave this line blank. Roland Garza Robles, Jr.	
	2 Business name/disregarded entity name, if different from above	
	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: <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) ►	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 1105 W. Ash	Requester's name and address (optional)
	6 City, state, and ZIP code Weslaco, Texas 78596	
	7 List account number(s) here (optional)	

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Social security number									
4	6	0	-	9	0	-	6	4	2 8
or									
Employer identification number									
			-						

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Under penalties of perjury, I certify that:

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- I am 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 from FATCA reporting is correct.

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Sign Here	Signature of U.S. person ► 	Date ► 8/7/20
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- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
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- 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.

Texas

USA
TX

DRIVER LICENSE



ID# 07487539 Class C
Iss 08/20/2019 Exp 11/08/2026
DOB 11/08/1953
ROBL
ROLANDO GARZA JR

1105 ASH DR
WESLACO TX 78596

Restrictions NONE End NONE
Hgt 6'-01" Sex M Eyes BRO
ID 05A19980085210218718

Tobacco

Wes Mer Drive In Theatre
2090 West Hwy 83
Mercedex, TX 78579

7/1/20

Pay to the order of 2 Ind. 6616

PAO Thmsrdt TCU 469/100

\$ 2010/25

5273
Serial No

7/1/20

PAO Thmsrdt TCU 469/100

for duty leave

Frost
www.frostbank.com

1140000930:527308003476555

Tracer: 14097696 - Amt: \$2,010.65 - 7/3/2020

Tracer: 14097696 - Amt: \$2,010.65 - 7/3/2020

Wes Mer Drive In Theatre
 2090 West Hwy 83
 Mercedes, TX 78579

5233
 20/1/10

Pay to the order of Wes Mer Drive In Theatre Date 6/2/20 \$ 2208.62

Thea Thompson & Family 12/1/10

Frost
 www.frostbank.com

Release 2010.66 FAX 147.97

011400009315233-8003476551

Tracer: 14061819 - Amt: \$2,208.62 - 6/2/2020

ENDORSE HERE
 011400009315233-8003476551

Tracer: 14061819 - Amt: \$2,208.62 - 6/2/2020

mercedes
A State Fund

Queen City of the Rio Grande Valley

Date Issued:

05-07-2020

WORK SAFE PLAN CERTIFICATE

This is to certify that

WES MER DRIVE IN
(Business Name & Store #)

Owned or operated by

ALICIA LYDIA GARCIA
(Name of Person)

Has Submitted a work safe plan for the business at

2040 W. BUS 83
(Address of Business)

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

THIS PERMIT IS NON-TRANSFERABLE AND SHALL BE POSTING IN A
CONSPICUOUS PLACE

Emergency Management Division

Javier Campos Jr.,
Interim Fire Chief

Ruben A. Gutierrez,
Fire Marshal

1955 565-2114 • 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 "Landlord")

-AND-

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

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

LEASE PREMISES

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. Upon 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 Landlord 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.
6. 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 party.

RENT

7. Subject to the provisions of this Lease, 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 Hidalgo County Property Taxes assessed beyond the year 2016 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 1st 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.

Initial: Tenant JR

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

USE AND OCCUPATION

10. 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 Landlord, 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 statutes, 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 (31st) 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 notwithstanding any rule of law or equity to the contrary, and the Tenant hereby waives and renounces the benefit of any present or future statute 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.
16. If 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;

Initial: Tenant

JS

- b. 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;
- e. 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
- f. after reentry, the Landlord may procure the appointment of a receiver to take possession and collect rents and profits of the business of the Tenant, and, if necessary to collect the rents and profits the receiver may carry on the business of the Tenant and take possession of the personal property used in the business of the Tenant, including inventory, trade fixtures, and furnishing, and use them in the business without compensating the Tenant.
- g. after reentry, the Landlord may terminate the lease on giving 5 days written notice termination of the Tenant. Without this notice, reentry of the Premises by the Landlord or its agents will not terminate this Lease.
- h. the Tenant 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 Landlord 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 re-letting, and
 - iii. 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:
 - 1. an amount determined by reducing the present worth at an assumed interest rate of twelve percentage (12%) per annum 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 Rent and estimated Additional Rent for a period of six (6) months

INSPECTIONS

- 18. At all reasonable times during the term of this Lease and any renewal of this Lease, the Landlord 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 contract

Initial: Tenant



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 Drive-In Theatre and Associated Concessions.

RENEWAL 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
 - e. Affixing to or erecting upon or near the Premises any radio or TV 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 liability insurance for the benefit of the Tenant and the Landlord.
29. The Tenant 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 Premises or assignment by the Landlord of this Lease or any interest of the Landlord therein to the extent that the purchaser, transferee, tenant or assignee 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 Landlord 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'S INDEMNITY

34. The Tenant will and does hereby indemnify 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 Tenant to the Premises, or by any reason of any injury occasioned to or suffered by any negligence on the part of

Initial: Tenant 

the Tenant or any of its agents, concessionaires, contractors, customers, employees, invitees or licensees 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 liable for any consequential indirect damages suffered by the Tenant.
36. It is agreed between the Landlord and the Tenant that the Landlord will not be liable for any loss, injury or damage caused to persons using the Common Area and Facilities 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.

LIENS

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 Tenant of any other condition contained in the Lease, will forthwith upon demand be paid by the Tenant as additional rent. All rents including the monthly rent and additional rent will bear interest at the rate of twelve per cent (12%) 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 suits and special proceedings under this Lease, be construed in accordance with and governed, to the exclusion of the law of any other forum, by the laws of the State of Texas, without regard to the jurisdiction in which any action or 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. Further, any provisions that are required by the Act are incorporated into this Lease.

AMENDMENT OF LEASE

41. Any amendment or modification of this Lease or 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.

Initial: Tenant 02

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.
44. 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 limiting 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 or, 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 Landlord that the Landlord, 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 Landlord, subject to the Landlord's repair obligations. If the tenant refuses or neglects to repair as soon as reasonably possible after written demand, the Landlord 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 Landlord's cost of making such repairs plus fifteen percent (15%) thereof for overhead and supervision.
46. 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 without 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.
47. 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 Landlord of any damage, or of any situation that may significantly interfere with the normal use of the Premises.
53. The Tenant will not engage in any illegal trade or activity on or about the Premises.
54. The Tenant will comply with standards of 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 in as good a state and condition as they were the commencement of this Lease, reasonable use and wear and damages by the elements excepted.

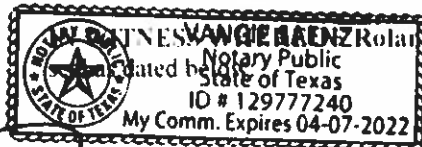
HAZARDOUS MATERIALS

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 fire 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 Lease, all Tenants are jointly and severally liable for each other's acts, omissions and liabilities pursuant to this Lease.



[Signature]
Notarized:

[Signature]
Notarized:



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

[Signature]
Rolando G. Robles, Jr.

02-22-15

Date

[Signature]
Joe L. Longoria

03/01/2019

Date

END OF CONTRACT

Initial: Tenant *[Signature]*

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

8-5-2020 11:15 AM

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: Alvaro 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: alvaro.de.la.garza@gmail.com Phone Number: (956) 825-9911

BUSINESS OWNERSHIP

Tax ID #: 38-3749349
Entity Name: de la Garza Bakery, Inc.
Name of business owner (if different from above): Alvaro de la Garza
Number of years in business: bn. 1, 2006

BUSINESSES THAT ARE INELIGIBLE TO APPLY

- Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses);
- Finance Institutions;
- Businesses owned by the members of the Board of Directors of the Mercedes EDC; or
- Businesses owned by employees or Mercedes elected officials of the City of Mercedes.

PERSONNEL

How many total employees were employed at your business on February 1, 2020?

Full-time Employees #: 5 (Part-time # employees: 1)

Does your business have furloughed employees who are receiving unemployment benefits?

Yes ☒ No ☐

Have you applied for any of the following Federal programs that are currently available?

☒ Paycheck Protection Program (PPP) Requested amount: 14,000 -
☒ Economic Injury Disaster Loan (EIDL) Requested amount: 40,000 -

**Provide proof of application provided via attachment.*

If not, why not?

