

8. Discussion and Action: Mercedes Small Business Recovery Grant – Marisa de Leon

Memo

To: DCM Board of Directors
From: Melissa Ramirez, Executive Director
CC: File
Date: 8/14/2020
Re: Mercedes Small Business Recovery Grant

Recommendation:

1. Marisa de Leon: Approve \$5K
2. Raquel Pina: Approve \$4910
3. Martha Adame: Approve \$3000
4. Mario Dominguez: Deny- No Certificate of Occupancy
5. Mario Dominguez, Jr. : Approve \$5K
6. Alejandrina Telles: Approve \$5K
7. Elida Rizo: Approve \$5K
8. Chris Desiga: Approve \$5K
9. Guadalupe Cano: Deny- No Certificate of Occupancy
10. Jaime Perez: Approve \$5K
11. Jesse Ledesma: Deny- No Certificate of Occupancy
12. Fidel Bonilla: Approve \$5K

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: Marisa de Leon
Name of Business: RCV Music Therapy and Wellness Center, LLC
Business Type: Health care: specialized therapy
Address of Business: 309 Progress St. Mercedes, TX. 78570
Email Address: marisa@rcvmusictherapy.com Phone Number: 954-650-4230

BUSINESS OWNERSHIP

Tax ID #: _____
Entity Name: RCV Music Therapy and Wellness Center, LLC
Name of business owner (if different from above): Marisa de Leon
Number of years in business: 3

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 #: 4 (Part-time # employees: 2)

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

Yes _____ No ✓

Is your business operated as a sole proprietorship?

Yes _____ No X

USE OF FUNDS

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

<u>✓</u> Rent/mortgage payment. List specific amount.	\$ <u>2,000</u> ^(2 months)
_____ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	\$ _____
<u>✓</u> Employee support (salaries, insurance, paid leave)	\$ <u>3,000</u>
_____ 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>5,000</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: Frost

Name of your Bank Officer: Daniel Cardenas

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

If no, why not?

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

☒ Paycheck Protection Program (PPP)

Requested amount: \$12,500

☐ Economic Injury Disaster Loan (EIDL)

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 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 BOV music therapy and wellness center LLC

Written: Marisa de Leon
Legal Representative

Owner

Title

Signed: Marisa de Leon
Legal Representative

owner

Title

Signed as Individual: Marisa de Leon

Date 8/14/20

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; and copy of the applicants' ID.
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.

Request for Taxpayer Identification Number and Certification

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

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

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. RGV MUSIC THERAPY AND WELLNESS CENTER, LLC	
2 Business name/disregarded entity name, if different from above RGV MUSIC THERAPY AND WELLNESS CENTER, LLC	
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=S 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. 309 PROGRESS ST.	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								
8	3	-	1	4	8	6	7	8

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 for Part II, later.

Sign Here	Signature of U.S. person ► <i>Marisa de huer</i>	Date ► <i>8/10/20</i>
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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. Tomas de Leon dba Expressions In Glass	
2 Business name/disregarded entity name, if different from above Expressions In Glass	
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 US)</small>
5 Address (number, street, and apt. or suite no.) See instructions. P.O. Box 1317	Requester's name and address (optional)
6 City, state, and ZIP code Mercedes, Tx, 78570	
7 List account number(s) here (optional)	

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Social security number									
3	7	3	-	5	8	-	3	4	8 9
or									
Employer identification number									
			-						

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- I am a U.S. citizen or other U.S. person (defined below); and
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Sign Here Signature of U.S. person ►

Date ►

8-10-20

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- 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)
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Texas

USA
TX

DRIVER LICENSE

Laura C. McQuinn, Director

4d DL 29465383 9 Class C
4a Iss 08/15/2018 4b Exp 08/06/2024

3 DOB 08/06/1993

1 DELEON

2 MARISA CECILIA

8 MILE 8 1/4 N FM 491

MERCEDES TX 78570-0000

12 Restrictions NONE 9a End NONE

16 Hgt 5'-00" 15 Sex F



18 Eyes BRO

5 DD 64312810181105708990



Marisa de Leon



P.O. Box 2678 Mcallen, Texas 78502 Member FDIC

FOR INFORMATION CALL
956-668-3001 OR 1-800-513-7678

STATEMENT ISSUED
07-31-2020

101993

Page 1 of 4

RGV MUSIC THERAPY & WELLNESS CENTER LLC
309 PROGRESS ST
MERCEDES TX 78570



0

If your small business is experiencing a financial hardship related to illness or workplace closures due to COVID-19, please call (800)972-3301 to discuss your payment options.

FROST BUSINESS CHECKING : ACCOUNT NO. 80 0379573

BALANCE LAST STATEMENT	DEPOSITS		WITHDRAWALS		BALANCE THIS STATEMENT
	NO.	AMOUNT	NO.	AMOUNT	
2,412.60	10	15,679.87	54	17,763.92	328.55

Activity Items Processed

64

Cash Processed

\$0.00

DEPOSITS/CREDITS

DATE	AMOUNT	TRANSACTION	DESCRIPTION
07-01	2,090.88	ELECTRONIC DEPOSIT	TROPICAL TEXAS B AP PAYMENT 3886
07-02	1,711.86	ELECTRONIC DEPOSIT	AGUA CRISTALINA ACHC
07-06	1,045.31	ELECTRONIC DEPOSIT	AGUA CRISTALINA ACHC
07-09	2,437.02	MOBILE DEPOSIT	
07-17	5,342.67	ELECTRONIC DEPOSIT	AGUA CRISTALINA ACHC
07-22	619.44	ELECTRONIC DEPOSIT	AGUA CRISTALINA ACHC
07-28	232.29	ELECTRONIC DEPOSIT	AGUA CRISTALINA ACHC
07-30	10.00	ZELLE RECEIVED MONEY	FROM MARISA CECILIA DELEON
07-30	1,900.00	ZELLE RECEIVED MONEY	FROM MARISA CECILIA DELEON
07-31	290.40	ELECTRONIC DEPOSIT	TROPICAL TEXAS B AP PAYMENT 3886

CHECKS PAID

DATE	CHECK	AMOUNT	DATE	CHECK	AMOUNT	DATE	CHECK	AMOUNT
07-02	953 #	376.96	07-24	955 #	250.00	07-28	955 * #	250.00
07-22	954 #	250.00						

* A BREAK IN CHECK NUMBER SEQUENCE

RECEIVED ELECTRONICALLY AS AN IMAGE OF THE ORIGINAL CHECK

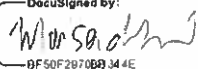
OTHER WITHDRAWALS/DEBITS

DATE	AMOUNT	TRANSACTION	DESCRIPTION
07-01	74.62	DEBIT CARD RECURRING	INT*QuickBooks Online 800-446-8848 CARD: 3739362
07-02	180.00	ELECTRONIC DEBIT	PAYROLL PAYROLL 9950101
07-02	330.00	ELECTRONIC DEBIT	PAYROLL PAYROLL 9950101
07-02	480.00	ELECTRONIC DEBIT	PAYROLL PAYROLL 9950101
07-03	88.20	DEBIT CARD PURCHASE	GOOGLE *GSUITE_rgvmsi CC@GOOGLE.COM CARD: 4240972
07-03	1,902.83	ELECTRONIC DEBIT	PAYROLL PAYROLL 9950101
07-07	15.98	DEBIT CARD PURCHASE	ZOOM.US 888-799-9666 CARD: 3853247
07-08	20.01	DEBIT CARD PURCHASE	H-E-B GAS #370 MERCEDES CARD: 3853247
07-09	327.34	ELECTRONIC DEBIT	SSFCU ICPAYMENT 00006346961021
07-10	10.00	DEBIT CARD PURCHASE	STARBUCKS 800-782-7282 CARD: 4240972
07-10	120.00	ELECTRONIC DEBIT	PAYROLL PAYROLL 9950101
07-10	360.00	ELECTRONIC DEBIT	PAYROLL PAYROLL 9950101
07-10	495.00	ELECTRONIC DEBIT	PAYROLL PAYROLL 9950101
07-10	540.00	ELECTRONIC DEBIT	PAYROLL PAYROLL 9950101
07-13	10.00	DEBIT CARD PURCHASE	STARBUCKS 800-782-7282 CARD: 4240972
07-14	39.00	DEBIT CARD PURCHASE	PAYPAL *ONESTREAM 35314369001 CARD: 3853247
07-14	126.36	DEBIT CARD RECURRING	INSURANCE* HPSO WWW.HPSOCOVER CARD: 4240972
07-15	26.04	LOAN PAYMENT	FROST BANK LOAN PAYMT 001-65495399001
07-16	5.81	DEBIT CARD PURCHASE	SIMPLEPRACTICE WWW.SIMPLEPRA CARD: 3853247
07-16	27.17	DEBIT CARD PURCHASE	AMZN Mktp US*MV5G99FA0 AMZN.COM/BILL CARD: 3853247
07-16	347.09	DEBIT CARD RECURRING	SPRINT *WIRELESS 800-639-6111 CARD: 4240972
07-16	1,770.24	ELECTRONIC DEBIT	IRS USATAXPYMT 227059866021720
07-17	10.00	DEBIT CARD PURCHASE	STARBUCKS 800-782-7282 CARD: 4240972
07-17	60.00	ELECTRONIC DEBIT	PAYROLL PAYROLL 9950101

Please examine your bank statement upon receipt and report any differences or irregularities as specified in the Deposit Account Agreement and Other Disclosures.

By signing below, each individual or entity becomes obligated as Borrower.

Borrower:

DocuSigned by:
BY 
8F50F2870B9344E

Name Marisa C Deleon

Title Managing Member



P.O. Box 2678 Mcallen, Texas 78502 Member FDIC

FOR INFORMATION CALL
956-668-3001 OR 1-800-513-7678

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07-31-2020

Page 3 of 4

RGV MUSIC THERAPY & WELLNESS CENTER LLC



FROST BUSINESS CHECKING : ACCOUNT NO. 80 0379573 (CONTINUED)

DATE	AMOUNT	TRANSACTION	DESCRIPTION	OTHER WITHDRAWALS/DEBITS		
07-17	180.00	ELECTRONIC DEBIT	PAYROLL	PAYROLL	9950101	
07-17	376.96	ELECTRONIC DEBIT	PAYROLL	PAYROLL	9950101	
07-17	420.00	ELECTRONIC DEBIT	PAYROLL	PAYROLL	9950101	
07-17	770.00	ELECTRONIC DEBIT	PAYROLL	PAYROLL	9950101	
07-17	1,902.83	ELECTRONIC DEBIT	PAYROLL	PAYROLL	9950101	
07-17	.00	INTERNET CHK COPY REQ				
07-20	20.71	DEBIT CARD PURCHASE	EXXONMOBIL 46911764	MERCEDES		CARD: 4240972
07-20	32.48	DEBIT CARD RECURRING	The Great Courses Plus	844-3304495		CARD: 3853247
07-20	47.97	DEBIT CARD PURCHASE	TSHEETS	888-836-2720		CARD: 4240972
07-20	62.89	DEBIT CARD PURCHASE	INTUIT *PAYROLL	888-537-7794		CARD: 3739362
07-20	1,000.00	ELECTRONIC DEBIT	PAYROLL	PAYROLL	9950101	
07-24	16.23	DEBIT CARD RECURRING	Spotify USA	877-7781161		CARD: 3853247
07-24	461.00	DEBIT CARD PURCHASE	SIMPLEPRACTICE	WWW.SIMPLEPRA		CARD: 3853247
07-24	60.00	ELECTRONIC DEBIT	PAYROLL	PAYROLL	9950101	
07-24	180.00	ELECTRONIC DEBIT	PAYROLL	PAYROLL	9950101	
07-24	660.00	ELECTRONIC DEBIT	PAYROLL	PAYROLL	9950101	
07-24	720.00	ELECTRONIC DEBIT	PAYROLL	PAYROLL	9950101	
07-27	309.78	DEBIT CARD PURCHASE	TXU *BILL PAYMENT	800-242-9113		CARD: 3853247
07-27	30.67	DEBIT CARD PURCHASE	SPECTRUM	855-707-7328		CARD: 4240972
07-27	.00	INTERNET CHK COPY REQ				
07-28	101.78	DEBIT CARD RECURRING	DNH*GODADDY.COM	480-5058855		CARD: 4240972
07-29	42.01	DEBIT CARD PURCHASE	SIMPLEPRACTICE	WWW.SIMPLEPRA		CARD: 3853247
07-31	10.00	DEBIT CARD PURCHASE	STARBUCKS	800-782-7282		CARD: 4240972
07-31	250.00	ELECTRONIC DEBIT	PAYROLL	PAYROLL	9950101	
07-31	250.00	ELECTRONIC DEBIT	PAYROLL	PAYROLL	9950101	
07-31	330.00	ELECTRONIC DEBIT	PAYROLL	PAYROLL	9950101	
07-31	376.96	ELECTRONIC DEBIT	PAYROLL	PAYROLL	9950101	
07-31	645.00	ELECTRONIC DEBIT	PAYROLL	PAYROLL	9950101	
07-31	9.00	SERVICE CHARGE/FEE	MONTHLY SERVICE CHARGE			
07-31	5.00	SUBSCRIPTION	ONLINE BANKING FOR BUSINESS			

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
06-30	2,412.60	07-10	4,376.73	07-22	2,853.29
07-01	4,428.86	07-13	4,366.73	07-24	506.06
07-02	4,773.76	07-14	4,201.37	07-27	165.61
07-03	2,782.73	07-15	4,175.33	07-28	46.12
07-06	3,828.04	07-16	2,025.02	07-29	4.11
07-07	3,812.06	07-17	3,647.90	07-30	1,914.11
07-08	3,792.05	07-20	2,483.85	07-31	328.55
07-09	5,901.73				

Please examine your bank statement upon receipt and report any differences or irregularities as specified in the Deposit Account Agreement and Other Disclosures.



P.O. Box 2678 Mcallen, Texas 78502 Member FDIC

FOR INFORMATION CALL
956-668-3001 OR 1-800-513-7678

STATEMENT ISSUED
07-31-2020

Page 4 of 4

RGV MUSIC THERAPY & WELLNESS CENTER LLC

RGV Music Therapy and Wellness Center, LLC
309 Progress Street
McAllen, Texas 78502
956-668-3000
"Changing lives, one note at a time"

0953

07/02/20

PAY TO THE ORDER OF Mezasa Med na \$ 376.96

Three hundred and seventy six and 96/100 DOLLARS

Mezasa Med na
1428 S 7th St
McAllen, TX 78502

0000953 111000093 800379573

07/02/20 #953 \$376.96

RGV Music Therapy and Wellness Center, LLC
309 Progress Street
McAllen, Texas 78502
956-668-3000
"Changing lives, one note at a time"

0954

07/01/2020

PAY TO THE ORDER OF Mezasa Med na \$ 250.00

Two hundred fifty and 00/100 DOLLARS

Mezasa Med na

0000954 111000093 800379573

07/22/20 #954 \$250.00

RGV Music Therapy and Wellness Center, LLC
309 Progress Street
McAllen, Texas 78502
956-668-3000
"Changing lives, one note at a time"

0955

07/25/2020

PAY TO THE ORDER OF Mezasa Med na \$ 250.00

Two hundred fifty and 00/100 DOLLARS

Mezasa Med na

0000955 111000093 800379573

07/24/20 #955 \$250.00

RGV Music Therapy and Wellness Center, LLC
309 Progress Street
McAllen, Texas 78502
956-668-3000
"Changing lives, one note at a time"

0955

07/25/2020

PAY TO THE ORDER OF Mezasa Med na \$ 250.00

Two hundred fifty and 00/100 DOLLARS

Mezasa Med na

0000955 111000093 800379573

07/28/20 #955 \$250.00

Expressions In Glass

INVOICE

P.O. Box 1317

Mercedes Texas, 78670

956-565-1325

E-mail: info@expressionsinglass.com

Glass, Crystal and Marble Awards and Gifts

Customer RGV Music Therapy and Wellness Center

Address

City

Telephone

Jul-20

[illegible]

Payroll Summary Report

RGV Music Therapy and Wellness Center, LLC

Jul 01 - Jul 31, 2020

CHECK DATE	NAME	NET AMOUNT	TOTAL HOURS	TAXES WITHHELD	TOTAL DEDUCTIONS	TOTAL PAY	EMPLOYER TAXES	COMPANY CONTRIBUTIONS	TOTAL COST	CHECK NUM
07/31/2020	De Leon, Marisa C.	\$1,902.83	80.00	\$597.17	\$0.00	\$2,500.00	\$191.25	\$0.00	\$2,691.25	
07/31/2020	de Leon, Ruben	\$376.96	40.00	\$63.04	\$0.00	\$440.00	\$48.18	\$0.00	\$488.18	DD
07/17/2020	De Leon, Marisa C.	\$1,902.83	80.00	\$597.17	\$0.00	\$2,500.00	\$191.25	\$0.00	\$2,691.25	DD
07/17/2020	de Leon, Ruben	\$376.96	40.00	\$63.04	\$0.00	\$440.00	\$48.18	\$0.00	\$488.18	DD
07/03/2020	De Leon, Marisa C.	\$1,902.83	80.00	\$597.17	\$0.00	\$2,500.00	\$191.25	\$0.00	\$2,691.25	DD
07/03/2020	de Leon, Ruben	\$376.96	40.00	\$63.04	\$0.00	\$440.00	\$48.18	\$0.00	\$488.18	
Totals		\$6,839.37	360.00	\$1,980.63	\$0.00	\$8,820.00	\$718.29	\$0.00	\$9,538.29	

DISBURSEMENT REQUEST AND AUTHORIZATION

Principal	Loan Date	Maturity	Loan No	Call / Coll	Account	Officer
\$12,500.00	04/21/2020	04/21/2022	9998	500 / 6083	6549539	030

References in the boxes above are for Lender's use only and do not limit the applicability of this document to any particular loan or item. Any item above containing "****" has been omitted due to text length limitations.