ACKNOWLEDEMENTS/SIGNATURES

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

- ☒ My business has 1-9 full time (or full time equivalent) employees.
- ☒ I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (including sole proprietors.)
- ☒ The Tax ID and Entity Name of my business shown above, are true and accurate.
- ☒ My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.
- ☒ By signing this document, I am attesting that I am the majority owner of the business applying for this loan.
- ☒ I 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 City of Mercedes with respect to taxes, fees, utility payments, or other financial obligations.

Business Legal Name de la GARZA Bakery, Inc.

Written: Alvaro de la Garza President
Legal Representative Title

Signed: Alvaro de la Garza President
Legal Representative Title

Signed as Individual: Alvaro de la Garza Date August 5, 2020

Is your business operated as a sole proprietorship?

Yes _____ No ☒

USE OF FUNDS

How will your business use the loan funds? *Please check all that apply.*

_____ Rent/mortgage payment. List specific amount.	\$ <u>2,746 -</u>
_____ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	\$ _____
_____ Employee support (salaries, insurance, paid leave)	\$ <u>1,288 -</u>
_____ Utilities (i.e. electricity, water, phone, internet, etc.)	\$ _____
_____ Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ <u>966 -</u>
_____ Purchase of COVID-19 supplies for business protection/cleaning.	\$ _____
Total Amount \$ _____	

Total Grant amount requested from Mercedes DCM: \$ _____

(amount shown above may not exceed:
\$3,000 for business with 1-3 employees,
\$5,000 for business with 4-9 employees)

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 **USE OF FUNDS**. 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? Yes ___ No

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*. *N/A*
5. 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.
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/4th 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 4th 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

Texas Workforce 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.

Wage Report - Period Apr May Jun 2020

Confirmation Number: 26339852
TWC Tax Account Number: 10-947453-3
Employer: DE LA GARZA BAKERY INC
230 N TEXAS AVE
MERCEDES, TX 78670-2747
Report Due Date: Jul 31, 2020
Payment Due Date: Jul 31, 2020
Filed On: Jul 28, 2020 07:19 PM
Filed By: De La Garza, Albaro

Were any of the Texas employees listed on this report paid wages to another state during 2020? No

Wage Report Information

Number of Employees:
Apr 2020: 5
May 2020: 5
Jun 2020: 5
Texas County: HIDALGO

Employee Wage Summary

Texas Total Wages Reported: \$10,500.00
Other States Taxable Wages: \$0.00
Texas Taxable Wages: \$10,500.00

Tax Summary

Tax Rate: 0.31%
Tax = Texas Taxable Wages x Tax Rate
Tax: \$32.55
Late Reporting Penalty: \$0.00
Late Payment Interest: \$0.00
Report Amount: \$32.55

Employee Wage Details - Filed on July 28, 2020

1-5 of 5

S.S.N.	Name	Texas Total Gross Wages	Texas Taxable Wages
Report Totals		\$10,500.00	

	S.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	636-80-6770	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 & attach

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**
(Rev. April 2020) Department of the Treasury — Internal Revenue Service

950120
OMB No. 1545-0029

Employer identification number (EIN) **3 8 - 3 7 4 9 3 4 9**

Name (not your trade name) **ALBARO DE LA GARZA**

Trade name (if any) **DE LA GARZA BAKERY, INC.**

Address **230 N. TEXAS AVE**

Number Street Suite or room number

MERCEDES **TX** **78570**

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2020
(Check one.)

- ☐ 1: January, February, March
- ☒ 2: April, May, June
- ☐ 3: July, August, September
- ☐ 4: October, November, December
- Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

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)	1	5
2	Wages, tips, and other compensation	2	10,500
3	Federal income tax withheld from wages, tips, and other compensation	3	0
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a Taxable social security wages	10,500	$\times 0.124 =$	1,302
5a (i) Qualified sick leave wages		$\times 0.062 =$	
5a (ii) Qualified family leave wages		$\times 0.062 =$	
5b Taxable social security tips		$\times 0.124 =$	
5c Taxable Medicare wages & tips	10,500	$\times 0.029 =$	305
5d Taxable wages & tips subject to Additional Medicare Tax withholding		$\times 0.009 =$	
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	1,607		
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			
6 Total taxes before adjustments. Add lines 3, 5e, and 5f	1,607		
7 Current quarter's adjustment for fractions of cents			
8 Current quarter's adjustment for sick pay			
9 Current quarter's adjustments for tips and group-term life insurance			
10 Total taxes after adjustments. Combine lines 6 through 9	1,607		
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			
11b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1			
11c Nonrefundable portion of employee retention credit from Worksheet 1			

▶ You MUST complete all three pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z

Form **941** (Rev. 4-2020)

Name (not your trade name)

ALBARO DE LA GARZA

Employer identification number (EIN)

38-3749349

Part 1: Answer these questions for this quarter. (continued)

11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d	<input type="text" value="0"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12	<input type="text" value="1,607"/>
13a	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13a	<input type="text" value="0"/>
13b	Deferred amount of the employer share of social security tax	13b	<input type="text" value=""/>
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1	13c	<input type="text" value=""/>
13d	Refundable portion of employee retention credit from Worksheet 1	13d	<input type="text" value=""/>
13e	Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e	<input type="text" value="0"/>
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	<input type="text" value=""/>
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e	13g	<input type="text" value=""/>
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	<input type="text" value="1,607"/>
15	Overpayment. If line 13g is more than line 12, enter the difference <input type="text" value=""/>	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: ☒ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	Month 1	<input type="text" value=""/>
	Month 2	<input type="text" value=""/>
	Month 3	<input type="text" value=""/>
Total liability for quarter	<input type="text" value=""/>	Total must equal line 12.

☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

▶ You MUST complete all three pages of Form 941 and SIGN it.

Next ▶

Name (not your trade name)

ALBARO DE LA GARZA

Employer identification number (EIN)

38-3749349

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages ☐ Check here, and 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 quarter 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
- 24 Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use this line only for the second quarter filing of Form 941) 24
- 25 Qualified health plan expenses allocable to wages reported on line 24 (use this line only for the second quarter filing of Form 941) 25

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 discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

 ☒ No.**Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN 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.

X

Sign your name here

Print your name here

ALBARO DE LA GARZA

Print your title here

PRESIDENT

Date / / Best daytime phone 956-825-9911**Paid Preparer Use Only**Check if you're self-employed ☐Preparer's name J. RENE VEGAPTIN Preparer's signature Date / / Firm's name (or yours if self-employed) J. RENE VEGAEIN Address 1002 S. TEXAS AVE.Phone 956-376-8881City MERCEDESState TXZIP code 78570

Form 941-V, Payment Voucher

Purpose of Form

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 section 11 of Pub. 15.

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.

✂ **Detach Here and Mail With Your Payment and Form 941.** ✂

Form **941-V**

Department of the Treasury
Internal Revenue Service

Payment Voucher

► Don't staple this voucher or your payment to Form 941.

OMB No. 1545-0029

2020

1 Enter your employer identification number (EIN). 38-3749349		2 Enter the amount of your payment. ► Make your check or money order payable to "United States Treasury" Dollars 1,607 Cents							
3 Tax Period <table border="1"><tr><td>1st Quarter</td><td><input type="radio"/></td><td>3rd Quarter</td></tr><tr><td><input checked="" type="radio"/> 2nd Quarter</td><td><input type="radio"/></td><td>4th Quarter</td></tr></table>		1st Quarter	<input type="radio"/>	3rd Quarter	<input checked="" type="radio"/> 2nd Quarter	<input type="radio"/>	4th Quarter	4 Enter your business name (individual name if sole proprietor). DE LA GARZA BAKERY, INC. Enter your address. 230 N. TEXAS AVE. Enter your city, state, and ZIP code; or your city, foreign country name, foreign province/county, and foreign postal code. MERCEDES, TEXAS 78570	
1st Quarter	<input type="radio"/>	3rd Quarter							
<input checked="" type="radio"/> 2nd Quarter	<input type="radio"/>	4th Quarter							

10439 8221-1 E273370
UI Support & Customer Service
TEXAS WORKFORCE COMMISSION
PO BOX 2211
MC ALLEN TX 78502-2211

320410410104390101

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

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



All dates are shown in
month-day-year order.
Account #: 10-947453-3
Name: JOSE F ROCHA
SSN : 747-46-1890
Access Key: 440367

IMPORTANT

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: Call (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.