Borrower: RGV MUSIC THERARY AND WELLNESS CNETER, LLC

Lender: Frost Bank
P.O. Box 1600
San Antonio, TX 78296

309 PROGRESS ST, SAN ANTONIO, TX 78570-4317

Loan Type. This is a non-precomputed Fixed Rate (1.000%) Nondisclosable Principal+Interest loan to RGV MUSIC THERARY AND WELLNESS CNETER, LLC
for \$12,500.00 due on 04/21/2022 .

Primary Purpose of Loan. The primary purpose of this loan is for:

☐ Personal, Family or Household Purposes. ☐ Personal Investment. ☒ Business, Agricultural and All Other.

Specific Purpose. The specific purpose of this loan is: Paycheck Protection Program

Disbursement Instructions: Borrower understands that no loan proceeds will be disbursed until all of Lender's conditions for making the loan have been satisfied. Please disburse the loan proceeds of \$12,500.00 as follows:

Amount paid to Borrower directly, Deposited to Checking Account # 0800379573 : \$12,500.00

Amount paid to SBA directly, Refinance of EIDL Loan Number : \$0.00

Note Principal: \$12,500.00

Automatic Payments. Borrower hereby authorizes Lender automatically to deduct from Borrower's Demand Deposit – Checking Account, numbered 0800379573 , the amount of any loan payment. If the funds in the account are insufficient to cover any payment, Lender shall not be obligated to advance funds to cover the payments. At any time and for any reason, Borrower or Lender may voluntarily terminate Automatic Payments.

Financial Condition. BY SIGNING THIS AUTHORIZATION, BORROWER REPRESENTS AND WARRANTS TO LENDER THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT. THIS AUTHORIZATION IS DATED 04/21/2020 .

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK; SIGNATURE PAGE FOLLOWS.]

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. 260 Music Therapy + Wellness Center, LLC 309 Progress St. Mercedes, TX. 78520		OMB No. 1545-0115 2019 Form 1099-MISC	
1 Rents \$		2 Royalties \$	
3 Other income \$		4 Federal income tax withheld \$	
5 Fishing boat proceeds \$		6 Medical and health care payment \$	
7 Nonemployee compensation \$ 3,900		8 Substitute payments in lieu of dividends or interest \$	
9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$	
11		12	
13 Excess golden parachute payments \$		14 Gross proceeds paid to attorney \$	
15a Section 409A deferrals \$		15b Section 409A income \$	
16 State tax withheld \$		17 State/Payer's state no. \$	

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents	On
2600 music therapy & wellness center, LLC 309 progress st mercedes, TX. 78570		\$	
		2 Royalties	
		\$	
PAYER'S TIN		3 Other income	4
		\$	\$
RECIPIENT'S TIN		5 Fishing boat proceeds	6
83-1486787	039-46-9603	\$	\$
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		7 Nonemployee compensation	8
Anai Casas Cuellar 10920 N. La Roma Rd. Mission, TX. 78574		\$	\$
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10
		11	12
Account number (see instructions)		EATCA filing	
		44	

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents	ON
7601 Music Therapy + Wellness Center, LLC 309 Progress St. Mercedes, TX. 78570		\$	
		2 Royalties	
		\$	Fc
		3 Other income	4
		\$	\$
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds	6
83-1486787	033-50-5414	\$	\$
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		7 Nonemployee compensation	8
Jonathan Lee Ruiz 1167 Ben Lora Ln San Benito, TX. 78586		\$ 3,951.25	\$
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10
		11	12

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents	O
960 Music Therapy & Wellness Center, 309 Progress St. Mercedes, TX. 78576		\$	
		2 Royalties	
		\$	
		3 Other income	F
		\$	4
PAYER'S TIN		5 Fishing boat proceeds	\$
83-1486787		\$	6
RECIPIENT'S TIN		7 Nonemployee compensation	8
435-93-0513		\$	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		18,150.00	\$
Stephany Sanchez		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10
402 N. Linden St.			
Barr, TX. 78577			\$
		11	12

9. Discussion and Action: Mercedes Small Business Recovery Grant – Raquel Pina

Memo

To: DCM Board of Directors
From: Melissa Ramirez, Executive Director
CC: File
Date: 8/14/2020
Re: Mercedes Small Business Recovery Grant

Recommendation:

1. Marisa de Leon: Approve \$5K
2. Raquel Pina: Approve \$4910
3. Martha Adame: Approve \$3000
4. Mario Dominguez: Deny- No Certificate of Occupancy
5. Mario Dominguez, Jr. : Approve \$5K
6. Alejandrina Telles: Approve \$5K
7. Elida Rizo: Approve \$5K
8. Chris Desiga: Approve \$5K
9. Guadalupe Cano: Deny- No Certificate of Occupancy
10. Jaime Perez: Approve \$5K
11. Jesse Ledesma: Deny- No Certificate of Occupancy
12. Fidel Bonilla: Approve \$5K

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: Raquel G. Pina
Name of Business: Amistad Adult Day Care
Business Type: Adult Day Care
Address of Business: 1626 W. 3rd St. Mercedes, TX 78570
Email Address: raquel.pina@hotmail.com Phone Number: (957) 514-1046

BUSINESS OWNERSHIP

Tax ID #: 74-2779271
Entity Name: Amistad Adult Day Care
Name of business owner (if different from above): Raquel G. Pina
Number of years in business: 19

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.

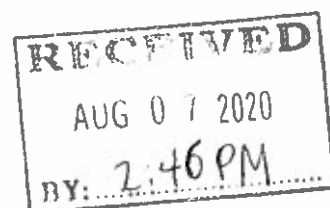
PERSONNEL

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

Full time Employees #: 43 (Part-time # employees: 1)
1 Administrator - Raquel G. Pina

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

Yes No ✓



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.*

<input checked="" type="checkbox"/> Rent/mortgage payment. List specific amount.	\$ <u>1,134.⁶³</u>
<input type="checkbox"/> Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	\$ <u>0 -</u>
<input checked="" type="checkbox"/> Employee support (salaries, insurance, paid leave)	\$ <u>2,094.⁰¹</u>
<input checked="" type="checkbox"/> Utilities (i.e. electricity, water, phone, internet, etc.)	\$ <u>1,471.⁴⁴</u>
<input type="checkbox"/> Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ <u>0 -</u>
<input checked="" type="checkbox"/> Purchase of COVID-19 supplies for business protection/cleaning.	\$ <u>104.⁹⁸</u>
Total Amount \$ <u>4,910.⁰⁰</u>	

Total Grant amount requested from Mercedes DCM: \$ 4,910.⁰⁰

(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: BBVA Bank - Mercedes, TX 78570

Name of your Bank Officer: Dont have one

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)

Requested amount: 9,200.00

☐ Economic Injury Disaster Loan (EIDL)

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.**

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

RP 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.)

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

RP 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.

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

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

RP 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 _____

Written: _____
Legal Representative

Title

Signed: _____
Legal Representative

Title

Signed as Individual: Raquel S. Lino

Date 8-7-20

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; and copy of the applicants' ID.**
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.**

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.	Name (as shown on your income tax return) Raquel G. Pina	
	Business name/disregarded entity name, if different from above Amistad Adult Day Care	
	Check appropriate box for federal tax classification: <input checked="" type="checkbox"/> Individual/sole proprietor <input 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) ▶ <input type="checkbox"/> Other (see instructions) ▶	
	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
Address (number, street, and apt. or suite no.) 636 W. 3rd ST.		Requester's name and address (optional)
City, state, and ZIP code Mercedes TX 78570		
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 the "Name" line to avoid backup withholding. For individuals, this is 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.

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

Social security number	
375	-56-7772
Employer identification number	
74	-2979271

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.

Sign Here	Signature of U.S. person ▶ Raquel G. Pina	Date ▶
-----------	--	--------

General Instructions

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

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Texas **DRIVER LICENSE** **BSA**
06498302 **Class** C
02/28/2013 **Exp** 10/15/2018
DOB 10/15/1955
PINA
BAQUEL GUAJARDO
5324 DATE DR
WESLACO TX 78596-0000
12 Restrictions **A** **Sex** **NONE**
16 Hgt 5-03 15 Sex **F** 18 Eyes **BRO**
18 DOB 00312310121258538698

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

DAY ACTIVITY AND HEALTH SERVICES FACILITY LICENSE

This is to certify that

RAQUEL G PINA
AMISTAD ADULT DAY CARE
636 W 3RD ST MERCEDES, TX 78570 HIDALGO COUNTY

is licensed under Chapter 103 of the Texas Human Resources Code to operate a day activity and health services facility in Texas.

DAHS FACILITY

Capacity: 50

149248

License Number

100079

Facility ID

12/22/2019

Effective Date

12/22/2021

Expiration Date

Dr. Courtney N. Phillips
Dr. Courtney N. Phillips
Executive Commissioner

This license must be prominently posted for display in an area of the facility that is readily available to individuals, employees, and visitors.
This license may not be transferred.

8/10/2020

Statements & Accounts: BBVA

AMISTAD ADULT DAY CARE

636 WEST 3RD STREET
MERCED, TX 78570
855-514-1046

6401

25-1054/1130
183.17

DATE 7-31-20

PAY
TO THE
ORDER OF

Dan McHuan

\$ 1,134.60

One Thousand one hundred thirty-four 60/100

DOLLARS

BBVA Compass

Compass Bank
Hartgen TX

FOR 2514646050

Roguel Line

⑈00640⑈ ⑆113010547⑆ 005114305⑈

20200731008500168218340

20200731008500168218340

Credit to the account of the account
holder is hereby acknowledged
and endorsement guaranteed by
BBVA

6401		BAL BROT FORD
DATE	<u>7-31-20</u>	DEPOSITS
TO	<u>Dan McHuan</u>	
FOR	<u>Build Lease</u>	
TOTAL	<u>1,134.60</u>	
THIS CHECK		
OTHER TRANS. +/-		
BALANCE		
TAX DEDUCTIBLE <input type="checkbox"/>		

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**

(Rev. April 2020)

Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)	7	4	-	2	9	7	9	2	7	1	
Name (not your trade name)	AMISTAD ADULT DAY CARE										
Trade name (if any)											
Address	636 WEST 3RD STREET										
Number	636				Street	WEST 3RD 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	2																												
2	Wages, tips, and other compensation	2	11,820.00																												
3	Federal income tax withheld from wages, tips, and other compensation	3	513.12																												
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.																													
<table border="0"> <tr> <td></td> <td>Column 1</td> <td></td> <td>Column 2</td> </tr> <tr> <td>5a</td> <td>Taxable social security wages</td> <td>11,820.00 × 0.124 =</td> <td>1,465.68</td> </tr> <tr> <td>5a (i)</td> <td>Qualified sick leave wages</td> <td> × 0.062 =</td> <td></td> </tr> <tr> <td>5a (ii)</td> <td>Qualified family leave wages</td> <td> × 0.062 =</td> <td></td> </tr> <tr> <td>5b</td> <td>Taxable social security tips</td> <td> × 0.124 =</td> <td></td> </tr> <tr> <td>5c</td> <td>Taxable Medicare wages & tips</td> <td>11,820.00 × 0.029 =</td> <td>342.78</td> </tr> <tr> <td>5d</td> <td>Taxable wages & tips subject to Additional Medicare Tax withholding</td> <td> × 0.009 =</td> <td></td> </tr> </table>					Column 1		Column 2	5a	Taxable social security wages	11,820.00 × 0.124 =	1,465.68	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	11,820.00 × 0.029 =	342.78	5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	
	Column 1		Column 2																												
5a	Taxable social security wages	11,820.00 × 0.124 =	1,465.68																												
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	11,820.00 × 0.029 =	342.78																												
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	1,808.46																												
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	2,321.58																												
7	Current quarter's adjustment for fractions of cents	7	.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	2,321.59																												
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 →

Name (not your trade name)
AMISTAD ADULT DAY CARE

Employer identification number (EIN)
74-2979271

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

11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c.	11d	<input type="text"/>	.
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12	<input type="text"/>	2,321.59
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"/>	2,321.59
13b	Deferred amount of the employer share of social security tax	13b	<input type="text"/>	.
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1.	13c	<input type="text"/>	.
13d	Refundable portion of employee retention credit from Worksheet 1	13d	<input type="text"/>	.
13e	Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e	<input type="text"/>	2,321.59
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	<input type="text"/>	.
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e	13g	<input type="text"/>	2,321.59
14	Balance due. If line 12 is more than line 13g, enter the difference and see the instructions	14	<input type="text"/>	.
15	Overpayment. If line 13g is more than line 12, enter the difference <input type="text"/> .	Check one: <input type="checkbox"/> Apply to next return. <input checked="" 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 1 845.24

Month 2 860.43

Month 3 615.92

Total liability for quarter 2,321.59

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)

AMISTAD ADULT DAY CARE

Employer identification number (EIN)

74-2979271

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 of 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

REFERENCE COPY PREPARED BY PAYCHEX

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

EMPLOYER'S QUARTERLY REPORT

1. ACCOUNT NUMBER 08-211178-6	2. COUNTY CODE	3. TAX AREA	4. TAX RATE 3.01 %	5. NAICS CODE	6. FEDERAL I.D. NUMBER 74-2979271	7. QTR. YR. 2-20
----------------------------------	----------------	-------------	-----------------------	---------------	--------------------------------------	---------------------

8. EMPLOYER NAME AND ADDRESS

0070-18013696 20185 TAXPAY •

 AMISTAD ADULT DAY CARE
 636 WEST 3RD STREET
 MERCEDES TX 78570

9. TELEPHONE NUMBER

(956)514-1046

If you had no payroll and show '0' in item 13 you are still required to file.

9A. QUARTER ENDING 06/30/20

1st Month

3

2nd Month

3

3rd Month

2

11. SHOW THE COUNTY CODE
 (see list on the back of C-4 form) in which you had the greatest number of employees.

12. If you have employees in more than one county in TEXAS, how many are outside the county shown in item 11?

10. Enter in the boxes above the number of employees both full-time and part-time, in pay periods that include 12th day of the calendar month. (ENTER WHOLE NUMBERS ONLY)

DOLLARS CENTS

13. Total (Gross) Wages Paid During this Quarter to Texas Employees. (If none, enter "0")	11820	00
14. Taxable Wages paid this quarter to each employee up to \$9000, the annual maximum amount. (If none, enter "0")	11220	00
15. Tax Due (Multiply Taxable Wages, Item # 14, by your Tax Rate of 3.01%)	337	72
Note: For Federal Form 940 purposes, your Tax Rate Includes: • A UI Obligation Assessment rate of: • An Employment and Training Assessment Rate of:		
16. Interest, If Tax is Past Due		
17. Penalty, If Report is Past Due		
18. Balance Due From Prior Periods (Subtract Credit Or Add Debit)		00
19. Total Due	337	72

14a. ☐ Mark box with an 'X' if reporting wages to another state during the year for employees listed in item 21.