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Fax: Fax to (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 EMPLOYED

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

Case No.: 1
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																							
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.						Account Number																							
						<table border="1" style="width:100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																							
2. Dates Worked. For temporary or seasonal employees, enter the start and end dates for the most recent assignment.						From	0	1	-	0	2	-	2	0															
						Through	0	3	-	0	9	-	2	0															
Reason no longer employed:																													
<input type="checkbox"/> Permanent Layoff <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Reduced Hours <input type="checkbox"/> Never Worked Here																													
<input type="checkbox"/> Still Working <input checked="" type="checkbox"/> Temporary Layoff with Recall Date: <table border="1" style="display: inline-table; text-align: center;"> <tr><td>0</td><td>4</td><td>-</td><td>1</td><td>5</td><td>-</td><td>2</td><td>0</td></tr> </table>														0	4	-	1	5	-	2	0								
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3. Attach a detailed explanation of Fired and Quit separations. Include the applicant's name and SSN on each attachment.																													
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NOTE: Failing to provide complete information may cause inappropriate benefit payments and raise employer taxes.																													
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		-			-																								
		-			-																								
Preparer's Signature: <u>Albino de la Garza</u> Title: <u>president</u>																													
Telephone Number: <u>956-825-9944</u> Date: <table border="1" style="display: inline-table; text-align: center;"><tr><td>0</td><td>4</td><td>-</td><td>2</td><td>1</td><td>-</td><td>2</td><td>0</td></tr></table>														0	4	-	2	1	-	2	0								
0	4	-	2	1	-	2	0																						
Contact Person	A	L	B	A	R	O	D	E	L	A	G	A	R	Z	A														
Phone Number	956-825-9944 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 632-1 E154766
UI Support & Customer Service
TEXAS WORKFORCE COMMISSION
PO BOX 2211
MC ALLEN TX 78502-2211

320411110084830101

NOTICE OF APPLICATION FOR UNEMPLOYMENT BENEFITS

Date Mailed April 20, 2020

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



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

Account #: 10-947453-3

Name: HERMELINDA 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/ar.html. Enter the SSN and Access Key shown above. Print the confirmation page as proof of your response.

Phone: Call (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.

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Fax: Fax to (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 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.: 1
Claim ID: 04-12-20
Claim Date: 04-12-20
Entity ID:

Work Separation Details
Please answer the following questions regarding:

Applicant's Name: HERMELINDA PEREZ						SSN: 632-06-3129													
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.						Account Number													
						<table border="1" style="width:100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>													
2. Dates Worked. For temporary or seasonal employees, enter the start and end dates for the most recent assignment.						From		03-31-18											
						Through		03-09-20											
Reason no longer employed:																			
<input type="checkbox"/> Permanent Layoff <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Reduced Hours <input type="checkbox"/> Never Worked Here <input type="checkbox"/> Still Working <input checked="" type="checkbox"/> Temporary Layoff with Recall Date:																			
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4. Did you give the applicant advance notice of work separation?						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
5. Did you pay the applicant an additional payment such as wages paid instead of providing advance notice of layoff or severance pay?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
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							0												
6b. If you paid holiday or vacation days, what dates did the holiday or vacation pay cover? N/A						From		<table border="1" style="width:100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											
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Preparer's Signature: _____						Title: President													
Telephone Number: 956-825-9911						Date: 04-23-20													
Contact Person	ALBARO DE LA GARZA																		
	Phone Number 956-825-9911 x																		

04-12-20

6485

000622167

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





U.S. Small Business Administration DISASTER BUSINESS LOAN APPLICATION

OMB No. : 3245-0017
Expiration: 06/31/2021

FOR SBA INTERNAL USE ONLY

Date Received _____ Location _____ By _____

Physical Declaration Number

Economic Injury Declaration Number

FEMA Registration Number

(if known)

Filing Deadline Date

Filing Deadline Date

SBA Application Number

1. ARE YOU APPLYING FOR:

- ☐ **Physical Damage** -- Indicate type of damage
- ☐ Real Property ☐ Business Contents
- ☒ **Economic Injury (EIDL)**

☐ **Military Reservist EIDL (MREIDL)**

(complete the following)

* Name of Essential Employee _____

* Employee's Social Security Number _____

PLEASE PROVIDE ALL INFORMATION OR DOCUMENTATION REQUESTED IN THE ATTACHED FILING REQUIREMENTS.

* For information about these questions, see the attached Statements Required by Laws and Executive Orders.

Apply online at <https://disasterloan.sba.gov/ela/> OR send completed applications to:

U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, Texas 76155

2. ORGANIZATION TYPE *Sole Proprietors should complete form 5C

- ☐ Partnership ☐ Limited Partnership ☐ Limited Liability Entity
- ☒ Corporation ☐ Nonprofit Organization ☐ Trust ☐ Other: _____

3. APPLICANT'S LEGAL NAME

ALBARO DE LA GARZA

4. FEDERAL E.I.N. (if applicable)

38-3749349

5. TRADE NAME (if different from legal name)

DE LA GARZA BAKERY, INC.

6. BUSINESS PHONE NUMBER (including area code)

956-825-9911

7. MAILING ADDRESS

☒ Business ☐ Home ☐ Temp ☐ Other _____

Number, Street, and/or Post Office Box
230 N. TEXAS AVE.

City
MERCEDES

County
HIDALGO

State
TX

Zip
78570

8. DAMAGED PROPERTY ADDRESS(ES)

(If you need more space, attach additional sheets.)

☒ Same as mailing address

BUSINESS PROPERTY IS:

☐ Owned ☐ Leased

Number and Street Name

City

County

State

Zip

9. PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) TO 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@gmail.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: 01/01/2006

15. AMOUNT OF ESTIMATED LOSS:

(If unknown, enter a question mark)

☐ Real Estate

☐ Machinery & Equipment

☐ Inventory

☐ Leasehold Improvements

16. INSURANCE COVERAGE (IF ANY)

(If you need more space, attach additional sheets.)

Coverage Type: FIRE, THEFT, PERSONAL INJURY

Name of Insurance Company and Agent
STATE FARM

Phone Number of Insurance Agent ALEJANDRINA TELLEZ, 956-351-7823

Policy Number 956-903-4410

17. OWNERS (Individuals and businesses.) (If you need more space attach additional sheets.)				Complete for each: 1) proprietor, or 2) limited partner who owns 20% or more interest and each general partner, or 3) stockholder or entity owning 20% or more voting stock.			
Legal Name ALBARO DE LA GARZA				Title/Office PRESIDENT		% Owned 100%	
SSN/EIN* 463-53-6139		Marital Status MARRIED		Date of Birth* 01/22/1971		E-mail Address albarodelagarza@g-mail.com	
Mailing Address 2601 E. 18TH ST.		Place of Birth* weslaco		Telephone Number (area code) 956-463-1227		US Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Legal Name WESLALCO				City TX		State TX	
SSN/EIN*		Marital Status		Date of Birth*		E-mail Address	
Mailing Address		Place of Birth*		Telephone Number (area code)		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
				City		State Zip	
* For information about these questions, see the attached Statements Required by Laws and Executive Orders.							
Business Entity Owner Name DE LA GARZA BAKERY, INC.				EIN 38-3749349		Type of Business BAKERY/CAFE	
Mailing Address 230 N. TEXAS AVE.				City MERCEDES		% Ownership 100%	
E-mail Address albarodelagarza@g-mail.com				State TX		Zip Code 78570	
				Phone 856-825-9911			

- 18. For the applicant business and each owner listed in item 17, please respond to the following questions, providing dates and details on any question answered YES (Attach an additional sheet for detailed responses).**
- a. Has the business or a listed owner ever been involved in a bankruptcy or insolvency proceeding? ☐ Yes ☒ No
- b. Does the business or a listed owner have any outstanding judgments, tax liens, or pending lawsuits against them? ☐ Yes ☒ No
- c. In the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a riot 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 court of competent jurisdiction? ☐ Yes ☒ No
- d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan? ☐ Yes ☒ No
- e. Is the business or a listed owner delinquent on any Federal taxes, direct or guaranteed Federal loans (SBA, FHA, VA, student, etc.), Federal contracts, Federal grants, or any child support payments? ☐ Yes ☒ No
- f. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, ACE, or Advisory Council? ☐ Yes ☒ No
- g. Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans? ☐ Yes ☒ No

- 19. 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 brought in 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 vehicle violation - have you ever: 1) been convicted, 2) plead guilty, 3) plead nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)? ☐ Yes ☒ No If yes, Name: _____

- 20. 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. ☐
- 21. 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, State, Zip

Fee Charged or Agreed Upon

Unless the NO box is checked, I give permission for SBA to discuss any portion of this application with the representative listed above. NO ☐

AGREEMENTS AND CERTIFICATIONS

On behalf of the undersigned individually and for the applicant business:

I/We authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application. If my/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. I/We hereby authorize the SBA to verify my/our past and present employment information and salary history as needed to process and service a disaster loan. I/We authorize SBA, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my/our SBA application, evaluating eligibility for additional assistance, or notifying me of the availability of such assistance.