20. SOCIAL SECURITY NUMBER	1ST INIT	2ND INIT	21. EMPLOYEE NAME LAST NAME	22. TOTAL WAGES PAID THIS QUARTER
EMPLOYEE WAGES REPORTED ELECTRONICALLY				

23. The sum of all page totals must equal item 13.

**REFERENCE COPY
 PREPARED BY PAYCHEX,
 DO NOT FILE.**

EMPLOYER'S QUARTERLY REPORT
CONTINUATION SHEET

1. ACCOUNT NUMBER	2. COUNTY CODE	3. TAX AREA	4. TAX RATE	5. NAICS CODE	6. FEDERAL ID. NUMBER	7. QTR. YR.
08-211178-6			3.01 %		74-2979271	2-20

8. EMPLOYER NAME 0070-18013696 20185 TAXPAY®
AMISTAD ADULT DAY CARE
636 WEST 3RD STREET
MERCEDDES TX 78570

9A. PAGE NO.	9B. UNIT NUMBER
1 of 1	

	20. SOCIAL SECURITY NUMBER	1ST INIT	2ND INIT	21. EMPLOYEE NAME LAST NAME	22. TOTAL WAGES PAID THIS QUARTER
1	XXX-XX-8794	J	A	LONGORIA	4080 00
2	XXX-XX-2723	J		PINA	4800 00
3	XXX-XX-5184	A		ZAMORA	2940 00
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
23. The sum of all page totals must equal item 13					11820 00

REFERENCE COPY
PREPARED BY PAYCHEX.
DO NOT FILE.

3/19/20

PAYROLL JOURNAL

0070 1801-3696 Amistad Adult Day Care

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS					WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			
Longoria, Jose A 40	Regular	8.5000	80.00	680.00		Social Security Medicare Fed Income Tax	42.16 9.86 34.25	Check # 621 Check Amt 593.73
	EMPLOYEE TOTAL		80.00	680.00				Net Pay 593.73
Pina, Joanna 37	Regular	10.0000	80.00	800.00		Social Security Medicare Fed Income Tax	48.60 11.80 47.27	Check # 622 Check Amt 691.53
	EMPLOYEE TOTAL		80.00	800.00				Net Pay 691.53
Zamora, Alexandria 53	Regular	15.0000	60.00	900.00		Social Security Medicare Fed Income Tax	55.80 13.05 22.50	Check # 623 Check Amt 808.55
	EMPLOYEE TOTAL		60.00	900.00				Net Pay 808.55
COMPANY TOTALS 3 Person(s) 3 Transaction(s)	Regular		220.00	2,380.00		Social Security Medicare Fed Income Tax	147.56 34.51 104.02	Check Amt 2,093.91
	COMPANY TOTAL		220.00	2,380.00		Employer Liabilities Social Security Medicare Fed Unemploy TX Unemploy TX UOA/ETIA	286.09 147.56 34.51 14.28 66.26 2.38	Net Pay 2,093.91
(IC) = Independent Contractor						TOTAL EMPLOYER LIABILITY	257.99	
						TOTAL TAX LIABILITY	554.08	

0070 1801-3696 Amistad Adult Day Care

8/10/2020

Statements & Accounts: BBVA

DATE	DESCRIPTION	STATUS	AMOUNT	POSTED BALANCE AFTER TRANSACTION
AUG 10 2020	CHECKCARD PURCHASE - WM SUPERCENTER #VISA 1041003008/08/20 CARD XXXXXX1433 POS -AT Wal- Mart Super CentWESLACO TX ✓	✓	-\$36.20	\$1,285.76
AUG 10 2020	CHECKCARD PURCHASE - MURPHY7647ATWALM VISA 2971390108/08/20 CARD XXXXXX1433 POS -AT 215 E EXPRESSWAY 89WESLACO TX ✓	✓	-\$20.00	\$1,321.96
AUG 10 2020	ATM WITHDRAWAL - BBVA USA ATM1136 094047 08/08/20 CARD XXXXXX5746 ATM -AT 417 S. INTERNATIONAVD ✓	✓	-\$100.00	\$1,341.96
AUG 10 2020	CHECKCARD PURCHASE - H-E-B GAS #370 VISA 8783740208/08/20 CARD XXXXXX1433 POS -AT H-E-B GAS #370 MERCEDES TX ✓	✓	-\$2.76	\$1,441.96
AUG 07 2020	CHECK CLEARED #6403 ✓	✓	-\$260.00	\$1,444.72
AUG 07 2020	CHECKCARD PURCHASE - DOLLAR-GENERAL #VISA 6293402208/07/20 CARD XXXXXX8745 POS -AT 100 S TEXAS AVE MERCEDES TX ✓	✓	-\$51.96	\$1,704.72
AUG 07 2020	DEBIT FOR CARE CREDIT ONLINE PMT CO REF- CKF324367730POS ✓	✓	-\$100.00	\$1,756.68
AUG 06 2020	ATM WITHDRAWAL - BBVA USA ATM1138 182112 08/06/20 CARD XXXXXX1433 ATM -AT 2301 W. EXPRESSWAY ✓	✓	-\$100.00	\$1,856.68
AUG 06 2020	CHECKCARD PURCHASE - SUNOCO 043619110VISA 4170760308/06/20 CARD XXXXXX1433 POS -AT 602 N. 2ND MERCEDES TX ✓	✓	-\$3.55	\$1,956.68
AUG 06 2020	CHECKCARD PURCHASE - NETFLIX COM VISA 004 08/06/20 CARD XXXXXX1433 POS -AT NETFLIX COM LOS GATOS CA ✓	✓	-\$14.06	\$1,980.23
AUG 06 2020	DEBIT FOR SYNCHRONY BANK ONLINE PMT CO REF- CKF324367730POS ✓	✓	-\$200.00	\$1,974.29
AUG 06 2020	DEBIT FOR AT&T UVERSE ONLINE PMT CO REF- CKF324367730POS ✓	✓	-\$99.31	\$2,174.29
AUG 06 2020	CREDIT FOR MOLINA HC OF TX HCCLAIMPMT CO REF- PN1053535690 ✓	✓	\$299.00	\$2,273.00
AUG 05 2020	CHECK CLEARED #6397 ✓	✓	-\$1,139.14	\$1,974.60
AUG 05 2020	CHECKCARD PURCHASE - H-E-B #370 VISA 8302540208/05/20 CARD XXXXXX8746 POS -AT 209 N TEXAS MERCEDES TX ✓	✓	-\$32.30	\$3,113.74
AUG 05 2020	CHECKCARD PURCHASE - H-E-B #370 VISA 8802540208/05/20 CARD XXXXXX1433 POS -AT 209 N TEXAS MERCEDES TX ✓	✓	-\$38.97	\$3,146.04
AUG 05 2020	ONLINE BANKING TRANSFER TO ACCT *5171 ✓	✓	-\$1,000.00	\$3,185.01
AUG 05 2020	CREDIT FOR CENTENE CORP HCCLAIMPMT CO REF- ✓	✓		\$4

8/10/2020

Statements & Accounts: BBVA

DATE	DESCRIPTION	STATUS	AMOUNT	POSTED BALANCE AFTER TRANSACTION
JUL 22 2020	CHECK CLEARED ▾	✓	-\$10,000.00	
JUL 21 2020	CHECK CLEARED #905 ▾	✓	-\$10,000.00	
JUL 16 2020	DEBIT FOR TESI ELEC BILL CO REF- 0047983017CPL Engie ▾	✓	-\$1,372.17	
JUL 10 2020	CHECK CLEARED #998 ▾	✓	-\$1,300.00	
JUL 08 2020	ONLINE BANKING TRANSFER FROM ACCT *4305 ▾	✓	\$164.00	
JUL 02 2020	CHECK CLEARED #999 ▾	✓	-\$2,550.00	
JUN 30 2020	DEBIT FOR HARLAND CLARKE CHK ORDERS CO REF- 000014400000447 ▾	✓	-\$18.91	
JUN 30 2020	DEBIT FOR HARLAND CLARKE CHK ORDERS CO REF- 000046600002099 ▾	✓	-\$61.08	
JUN 24 2020	CHECK CLEARED #904 ▾	✓	-\$1,134.60	
JUN 22 2020	CHECK CLEARED #903 ▾	✓	-\$370.00	
JUN 22 2020	CHECK CLEARED #902 ▾	✓	-\$500.00	
JUN 22 2020	ONLINE BANKING TRANSFER TO ACCT *4305 ▾	✓	-\$529.41	
JUN 08 2020	CREDIT MEMO ▾	✓		

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Electronic Communications Agreement | Locations | Contact Us

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BBVA and BBVA Compass are trade names of BBVA USA, a member of the BBVA Group.
Online Banking Questions and Technical Support: 1-800-273-1057.
All other Account Questions and Support: 1-844-228-2872.