I/We 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 SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex. I/We 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 have not paid anyone connected with the Federal government for help in getting this loan.

CERTIFICATION 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 of your knowledge, and that you will submit truthful information in the future.

WARNING: 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 amount of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines 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. 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

SIGNATURE

TITLE

DATE

17. OWNERS (Individuals and businesses.) Complete for each: 1) proprietor, or 2) limited partner who owns 20% or more interest and each general partner, or 3) stockholder or entity owning 20% or more voting stock.
(If you need more space attach additional sheets.)

Legal Name ALBARO DE LA GARZA				Title/Office PRESIDENT	% Owned 100%	E-mail Address albarodelagarza@g.mail.com	
SSN/EIN* 463-53-6139	Marital Status MARRIED	Date of Birth* 01/22/1971	Place of Birth* weslaco	Telephone Number (area code) 956-463-1227		US Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address 2601 E. 18TH ST.				City WESLALCO	State TX	Zip 78596	
Legal Name				Title/Office	% Owned	E-mail Address	
SSN/EIN*	Marital Status	Date of Birth*	Place of Birth*	Telephone Number (area code)		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address				City	State	Zip	

* For information about these questions, see the attached Statements Required by Laws and Executive Orders.

Business Entity Owner Name DE LA GARZA BAKERY, INC.	EIN 38-3749349	Type of Business BAKERY/CAFE	% Ownership 100%
Mailing Address 230 N. TEXAS AVE.,	City MERCEDES	State TX	Zip Code 78570
E-mail Address albarodelagarza@g.mail.com		Phone 956-825-9911	

18. For the applicant business and each owner listed in item 17, please respond to the following questions, providing dates and details on any question answered YES (Attach an additional sheet for detailed responses).

a. Has the business or a listed owner ever been involved in a bankruptcy or insolvency proceeding?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Does the business or a listed owner have any outstanding judgments, tax liens, or pending lawsuits against them?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. In the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a riot 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 court of competent jurisdiction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Is the business or a listed owner delinquent on any Federal taxes, direct or guaranteed Federal loans (SBA, FHA, VA, student, etc.), Federal contracts, Federal grants, or any child support payments?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, ACE, or Advisory Council?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

19. 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 brought in 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 vehicle violation - have you ever: 1) been convicted, 2) plead guilty, 3) plead nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgement)?

☐ Yes ☒ No If yes, Name: _____

20. 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. ☐

21. 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, State, Zip	
_____ Fee Charged or Agreed Upon	

Unless the NO box is checked, I give permission for SBA to discuss any portion of this application with the representative listed above. NO ☐

AGREEMENTS AND CERTIFICATIONS

On behalf of the undersigned individually and for the applicant business:

I/We authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application. If my/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.

I/We hereby authorize the SBA to verify my/our past and present employment information and salary history as needed to process and service a disaster loan.

I/We authorize SBA, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my/our SBA application, evaluating eligibility for additional assistance, or notifying me of the availability of such assistance.

I/We 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 SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.

I/We 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 have not paid anyone connected with the Federal government for help in getting this loan.

CERTIFICATION 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 of your knowledge, and that you will submit truthful information in the future.

WARNING: 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 amount of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines 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. 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

SIGNATURE	TITLE	DATE
_____	_____	_____

To: pdcreconsideration@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 re-activate our application.

SBA's initial "portal and invitation" was sent to albarodelagarza@gmail.com. After repeated attempts to correct the e-mail address, we were advised to e-mail you to ask that you re-activate 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**

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.
- For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

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 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, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first. DE LA GARZA BAKERY, INC.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) 38-3749349
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) DE LA GARZA BAKERY, INC., 230 N. TEXAS AVE., MERCEDES, TEXAS 78570	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5a If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. U.S. Small Business Administration Office of Disaster Assistance	
5b Customer file number (if applicable) (see instructions)	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. **1120**

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days. ☐

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days. ☐

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days. ☒

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days. ☐

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days. ☒

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

12 / 31 / 2018	12 / 31 / 2017	/ /	/ /
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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	Phone number of taxpayer on line 1a or 2a 956-463-9911
Sign Here Signature (see instructions) PRESIDENT Title (if line 1a above is a corporation, partnership, estate, or trust)	Date
Spouse's signature	Date

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

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

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.

☐ Individual/sole proprietor or single-member LLC

☒ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ 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) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

230 N. Texas Ave.

6 City, state, and ZIP code

Mercedes, Texas 78570

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

3 8 - 3 7 4 9 3 4 9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am 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 exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Alfonso de la Garza

Date ►

8-5-20

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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 (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 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 real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- 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.

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: ?

Pending Transactions/Holds : ?

Available Balance Before Transaction: ?

Amount of Transaction:

Available Balance After Transaction: ?

[Learn More About Balances and Transaction T](#)

JUN 11
2020

DEBIT FOR SPEEDPAY DIRECT ENE
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: ?

Pending Transactions/Holds : ?

Available Balance Before Transaction: ?

Amount of Transaction:

Available Balance After Transaction: ?

[Learn More About Balances and Transaction T](#)

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: ?

Pending Transactions/Holds : ?

Available Balance Before Transaction: ?

Amount of Transaction:

Available Balance After Transaction: ?

[Learn More About Balances and Transaction T](#)

JUL 06
2020

DEBIT FOR CITY OF MERCEDES
UTILITY DD CO REF- 09-0542-01 ^



-\$229.13

Description: DEBIT FOR CITY OF
MERCEDES UTILITY DD CO
REF- 09-0542-01

Category: Bills & Utilities - Utilities

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

Effective Date: 07/06/2020

[Learn More About Processing and Effective Dates](#)

Posted Balance At Time of Transaction: ?

Pending Transactions/Holds : ?

Available Balance Before Transaction: ?

Amount of Transaction:

Available Balance After Transaction: ?

[Learn More About Balances and Transaction T](#)

AUG 05
2020

DEBIT FOR CITY OF MERCEDES
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: ?

Pending Transactions/Holds : ?

Available Balance Before Transaction: ?

Amount of Transaction:

Available Balance After Transaction: ?

[Learn More About Balances and Transaction T](#)

JUL 08
2020

DEBIT FOR ATT PAYMENT CO REF-
XXXXX3011EPAYS ^



-\$79.31

Description: DEBIT FOR ATT PAYMENT
CO REF- XXXXX3011EPAYS
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](#)

Posted Balance At Time of Transaction: ?
Pending Transactions/Holds : ?
Available Balance Before Transaction: ?
Amount of Transaction:
Available Balance After Transaction: ?
[Learn More About Balances and Transaction T](#)

JUL 22
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: 07/22/2020 03:36 AM CDT
Effective Date: 07/22/2020
[Learn More About Processing and Effective Dates](#)

Posted Balance At Time of Transaction: ?
Pending Transactions/Holds : ?
Available Balance Before Transaction: ?
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
Category: Bills & Utilities
Processing Date: 07/21/2020 03:39 AM CDT
Effective Date: 07/21/2020
[Learn More About Processing and Effective Dates](#)

Posted Balance At Time of Transaction: ?
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 : ? *

Available Balance Before Transaction: ?

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

Category: Bills & Utilities

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

Effective Date: 07/21/2020

[Learn More About Processing and Effective Dates](#)

Posted Balance At Time of Transaction: ?

Pending Transactions/Holds : ?

Available Balance Before Transaction: ?

Amount of Transaction:

Available Balance After Transaction: ?



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

Page: 1 of 3
Issue Date: Jun 15, 2020
Account Number: 130627732



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.



Account summary

Your last bill	\$79.31
Payment, Jun 05 - Thank you!	-\$79.31
Remaining balance	\$0.00

Service summary

 Internet	Page 2	\$30.79
 Phone	Page 2	\$48.52
Total services		\$79.31

Total due **\$79.31**

~~AutoPay is scheduled to debit your bank account on Jul 07, 2020~~

4524.41.1959.432427 1 AV 0.389 qc



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



Invoice # 201710042457712
Account # 1375042
Invoice Date 06/19/20
Due Date 07/09/20
Page 1

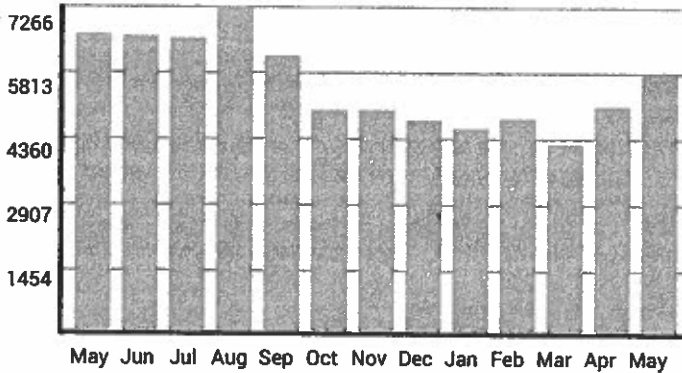
CUSTOMER INFORMATION

Company: DE LA GARZA BAKERY

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

USAGE HISTORY

Monthly Usage (kWh)



MESSAGE CENTER

INVOICE SUMMARY

Previous Balance	\$884.31
Payment Received (June 10, 2020)	-\$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

7524-01-00-0001191-0001-0003753



1001 Liberty Avenue
Pittsburgh, PA 15222

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

Invoice # 201710042457712
Account # 1375042

Amount Due by July 9, 2020 **\$825.20**

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-P01192-11



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



Please remit to



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

Handwritten: Pte \$325.20

5000000000000000000013750422020070900000825202



Invoice # 201710042457711
Account # 1375041
Invoice Date 06/19/20
Due Date 07/09/20
Page 1

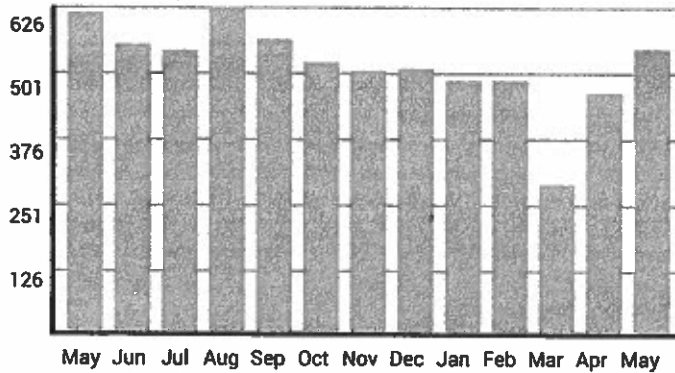
CUSTOMER INFORMATION

Company: DE LA GARZA BAKERY

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

USAGE HISTORY

Monthly Usage (kWh)



MESSAGE CENTER

INVOICE SUMMARY

Previous Balance	\$70.83
Payment Received (June 10, 2020)	-\$70.83
Total Balance Forward	\$0.00
Adjustments	\$0.00
Late Payment Charge	\$0.00
Current Usage Charges	\$67.72
Taxes	\$1.10
Total Current Charges	\$68.82
Amount Due By July 9, 2020	\$68.82




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



1001 Liberty Avenue
Pittsburgh, PA 15222

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

Invoice # 201710042457711
Account # 1375041

Amount Due by July 9, 2020	\$68.82
Amount Enclosed	

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

0001185 01 AB 0.416 "AUTO T8 0 7624 78570-274730 -C01-P01186-11



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

Please remit to



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

50000000000000000000137504120200709000000068821

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

SERVICE CODES
 WA - Water TX - State Tax
 SE - Sewer PD - Past Due
 GA - Garbage BP - Brush Pickup
 FF - Fire Fee

RETURN POSTAGE GUARANTEED

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

CODE	METER READING		USAGE	AMOUNT
	PREVIOUS	PRESENT		
WA	6321	6463	142	74.58
SE SEWER			142	70.40
GA GARBAGE				70.00
FF FIRE FEE				3.50
BR BRUSH				4.50
TX SALES TAX				6.15

ACCOUNT STATUS	
ACTIVE	
ACCOUNT NUMBER	NET
09-0542-01	229.13
<small>AFTER THIS DATE PAY GROSS</small>	GROSS
07/06/2020 PD	BY DRAFT
SERVICE FROM	SERVICE TO
05/05/2020	06/05/2020
SERVICE ADDRESS	
230 N TEXAS AVE	



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

SERVICE ADDRESS
230 N TEXAS AVE

NET	<small>AFTER THIS DATE PAY GROSS</small>
229.13	07/06/2020 PD BY DRAFT
ACCOUNT STATUS	
ACTIVE	
ACCOUNT NUMBER	
09-0542-01	

DE LA GARZA BAKERY
 230 N TEXAS AVE
 MERCEDES TX

78570

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

Pay Online at cityofmercedes.com

PLEASE RETURN THIS
 STUB WITH 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 PAID
 MERCEDES, TX
 PERMIT NO. 34

CODE	METER READING		USAGE	AMOUNT
	PREVIOUS	PRESENT		
WA	6463	6583	120	69.44
SE SEWER			120	66.97
GA GARBAGE				70.00
FF FIRE FEE				3.50
BR BRUSH				4.50
TX SALES TAX				6.15

ACCOUNT STATUS	
ACTIVE	
ACCOUNT NUMBER	NET
09-0542-01	220.56
AFTER THIS DATE PAY GROSS	GROSS
08/05/2020 PD BY DRAFT	
SERVICE FROM	SERVICE TO
06/05/2020	07/05/2020
SERVICE ADDRESS	
230 N TEXAS AVE	
SERVICE ADDRESS	
230 N TEXAS AVE	



NET	AFTER THIS DATE PAY GROSS	SERVICE FROM
220.56	08/05/2020 PD BY DRAFT	06/05/2020
ACCOUNT STATUS		SERVICE TO
ACTIVE		07/05/2020
ACCOUNT NUMBER		GROSS
09-0542-01		

DE LA GARZA BAKERY
 230 N TEXAS AVE
 MERCEDES TX

78570

DUE DATE IS FOR CURRENT BILL ONLY. 10% PENALTY
 IF PAID AFTER DUE DATE. SERVICE TERMINATED IF
 ACCOUNT REMAINS DELINQUENT FOR 7 DAYS AFTER
 DUE DATE. \$10.00 RECONNECT FEE. NO RECONNECTS
 AFTER 4:30 P.M.

Pay Online at cityofmercedes.com

PLEASE RETURN THIS
 STUB WITH PAYMENT

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 INFORMATION

First/Last Name of person completing this application: JASON MARTINEZ
 Name of Business: SOM INVESTMENTS LLC DBA THE CORINO
 Business Type: FITNESS CENTER / COYU
 Address of Business: 7013 E. EXPRESSWAY 83 STE E MERCEDAS, TX 78570
 Email Address: JASON@UFCREV.COM Phone Number: 956-532-8805
 Work: 956-903-4168

BUSINESS OWNERSHIP

Tax ID #: 47-1462400
 Entity Name: SOM INVESTMENTS LLC
 Name of business owner (if different from above): SAM OWAISA
 Number of years in business: 5 yrs

BUSINESSES THAT ARE INELIGIBLE TO APPLY

- Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses);
- Finance Institutions;
- Businesses owned by the members of the Board of Directors of the Mercedes EDC; or
- Businesses owned by employees or Mercedes elected officials of the City of Mercedes.

PERSONNEL

How many total employees were employed at your business on February 1, 2020?

Full-time Employees #: _____ (Part-time # employees: 3)

Does your business have furloughed employees who are receiving unemployment benefits?

Yes ☒ No ☐

Have you applied for any of the following Federal programs that are currently available?

☒ Paycheck Protection Program (PPP)

Requested amount: \$3700.00

☒ Economic Injury Disaster Loan (EIDL)

Requested amount: \$3700.00

**Provide proof of application provided via attachment.*

If not, why not?

ACKNOWLEDGEMENTS/SIGNATURES

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

☒ My business has 1-9 full time (or full time equivalent) employees.

☒ I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (Including sole proprietors.)

☒ The Tax ID and Entity Name of my business shown above, are true and accurate.

☒ My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.

☒ By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

☒ I 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 City of Mercedes with respect to taxes, fees, utility payments, or other financial obligations.

Business Legal Name

JOM INVESTMENTS LLC

Written:

Legal Representative

Title

Signed:

Legal Representative

Title

Signed as Individual:

Date

7/10/2020

Is your business operated as a sole proprietorship?