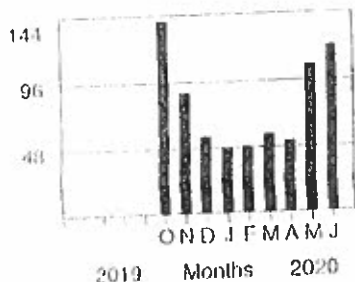
SERVICE ADDRESS:
 AMISTAD ADULT DAY CARE
 630 W 3RD ST
 MERCEDES TX 78570
ESI ID Number:
 10032789442331581

BILLING PERIOD
 May 20, 2020 to Jun 19, 2020

AMOUNT DUE
 \$1,364.69
DUE DATE:
 July 12, 2020

BILL ACCOUNT NUMBER:
 06479-83017

kWh - Average Per Day



Types of Meter Readings:

Actual ☒ Estimated ☐

You used 3,621 kWh in 30 days, or an average of 121 kWh a day.

ACCOUNT BALANCE AS OF JUN 22, 2020

Previous Balance	\$1,738.60
Payments Received - THANK YOU	\$880.10
Balance Remaining	\$858.50
Current Charges	\$506.19
Total Amount Due	\$1,364.69

Summary of Current Charges

Total ENGIE Resources Energy Charges	\$203.86
Total AEP Texas Central Co (CPL) Charges	\$255.21
Total Taxes	\$39.88
Total Other Charges	\$7.24
Total Current Charges	\$506.19

If you are transferring service to another electricity provider at the end of your contract term with ENGIE Resources, please be aware that your service with ENGIE Resources doesn't expire until the regularly scheduled utility meter read date that follows the last day of February 2024.

To pay electronically and other important information, see back

06479-83017

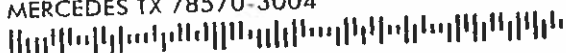
Jul 12, 2020

\$1,364.69

2040 Ave C Ste 200N, Bethlehem, PA 18017



AMISTAD ADULT DAY CARE
 636 W 3RD ST
 MERCEDES TX 78570-3004



ENGIE Resources
 P. O. Box 9001025
 LOUISVILLE, KY 40290-1025

pd. 7-16-20 17
 372.48

18855647

20 4200013646920001364694 0647983017

Office DEPOT OfficeMax

WFS1 ACU (956) 968-6207

07/07/2020 4:30 PM



VTV1Q3YPM4QX88866

Bluiding lease

Don McHanna

SALT	2668	5	1699	965365
8597554	INTER. INC. STMP			
2 @ 12.99				25.98
Instant Savings				-5.98
You Pay				20.
9944345	3 PLY MASK, RO			34.
842663	CALC CHECK CON			18.
452046	CORD BASE, 1 INK			99
1780293	THERMOMETER, 1 IN			79.99SS
Instant Savings				-10.00
You Pay				69.
672398	REWARDS ENROLL			0.01
Promotion				-0.01
You Pay				0.
685884	TEA, SWEET, 100L			2.
Subtotal				246.
Sales Tax				20.
Total				266
Debit Card 9213				266.

TDS Chip Read
AID A0000000042203 Debit
TVR 8000048000
CVS PIN Verified

Total Savings

\$15.99

XX

WE WANT TO HEAR FROM YOU!

Visit survey.officedepot.com

and enter the survey code below.

15QK V6C5 GPKN

XX

AT&T

AMISTAD ADULT DAY CARE
636 W 3RD ST
MERCEDDES TX 78570-3004

Page:
Issue Date:
Account Numl

Want to stop receiving paper bills and enjoy the convenience of paperless billing? Enroll at att.com/paperless

AutoPay: Set up automatic payments that you can update whenever you want. Go to att.com/autopay today.

Managing your AT&T bills, products, and services on the go? It's a snap with myAT&T. Go to att.com/myatt to sign in or sign up.

Account summary

Your last bill

Payment, Jul 03 - Thank you!

\$82.43

- \$82.43

Paycheck Protection Program Borrower Application Form

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

Check One: <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input 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 Raquel G Longoria		Amistad Adult Day Care	
Business Address 636 West 3rd St Mercedes, TX 78570		Business TIN (EIN, SSN) 74-2979271	Business Phone \$564722327
		Primary Contact Raquel Pina	Email Address

Average Monthly Payroll: \$ 3,713.66	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request: \$ 9,284.16	Number of Employees: 4
---	--	-------------------------------

Purpose of the loan (select more than one): ☒ Payroll ☒ Lease / Mortgage Interest ☐ Utilities ☐ 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
Raquel G Longoria	Owner	100%	375567772	5324 Date Drive, Weslaco T.

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>RG.L.</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>RG.L.</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?	<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"/>

10. Discussion and Action: Mercedes Small Business Recovery Grant – Martha Adame

8/6/1.

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: Martha Adame
 Name of Business: Ely's Jewelry
 Business Type: Jewelry Store
 Address of Business: 134 N Texas Ave Mercedes, Tx 78570
 Email Address: mea956@aol.com Phone Number: (956) 565-3868
(956) 975-9118.

BUSINESS OWNERSHIP

Tax ID #: 3-20420-9191-1
 Entity Name: Ely's Enterprise Inc
 Name of business owner (if different from above): _____
 Number of years in business: 28 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 #: 1 (Part-time # employees: 1)

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

Yes _____ No ✓

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.*

<input type="checkbox"/> Rent/mortgage payment. List specific amount.	\$ _____
<input type="checkbox"/> Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	\$ _____
<input checked="" type="checkbox"/> Employee support (salaries, insurance, paid leave)	\$ <u>2492.44/monthly</u>
<input checked="" type="checkbox"/> Utilities (i.e. electricity, water, phone, internet, etc.)	\$ <u>680.33/monthly</u>
<input checked="" type="checkbox"/> Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ <u>259.20.</u>
<input checked="" type="checkbox"/> Purchase of COVID-19 supplies for business protection/cleaning.	\$ <u>205.91</u>
Total Amount \$ <u>3,637.88</u>	

Total Grant amount requested from Mercedes DCM: \$ 3,000.00

(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: RIO BANK

Name of your Bank Officer: Rene Romero

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) Requested amount: 7,000
☒ Economic Injury Disaster Loan (EIDL) Requested amount: Being Processed

**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.**

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

MA 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.)

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

MA 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.

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

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

MA 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 Elsys Jewelry

Written: Martha Adame
Legal Representative

President
Title

Signed: Martha Adame
Legal Representative

President
Title

Signed as Individual: _____

Date 8/4/2020

Request for Taxpayer Identification Number and Certification

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

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

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. Martha Adame	
2 Business name/disregarded entity name, if different from above Elsys's Enterprise, Inc.	
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) ► _____ <small>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.</small> <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. 134 N Texas Ave	Requester's name and address (optional)
6 City, state, and ZIP code Mercedes, Texas 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								
2	7		-	2	9	1	2	0
								8

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 for Part II, later.

Sign
Here

Signature of
U.S. person ►

Martha Adame

Date ►

8/4/2020

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.

Texas

USA
TX

DRIVER LICENSE



4d DL 20163222 9 Class C
4a Iss 01/10/2020 4b Exp 10/08/2025
3 DOB 10/08/1982
1 ADAME
2 MARTHA ESTHER
130 N TEXAS AVE
MERCEDES TX 78570-2745
12 Restrictions NONE 1a End NONE
1b Hgt 5'-02" 1c Sex F 1d Eyes BRO
5 DD 02322010114110228020



Martha Adame



Form 941 for 2020: Employer's QUARTERLY Federal Tax Return

Department of the Treasury — Internal Revenue Service

950120
OMB No. 1545-0029

Employer identification number (EIN) **27-2912028**

Name (not your trade name) **Elsy's Enterprises**

Trade name (if any)

Address **134 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 **2**

2 Wages, tips, and other compensation . . . 2 **7917.50**

3 Federal income tax withheld from wages, tips, and other compensation . . .

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

5a Taxable social security wages . . . **7917.50** × 0.124 = **981.77**

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 . . . **7917.50** × 0.029 = **229.61**

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** **1211.38**

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 **1211.38**

7 Current quarter's adjustment for fractions of cents . . . 7

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 **1211.38**

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.