Yes _____ No ✓

USE OF FUNDS

How will your business use the loan funds? Please check all that apply.

- ✓ Rent/mortgage payment. List specific amount. \$ 2,000⁰⁰
- _____ 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.) \$ 4,000⁰⁰
- _____ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ _____
- _____ Purchase of COVID-19 supplies for business protection/cleaning. \$ _____

Total Amount \$ 3,000⁰⁰

Total Grant amount requested from Mercedes DCM: \$ 3,000⁰⁰

(amount shown above may not exceed:
\$3,000 for business with 1-3 employees,
\$5,000 for business with 4-9 employees)

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 USE OF FUNDS. 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: Farm National Bank

Name of your Bank Officer: EDNA MARTINEZ

Have you met with your financial institution (bank) about financial assistance? Yes ✓ No _____

If no, why not?

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

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
JOM Investments, LLC. dba The Grind

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☒ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Other (see instructions) ▶
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
 (Applies to accounts established outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1502 Carnelian Dr.

6 City, state, and ZIP code
Weslaco, Texas 78596

7 List account number(s) here (optional)
Loan # 990496

Requester's name and address (optional)
Texas National Bank
4908 S. Jackson Rd.
Edinburg, Texas 78539

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

4	6	0	-	4	1	-	1	9	8	6
---	---	---	---	---	---	---	---	---	---	---

or

Employer identification number

4	7	-	1	4	6	2	4	0	6
---	---	---	---	---	---	---	---	---	---

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am 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 from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

DocuSigned by:
Jason Omar Martinez
2918DAE8AD9DAE8

Sign Here Signature of U.S. person ▶ **Date ▶ 5/1/2020**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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 (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 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 real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

• Form 1096 (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.

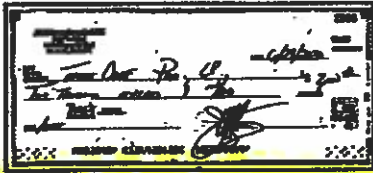
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

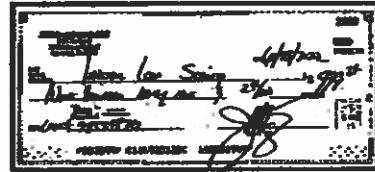
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable 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
- 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 08/30/2020
Statement Thru Date 08/30/2020
Page 5

CHECK IMAGES (Continued)



08/28/2020 Check 2088 \$2,000.00



08/29/2020 Check 2089 \$999.24

THREE CHIEF PRO LP
LEASE PAYMENT

CITY OF MERCEDES

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

SERVICE CODES

WA - Water TX - State Tax
SE - Sewer PD - Past Due
GA - Garbage BP - Brush Pick up
FF - Fire Fee

RETURN POSTAGE GUARANTEED

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

CODE	METER READING		USAGE	AMOUNT
	PREVIOUS	PRESENT		
WA	2645	2666	21	33.29
SE SEWER			21	51.53
GA GARBAGE				19.00
FF FIRE FEE				3.50
BR BRUSH				4.50
TX SALES TAX				1.94

ACCOUNT STATUS**ACTIVE****ACCOUNT NUMBER**

01-6014-01

NET

113.76

**AFTER THIS DATE
PAY GROSS**

08/05/2020

GROSS

124.94

SERVICE FROM

06/05/2020

SERVICE TO

07/05/2020

SERVICE ADDRESS

7013 E EXPRESSWAY 83 E

Magic Valley

MVEC

Electric Cooperative

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

7013 E EXP 83 - SUITE D & E

Statement Date

07/20/20

Member Number

290685

Account Number

290685001

Statement Number

8840231

Previous Bill

Your previous balance was **\$271.01**

Your payment was received **-\$271.01**

Thank you for your payment!

Current Bill

Your current charges for this billing period is **\$340.27**

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

Total Amount Due

Your total amount due is **\$340.27**

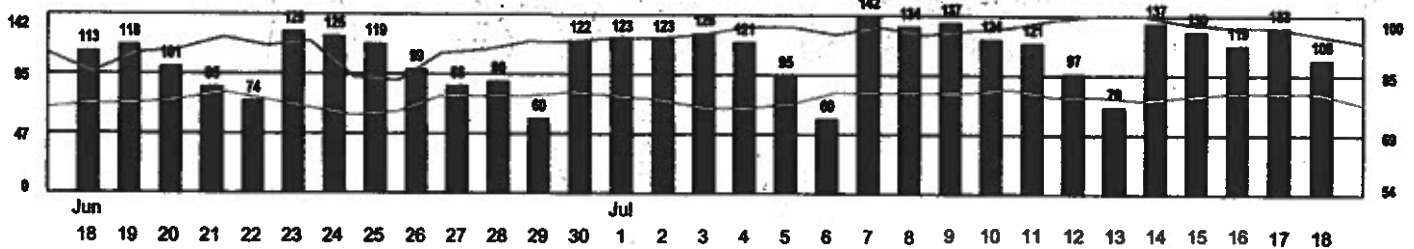
Your current charges are due by **08/05/20**

DAILY KWH USAGE FOR BILLING PERIOD

*Days depicted may not necessarily represent your exact billing period.

■ High Temp

■ Low Temp

**DOWNLOAD THE MVEC CONNECT APP TODAY**

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



RETAIN THIS COPY FOR YOUR RECORDS



July 1, 2020

Invoice Number: 0192174070120

Account Number: 8260 18 011 0192174

Security Code: 8570

Service At: 7013 E EXPRESSWAY 83 STE E
MERCEDDES TX 78570-4678

SPECTRUM BUSINESS NEWS

Contact Us

Visit us at SpectrumBusiness.net

Or, call us at 1-866-519-1263

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!

Summary

Service from 07/01/20 through 07/31/20
details on following pages

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
Total Due by 07/18/20	\$285.31



Handwritten signature and date: 7/5/20
2709

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
LOAN PURPOSE: Paycheck Protection Program				

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 pay the principal amount of \$ 3,700.00 (\$ Three Thousand Seven Hundred USD & 00/100) and all interest on the outstanding 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 1 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 preauthorized 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
MERCEDDES 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



Join us on Facebook!

BUSINESS CHECKING

Account Number: XXXXXX1949

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	Deposits
Apr 08	ASF INTERNATIONAL/EDI PYMNTS 10341 THE GRIND	1,042.78
Apr 21	ASF INTERNATIONAL/EDI PYMNTS 10341 THE GRIND	1,805.79
Apr 24	SBAD TREAS 310/MISC PAY NTE*PMT*EIDG:33012655161 EIDG:*****65516 JOM INVESTMENTS LLC	3,000.00
Apr 29	DEPOSIT	138.46



Member
FDIC





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
MERCEDDES TX 78570-4673

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

XXXXXX1949
05/29/2020
05/31/2020
8
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 6:00PM
- 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
May 27	DEPOSIT	768.39
May 28	BNKCD SETTLE/MERCH DEP 286000000244467 THE GRIND	43.19



Member
FDIC



The Grind Payroll Summary July 2020

9:42 AM
08/06/20

	Jaleen O Martinez			Joel J Gomez			Patricia N Reyes De Zapata			TOTAL	
	Hours	Rate	Jul 20	Hours	Rate	Jul 20	Hours	Rate	Jul 20	Hours	Rate
Employee Wages, Taxes and Adjustments											
Gross Pay											
Hourly	33	7.25	239.25	38.5	7.25	279.13	93.25	7.25	676.06	164.75	
Total Gross Pay	33		239.25	38.5		279.13	93.25		676.06	164.75	
Adjusted Gross Pay	33		239.25	38.5		279.13	93.25		676.06	164.75	
Taxes Withheld											
Federal Withholding			0.00			-1.00			0.00		
Medicare Employee			-3.47			-4.05			-9.80		
Social Security Employee			-14.83			-17.31			-41.92		
Medicare Employee Addl Tax			0.00			0.00			0.00		
Total Taxes Withheld			-18.30			-22.36			-51.72		
Net Pay	33		220.95	38.5		256.77	93.25		624.34	164.75	
Employer Taxes and Contributions											
Federal Unemployment			1.44			1.68			4.06		
Medicare Company			3.47			4.05			9.80		
Social Security Company			14.83			17.31			41.92		
TX - Unemployment			6.46			7.53			18.25		
Total Employer Taxes and Contributions			26.20			30.57			74.03		

USA TX

DRIVER LICENSE

068777771 4d DL
04/06/2014 4b Exp
05/11/2020 4b Exp

DOB 05/11/1976

1 MARTINEZ
2 JASON OMAR

1502 CARNELIAN DR
WESLACO TX 78596-0000

Restrictions NONE
Sex M
End NONE
Eyes BRO

Hgt 5-06
DD 35619480045016268638

Signature

Photo

Texas

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

Time Stamp: 3:40pm

Date Stamp: 8-5-20

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 INFORMATION

First/Last Name of person completing this application: Sonia A. Martinez
Name of Business: Valley Oak Tree Learning Center
Business Type: child care center
Address of Business: 841 S. Texas Ave Mercedes
Email Address: valleyoaktree1983@shcglobal.net Phone Number: 956 565 6409
Cell # 956-778-4326

BUSINESS OWNERSHIP

Tax ID #: 74-2664100
Entity Name: Valley Oak Tree Learning Center, Inc
Name of business owner (if different from above): Carmina Flores
Number of years in business: 28 +

BUSINESSES THAT ARE INELIGIBLE TO APPLY

- Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses);
- Finance Institutions;
- Businesses owned by the members of the Board of Directors of the Mercedes EDC; or
- Businesses owned by employees or Mercedes elected officials of the City of Mercedes.

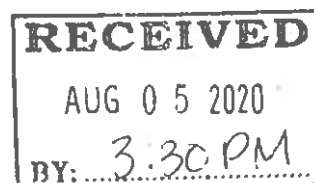
PERSONNEL

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 ✓



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*.
- ~~✗~~ 5. 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.
- ~~✗~~ 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/4th 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 4th 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.

Is your business operated as a sole proprietorship?

Yes _____ No ☒

USE OF FUNDS

How will your business use the loan funds? *Please check all that apply.*

- ☒ Rent/mortgage payment. List specific amount. \$ 3650.00
- ☐ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ -0-
- ☐ Employee support (salaries, insurance, paid leave) \$ -0-
- ☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ +/- 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 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 USE OF FUNDS. 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: PlainsCapital Bank

Name of your Bank Officer: Jesus Santana

Have you met with your financial institution (bank) about financial assistance? ☒ Yes ☐ No

If no, why not?

Have you applied for any of the following Federal programs that are currently available?

☒ Paycheck Protection Program (PPP)
☐ Economic Injury Disaster Loan (EIDL)

Requested amount: \$42,000
Requested amount: _____

☒ Provide proof of application provided via attachment.

If not, why not?

ACKNOWLEDEMENTS/SIGNATURES

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

☒ My business has 1-9 full time (or full time equivalent) employees.

☒ I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (including sole proprietors.)

☒ The Tax ID and Entity Name of my business shown above, are true and accurate.

☒ My business is located in the incorporated city limits of Merced, in a commercial setting with a Certificate of Occupancy issued by the City of Merced.

☒ By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

☒ I 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 City of Merced with respect to taxes, fees, utility payments, or other financial obligations.

Business Legal Name Valley Oak Tree Learning Center

Written: Sonia A. Martinez
Legal Representative

Bus. Mgr.
Title

Signed: [Signature]
Legal Representative

Bus. mgr.
Title

Signed as Individual: _____

Date _____

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 841 S Texas Ave.		Requester's name and address (optional)
6 City, state, and ZIP code Mercedes, TX 78570		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-				-	
OR								
Employer identification number								
7	4		-	2	6	6	4	1 0 0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am 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 exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 8-5-20
-----------	--	----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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 (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 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 real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- 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.



PO BOX 271
LUBBOCK TX 79408

Account Number
Statement Date
Page

XXXXXX8001
06/30/2020
4 of 4

Account Number: XXXXXX8001

Valley Oak Trust Lending Center 8415 S Texas Ave Arlington, TX 76010-3520		DATE 6-4-20		DUE 6/18/20	
MEMORANDUM Rio American PlainsCapitalBank		MEMORANDUM Rio American PlainsCapitalBank		MEMORANDUM Rio American PlainsCapitalBank	
ACCOUNT NO. XXXXXX8001		ACCOUNT NO. XXXXXX8001		ACCOUNT NO. XXXXXX8001	
DATE 06/08/20		DATE 06/08/20		DATE 06/08/20	
AMOUNT \$1,825.00		AMOUNT \$1,825.00		AMOUNT \$1,825.00	
TOTAL \$1,825.00		TOTAL \$1,825.00		TOTAL \$1,825.00	

06/08/20 #104 \$1,825.00

Rent check
stub
from PlainsCapital
Rio American
\$1,825 monthly

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

SERVICE CODES
 WA - Water TX - State Tax
 SE - Sewer PD - Past Due
 GA - Garbage BP - Brush Pick up
 FF - Fire Fee

RETURN POSTAGE GUARANTEED

PRESORTED
 FIRST CLASS MAIL
 U.S. POSTAGE PAID
 MERCEDES, TX
 PERMIT NO. 38

CODE	METER READING		USAGE	AMOUNT
	PREVIOUS	PRESENT		
WA	5311	5431	120	69.44
SE SEWER			120	66.97
GA GARBAGE				85.00
FF FIRE FEE				3.50
BR BRUSH				4.50
TX SALES TAX				7.39

ACCOUNT STATUS	
ACTIVE	
ACCOUNT NUMBER	NET
05-0096-00	236.79
AFTER THIS DATE PAY GROSS	
08/05/2020 PD	BY DRAFT
SERVICE FROM	SERVICE TO
06/05/2020	07/05/2020
SERVICE ADDRESS	
841 S TEXAS AVE	



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

SERVICE ADDRESS
841 S TEXAS AVE

NET	AFTER THIS DATE PAY GROSS	GROSS
236.79	08/05/2020 PD	BY DRAFT
ACCOUNT STATUS	DUE DATE IS FOR CURRENT BILL ONLY. 10% PENALTY IF PAID AFTER DUE DATE. SERVICE TERMINATED IF ACCOUNT REMAINS DELINQUENT FOR 7 DAYS AFTER DUE DATE. \$10.00 RECONNECT FEE. NO RECONNECTS AFTER 4:30 P.M.	
ACTIVE		
ACCOUNT NUMBER		
05-0096-00		

SONIA MARTINEZ
 VALLEY OAK TREES
 841 S TEXAS AVE
 MERCEDES TX

78570

PLEASE RETURN THIS STUB WITH PAYMENT

Pay Online at cityofmercedes.com

6/26/2020

Payment Confirmation

[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



**Texas
Gas Service.**
A Division of ONE Gas

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

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

Customer 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
MERCEDAS, TX 78570-3529

Votlc1983
Vot@1983

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

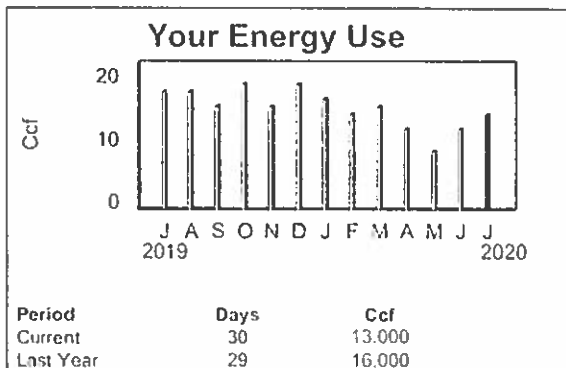
Page 1 of

Amount Due	\$103.12
Current Charges Due	07-24-20
Amount Due After Due Date	\$103.12
Account Number	910123886 1048216 82
Rate	MERC I/S COM
Active Deposit	\$50.00
Statement Date	07-08-20

RATE SCHEDULE(S) AVAILABLE UPON REQUEST

Previous Balance \$101.98
Payments Received 101.98CR
Balance Forward \$0.00

Customer Charge \$81.35
Delivery Charge 4.11
Cost Of Gas 2.56
Pipeline Integrity (Ccf @ \$0.04128) 0.54
Energy Efficiency Program 0.03
City Franchise Fee 4.76
Reimb for Gross Receipts Tax 1.90
City Tax 1.91
State Tax 5.96
Current Charges 103.12
Total Amount Due \$103.12



Meter or Station Number	Service Period From To	Number of Days	Meter Readings Previous Present	Constant	Ccf Billed	WNA/Ccf	Cost of Gas/Ccf
0210A29196	06-02-20 07-02-20	30	3223 3236	1.0000	13.000		0.197040



Texas Gas Service
A Division of ONE Gas

PO BOX 31427 • El Paso TX 79931-0427



ELECTRONIC SERVICE REQUESTED

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

Share the Warmth helps disadvantaged Texans with home heating costs. To contribute, please include an overpayment and check the box to the left.