0000/1024

Form 941 (Rev. 4-2020)

Name (not your trade name)
Elsy's Enterprises

Employer identification number (EIN)
27-2912028

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

- 11d Total nonrefundable credits. Add lines 11a, 11b, and 11c 11d
- 12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 . 12
- 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
- 13b Deferred amount of the employer share of social security tax 13b
- 13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 13c
- 13d Refundable portion of employee retention credit from Worksheet 1 13d
- 13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d . . . 13e
- 13f Total advances received from filing Form(s) 7200 for the quarter 13f
- 13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e . 13g
- 14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions . . . 14
- 15 Overpayment. If line 13g is more than line 12, enter the difference Check one: ☐ Apply to next return. ☐ 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
- Month 2
- Month 3
- Total liability for quarter 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)
Elsy's Enterprises

Employer identification number (EIN)
27-2912028

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

Martha Adame

Print your name here

Martha Adame

Print your title here

President

Date 07/29/2020

Best daytime phone (956) 975-9118

Paid Preparer Use Only

Check if you're self-employed . . . ☐

Preparer's name Nancy Alaniz

PTIN P01427713

Preparer's signature

Date 07/29/2020

Firm's name (or yours if self-employed) Alaniz Bookkeeping & Tax Service

EIN 41-2091556

Address 1051 Ebano St.

Phone (956) 535-4323

City San Benito

State TX

ZIP code 78586

☒ Track your expenses...

- ☐ Clothing ☐ Food ☐ Transportation
☐ Credit Card ☐ Utilities ☐ Mortgage
☐ Entertainment ☐ Insurance ☐ Other: _____

☐ TAX-DEDUCTIBLE ITEM

2038

BALANCE
FORWARD

THIS ITEM

BALANCE

DEPOSIT

OTHER

BALANCE
FORWARD

1640



For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

☒ Track Your Expenses...

- ☐ Auto/Travel ☐ Education ☐ Medical/Dental
☐ Business ☐ Entertainment ☐ Savings
☐ Charities ☐ Food ☐ Taxes
☐ Clothing ☐ Home ☐ Utilities
☐ Dependent Care ☐ Insurance ☐ Other

2051

BAL.
FOR'D

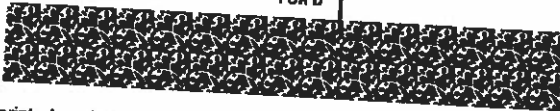
ITEM
AMOUNT

BALANCE

DEPOSIT

FOR'D

1640



Duplicate is produced using soy-based materials.
Images may appear light.

☐ TAX DEDUCTIBLE ITEM

Memo _____

For enhanced security your account number will not be printed on this copy

NOT NEGOTIABLE

☒ Track your expenses...

- ☐ Clothing ☐ Food ☐ Transportation
☐ Credit Card ☐ Utilities ☐ Mortgage
☐ Entertainment ☐ Insurance ☐ Other: _____

☐ TAX-DEDUCTIBLE ITEM

2025

6/26/20

Two hundred thirty one and 11/100

BALANCE
FORWARD

THIS ITEM

BALANCE

DEPOSIT

OTHER

BALANCE
FORWARD

213 11

For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

☒ Track your expenses...

- ☐ Clothing ☐ Food ☐ Transportation
☐ Credit Card ☐ Utilities ☐ Mortgage
☐ Entertainment ☐ Insurance ☐ Other: _____

☐ TAX-DEDUCTIBLE ITEM

2034

July 24, 20

Two hundred thirty one and 11/100

BALANCE
FORWARD

THIS ITEM

BALANCE

DEPOSIT

OTHER

BALANCE
FORWARD

213 11

For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

☒ Track your expenses...

- ☐ Clothing ☐ Food ☐ Transportation
☐ Credit Card ☐ Utilities ☐ Mortgage
☐ Entertainment ☐ Insurance ☐ Other: _____

☐ TAX-DEDUCTIBLE ITEM

2036

7/31/20

Two hundred thirty one and 11/100

BALANCE
FORWARD

THIS ITEM

BALANCE

DEPOSIT

OTHER

BALANCE
FORWARD

213 11

For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

☒ Track your expenses...

- ☐ Clothing ☐ Food ☐ Transportation
☐ Credit Card ☐ Utilities ☐ Mortgage
☐ Entertainment ☐ Insurance ☐ Other: _____

☐ TAX-DEDUCTIBLE ITEM

2030

July 10, 20

Two hundred thirty one and 11/100

BALANCE
FORWARD

THIS ITEM

BALANCE

DEPOSIT

OTHER

BALANCE
FORWARD

213 11

SALINAS INSURANCE AGENCY

A PROMISE OF SERVICE

406 S. GRAY LANE AVE

WESLACO, TEXAS 78596

956-351-5819

Insurance Receipt

Name: ELSYS ENTERPRISE INC

POLICY/ACCOUNT GL INS

AMOUNT PAID: - \$ 58.31

DATE: 6/ 15/2020

Thank You





ELSY'S JEWELRY
134 N TEXAS AVE
MERCEDDES TX 78570-2745

Page: 1 of 3
Issue Date: Jun 22, 2020
Account Number: 250654034

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.

Total due

\$88.64



Please pay by:
Jul 13, 2020

Paid
7/13/20

Account summary

Your last bill	\$88.64
Payment, Jun 11 - Thank you!	-\$88.64
Remaining balance	\$0.00

Service summary

 Internet [*]	Page 2	\$30.79
 Phone	Page 2	\$57.85
Total services		\$88.64

Total due

\$88.64

Please pay by Jul 13, 2020

5571.40.1912.396318 1 AV 0.389 rc



ELSY'S JEWELRY
134 N TEXAS AVE
MERCEDDES TX 78570-2745

AutoPay enrollment

If I enroll in AutoPay, I authorize AT&T to pay my bill monthly by electronically deducting money from my bank account. I can cancel authorization by notifying AT&T at www.att.com or by calling the customer care number listed on my bill. Your enrollment could take 1-2 billing cycles for AutoPay to take effect. Continue to submit payment until page one of your invoice reflects that AutoPay has been scheduled.

Bank Account Holder Signature: _____

Date: _____

CITY OF MERCEDES
WATER DEPT.
C/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	5293	5425	132	72.24
SE SEWER			132	68.84
GA GARBAGE				40.50
FF FIRE FEE				3.50
BR BRUSH				4.50
TX SALES TAX				3.71

*Paid
EX 2026*

ACCOUNT STATUS	
ACTIVE	
ACCOUNT NUMBER	MET
09-0590-01	193.29
AFTER THIS DATE PAY ON	GROSS
07/06/2020	212.24
SERVICE FROM	SERVICE TO
05/05/2020	06/05/2020
SERVICE ADDRESS	
130 N. TEXAS	



Total amount due \$ **200.26**

Account A3806157

Invoice 550G4H0

To assist other Texans in paying their utility bills,
enter your donation and check the box. \$ ☐

Amount enclosed \$ ☐ If different from
"Total amount due"

Emma Adame
130 N TEXAS AVE
UNIT D
MERCEDES, TX 78570-2745

Please make payment to: Ambit Energy
P.O. Box 660462
Dallas, TX 75266-0462
Please include your account number on your check
or money order. Allow 5-7 days for processing.

Paid
6/16/20
Comp # 5390028

3806157 550G4H0 00020026 00021027 7

Please mail this portion with your payment. Make check payable to: Ambit Energy.
Keep this part for your records.



PUC License 10117

Customer Care: (877) 282-6248

Hours of Operation: Mon - Fri, 8 AM to 6 PM and
Sat 10 AM to 5 PM CT

To Report a power outage or emergency, please call:
AEP Central at (866) 223-8508

Important Messages

For billing inquiries, customer service or obtaining
variable price information on your next bill, please call
customer care or visit us at ambitenergy.com.

See page 2 for additional important messages.