Account Number	910123886 1048216 82
Amount Due	\$103.12
Current Charges Due	07-24-20
Amount Due After Due Date	\$103.12
Total Enclosed	\$104.61

\$104.61
fee

pd 7/22/20

TEXAS GAS SERVICE
PO BOX 219913
KANSAS CITY, MO 64121-9913



942832714

00 910123886104821682 000010312

4944 1 AV 0.386 *0005203 S1 YYNNNN 66

KIDDIE KORNER PLAYSKOOL

841 S TEXAS AVE

MERCEDAS TX 78570-3529



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

141.99

July 8, 2020
 Invoice Number: 0258686070820
 Account Number: 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 08/07/20
 details on following pages*

Previous Balance	142.57
Payments Received -Thank You!	-142.57
Remaining Balance	\$0.00
Spectrum Business™ Internet	51.98
Spectrum Business™ Voice	89.97
Taxes, Fees and Charges	0.04
Current Charges	\$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.



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
 8260 1800 NO RP 08 07092020 NNYNNYNN 01 005777 0025

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

July 8, 2020

VALLEY OAK TREE LEARNING

Invoice Number: 0258686070820
 Account Number: 8260 18 011 0258686
 Service At: 841 S TEXAS AVE OFC
 MERCEDES TX 78570-3529

Total Due by 07/25/20	\$141.99
Amount you are enclosing	\$

Please Remit Payment To:

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



826018011025868600141994

For customer support visit [Amazon.com/contact-us](https://www.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+% Alcohol, Large Antibacterial Hand Gel Refill, Made in USA (SKU: YC-SH-32-CA) Condition: New Sold by: America Strong	1	\$49.95	\$49.95
OLINE Advanced Hand Sanitizer, 1 Gallon, 128 Fl Oz, 80+% Alcohol, Large Antibacterial Bulk Hand Gel Refill, Made in USA (SKU: YC-SH-33-CA-Non-Prime) Condition: New Sold by: America Strong	1	\$49.95	\$49.95
Item subtotal			\$99.90
Shipping & handling			\$0.00
Sales tax			\$0.00
Total			\$99.90

Purchase of COVID-19
Supplies

Return or replace your item

Visit [Amazon.com/returns](https://www.amazon.com/returns)Have feedback on how we packaged your order? Tell us at [Amazon.com/packaging](https://www.amazon.com/packaging)

For customer support visit [Amazon.com/contact-us](https://www.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	Qty	Item price	Item subtotal
Disposable Vinyl Gloves, Clear Latex Free Powder-Free Glove, PVC Cleaning Health Gloves for Cleaning, Kitchen, Industrial, Safety Food Handling, 100PCS/Box,Medium (SKU: Gloves-M) Condition: New Sold by: shenzhenshisanyecaoshangmaoyouxiangongsi	1	\$16.95	\$16.95
Item subtotal			\$16.95
Shipping & handling			\$0.00
Promos & discounts			-\$0.85
Sales tax			\$1.33
Total			\$17.43

Purchase of
COVID-19
Supplies

Return or replace your item

Visit [Amazon.com/returns](https://www.amazon.com/returns)Have feedback on how we packaged your order? Tell us at [Amazon.com/packaging](https://www.amazon.com/packaging)



COPY

Paycheck Protection Program Borrower Application Form

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

Check One: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		DBA or Tradename if Applicable 	
Business Legal Name Valley Oak Tree Learning Center, Inc			
Business Address 841 S. Texas Ave. Mercedes, TX 78570		Business TIN (EIN, SSN) 74-2664100	Business Phone (956) 965-6409
		Primary Contact Sonia A. Martinez	Email Address valleyoaktree1983@stcglobal.net
Average Monthly Payroll: \$ 16,906.00	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:	\$ 42,265.00	Number of Employees: 11
Purpose of the loan (select more than one): <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Lease / Mortgage Interest <input checked="" type="checkbox"/> Utilities <input type="checkbox"/> Other (explain)			

Applicant Ownership

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Carmina Flores	Owner	100%	457-58-1325	237 E. 10th St. Mercedes TX 78570

If questions (1) or (2) below are answered "Yes," the loan will not be approved.

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If questions (5) or (6) are answered "Yes," the loan will not be approved.

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5: <u>cf</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6: <u>cf</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above? <u>cf</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**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:

- CF* 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.
- CF* 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.
- CF* 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.
- CF* 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.
- CF* 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.
- CF* 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.
- CF* 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.

Carmina Flores
Signature of Authorized Representative of Applicant

Carmina Flores
Print Name

04-14-20
Date

Owner
Title

Eligible use of PPP loan funds and Forgiveness:

Uses of PPP Loan Funds	
	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 insurance premiums	
Employee salaries, commissions, or similar compensation (capped at an annualized rate of \$100k per employee)	
Rent	3650.00
Utilities	2136.00
Interest on debt incurred before 2/15/2020	
Refinance eligible EIDL	
Total	\$ 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.

What 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; payments 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.

x Carmen Iyer

Signature of Authorized Representative of Business

Borrower Certification

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

cf 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

____ I, _____, 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.

x Carmina Flores

Signature of Authorized Representative of Business

Borrower Certification of Total Number of Employees

I, Carmina Flores, 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.

x Carmina Flores

Signature of Authorized Representative of Business

GIVE ME YOUR TLEED YOUR POOT

VALLEY OAK TREE LEARNING CENTER INC

956-565-6409
841 S TEXAS AVE
MERCEDES, TX 78570

PLAINSCAPITAL BANK
WWW.PLAJNSCAPITAL.COM

30179

88-2299/1113

07/08/2020

PAY TO THE
ORDER OF Rio Americana LLP

\$**1,825.00

One thousand eight hundred twenty-five and 00/100

DOLLARS

Rio Americana LLP

MEMO

july 2020

[Signature]

⑆030179⑆ ⑆111322994⑆ 70603537⑆

ENDORSE HERE

Credit to the account of
within named payee.

Texas Regional Bank in Harlingen, Texas
CROSSBANK and endorsement required DEPOSIT

DATE

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

-BranchName=Harlingen Main
-BusID=07/08/20-StartTm=5:37:54 PM
-Br=7-TID=4
-RNum=>114917335<

-BranchName=Harlingen Main
-BusID=07/08/20-StartTm=5:37:54 PM
-Br=7-TID=4
-RNum=>114917335<

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**
(Rev. April 2020) Department of the Treasury — Internal Revenue Service

950120
OMB No. 1545-0029

Employer identification number (EIN) **74-2664100**

Name (not your trade name) **Valley Oak Tree Learning Center In**

Trade name (if any)

Address **841 S. Texas**
Number Street Suite or room number

Mercedes **TX** **78570**
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2020
(Check one.)

☐ 1: January, February, March

☒ 2: April, May, June

☐ 3: July, August, September

☐ 4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

REV 07/13/20 OSP

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	12
2	Wages, tips, and other compensation	2	53,565.01
3	Federal income tax withheld from wages, tips, and other compensation	3	505.59
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages	53,565.01 × 0.124 =	6,642.06
5a	(i) Qualified sick leave wages	× 0.062 =	
5a	(ii) Qualified family leave wages	× 0.062 =	
5b	Taxable social security tips	× 0.124 =	
5c	Taxable Medicare wages & tips	53,565.01 × 0.029 =	1,553.39
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	8,195.45
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	8,701.04
7	Current quarter's adjustment for fractions of cents	7	0.01
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	8,701.05
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. BAA

Form **941** (Rev. 4-2020)

Name (not your trade name)

Valley Oak Tree Learning Center Inc

Employer identification number (EIN)

74-2664100

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages ☐ Check here, and 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 quarter 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
- 24 Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use this line only for the second quarter filing of Form 941) 24
- 25 Qualified health plan expenses allocable to wages reported on line 24 (use this line only for the second quarter filing of Form 941) 25

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 discuss this return with the IRS? See the instructions for details.

☒ Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

☐ No.

REV 07/13/20 OSP

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN 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.

X

Sign your name here

Print your name here

Print your title here

Date Best daytime phone **Paid Preparer Use Only**Check if you're self-employed ☐Preparer's name PTIN

Preparer's signature

Date Firm's name (or yours if self-employed) EIN Address Phone City State ZIP code

6. Adjournment