Statement Date: 06/19/20

Due Date: 07/06/20

Customer Name: Emma Adame

Valued customer since: 04/26/13

Account Number: A3806157

Invoice Number: 550G4H0

Your Consultant: Bernice Rios

Account Summary

Previous balance	\$	158.82
Payments received -- Thank you!	\$	(158.82)
Applied to Previous Balance	\$	(158.82)
Balance forward	\$	0.00
Current Ambit Energy charges	\$	97.21
AEP Central Charges	\$	88.06
Taxes and other fees	\$	14.99
Current charges due by 07/06/20	\$	200.26
Total Amount Due	\$	200.26
Past balance due now	\$	0.00

Account Details

Usage (kWh) SERVICE ADDRESS: 130 Texas D Mercedes, TX 78570

ESIID: 1 of 1

ESID: 10032789453858731



Meter Number	Billing Days	Read Type	Previous Meter Read		Current Meter Read		Meter Multiplier	Estimated Usage (kWh)	Demand (kW/kVA)
			Date	Read	Date	Read			
113141993	32	N/A	05/15/20	0	06/16/20	5	1	N/A	5.00
113141993	32	Actual	05/15/20	91095	06/16/20	92621	1	1526.00	N/A

Current Plan: TSC - 12 month Term

Term End Date: 10/08/20

Current Charges

Ambit Energy Charges

Energy Charge (32 days, 1,526 kWh @ \$0.063700)	\$	97.21
Total Ambit Energy Charges	\$	97.21

The average price you paid for electric service this month is \$0.121 per kWh. See page 2 for more information about average price calculation



Trouble 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

EMMA ADAME
130 N TEXAS AVE
MERCEDES, TX 78570-2745

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

Do Not Pay			Page
			\$24.4
Will Be Drafted from Your Financial Institution			07-24
Account Number			910287744 1048522
Rate	MERC I/S RES		
Active Deposit	NONE	Statement Date	07-08

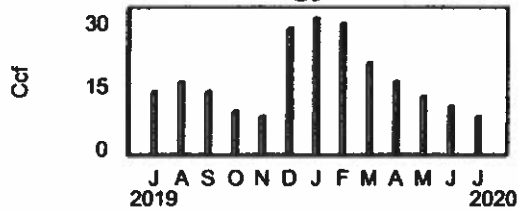
RATE SCHEDULE(S) AVAILABLE UPON REQUEST

Previous Balance	\$80.62	
Payments Received	80.62CR	
Balance Forward		\$0.0

Customer Charge	\$16.52	
Delivery Charge	3.66	
Cost Of Gas	1.58	
Pipeline Integrity (Ccf @ \$0.04128)	0.33	
Energy Efficiency Program	0.23	
City Franchise Fee	1.20	
Reimb for Gross Receipts Tax	0.47	
City Tax	0.48	
Current Charges		24.4

Total Amount Due \$24.4

Your Energy Use



Period	Days	Ccf
Current	30	8.000
Last Year	29	13.000

Meter or Station Number	Service Period From To	Number of Days	Meter Readings Previous Present	Constant	Ccf Billed	WNA/Ccf	Cost Gas/C
0212A37921	06-02-20 07-02-20	30	1520 1528	1.0000	8.000		0.197

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	910287744 1048522
Do Not Pay	\$24.4
Will Be Drafted	07-24

130 N TEXAS AVE
MERCEDES, TX 78570-2745

Handwritten signature: Daniel R10

3710 1 AV 0.386 *0003969 S1 YNNNNN 66
EMMA ADAME
134 N TEXAS AVE
MERCEDES TX 78570-2745

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



45 910287744104852218 000002447



Total amount due \$

173.67

Account A4704414

Invoice 551J1B7

To assist other Texans in paying their utility bills,
enter your donation and check the box. ☐

Amount enclosed \$

If different from
"Total amount due"Elsys Jewelry
134 N TEXAS AVE
MERCEDES, TX 78570-2745

Please make payment to:

Ambit Energy
P.O. Box 660462
Dallas, TX 75266-0462
Please include your account number on your check
or money order. Allow 5-7 days for processing.Paid w/ R.O.
7/6/20
com #

4704414

551J1B7

00017367

00018235

7



Please mail this portion with your payment. Make check payable to: Ambit Energy.

Keep this part for your records.



PUC License 10117

Customer Care: (877) 282-6248

Hours of Operation: Mon - Fri, 8 AM to 6 PM and
Sat 10 AM to 5 PM CTTo Report a power outage or emergency, please call:
AEP Central at (866) 223-8508**Important Messages**For billing inquiries, customer service or obtaining
variable price information on your next bill, please call
customer care or visit us at ambitenergy.com.

See page 2 for additional important messages.

Statement Date: 06/19/20

Due Date: 07/06/20

Customer Name: Elsys Jewelry

Valued customer since: 04/28/15

Account Number: A4704414

Invoice Number: 551J1B7

Your Consultant: Leodegario Neave

Account Summary

Previous balance	\$	149.76
Payments received - Thank you!	\$	(149.76)
Applied to Previous Balance	\$	(149.76)
Balance forward	\$	0.00
Current Ambit Energy charges	\$	80.65
AEP Central Charges	\$	80.20
Taxes and other fees	\$	12.82
Current charges due by 07/06/20	\$	173.67
Total Amount Due	\$	173.67
Past balance due now	\$	0.00

Account Details

ESID: 1 of 1

Usage (kWh) SERVICE ADDRESS 134 Texas MERCEDES, TX 78570-2745

ESID 10032789455878220



Meter Number	Billing Days	Read Type	Previous Meter Read		Current Meter Read		Meter Multiplier	Billed Usage (kWh)	Demand (kW/kVA)
			Date	Read	Date	Read			
137966638	32	N/A	05/15/20	0	06/15/20	4	1	N/A	4.00
137966638	32	Actual	05/15/20	48850	06/15/20	50231	1	1381.00	N/A

Current Plan: TSC - 24 month Term

Term End Date: 05/26/21

Current Charges**Ambit Energy Charges**

Energy Charge (32 days, 1,381 kWh @ \$0.058400)	\$	80.65
Total Ambit Energy Charges	\$	80.65

The average price you paid for electric service this
month is \$0.116 per kWh. See page 2 for more
information about average price calculation



Walgreens.com

Customer Service Department

Phone: 1-877-250-5823

Email: customercare@walgreens.com

Walgreens Order Number: 202654356947

Fulfilment Number: 73196507

Order Date: 07/23/2020

Shipping Method: Standard

Payment Type: PayPal

SHIP TO: Aurora Adame
134 North Texas Ave
Mercedes TX 78570

Qty Ordered	Qty Shipped	UPC	WIC	Product Description	Unit Price	Total
2	2	04902286063	913236	Nice! Disinfectant Linen Blossom 12.5 oz	\$4.99	9.98

This is not an invoice. Please do not pay.

Your order may arrive in multiple shipments. Sign in to your account at Walgreens.com to review your order details or call customer service at 877-250-5823.

Easy returns available in store. For return details, visit www.walgreens.com/returns.

Please note that we are required by law to charge shipping and taxes where applicable.

Reference Suborder ID: 77012812571101

Subtotal	9.98
Shipping Handling	5.99
Tax	1.32
Total	17.29

CORPORATE INFORMATION:

All products are sold to you by Walgreens.com, Inc.

WAG Order Number

202654356947

Fulfilment Number

73196507

Thank you for your order!

Carton ID: C081627748

Order Number





Walgreens.com

Customer Service Department

Phone: 1-877-250-5823

Email: customercare@walgreens.com

Walgreens Order Number: 202653784558

Fulfilment Number: 73190732

Order Date: 07/23/2020

Shipping Method: Standard

Payment Type: PayPal

SHIP TO: Aurora Adame
134 North Texas Ave
Mercedes TX 78570

Qty Ordered	Qty Shipped	UPC	WIC	Product Description	Unit Price
2	2	04902286063	913236	Nice! Disinfectant Linen Blossom 12.5 oz	\$4.99

This is not an invoice. Please do not pay.

Your order may arrive in multiple shipments. Sign in to your account at Walgreens.com to review your order details or call customer service at 877-250-5823.

Easy returns available in store. For return details, visit www.walgreens.com/returns.

Please note that we are required by law to charge shipping and taxes where applicable.

Reference Suborder ID: 77012806922102

CORPORATE INFORMATION:

All products are sold to you by Walgreens.com, Inc.

Order Number



WAG Order Number

202653784558



Fulfilment Number

73190732



Thank you for your order!

Carton ID: C081730385





Walgreens.com
Customer Service Department
Phone: 1-877-250-5823
Email: customercare@walgreens.com

Walgreens Order Number: 202654362028
Fulfilment Number: 73196558
Order Date: 07/23/2020
Shipping Method: Standard
Payment Type: PayPal

SHIP TO: Aurora Adame
134 North Texas Ave
Mercedes TX 78570

Qty Ordered	Qty Shipped	UPC	WIC	Product Description	Unit Price	Total
2	2	04902286063	913236	Nice! Disinfectant Linen Blossom 12.5 oz	\$4.99	9.98

This is not an invoice. Please do not pay.

Your order may arrive in multiple shipments. Sign in to your account at Walgreens.com to review your order details or call customer service at 877-250-5823.

Easy returns available in store. For return details, visit www.walgreens.com/returns.

Please note that we are required by law to charge shipping and taxes where applicable.

Reference Suborder ID: 77012812620101

Subtotal	9.98
Shipping Handling	5.99
Tax	1.32
Total	17.29

CORPORATE INFORMATION:

All products are sold to you by Walgreens.com, Inc.

Order Number



WAG Order Number

202654362028



Fulfilment Number

73196558



Thank you for your order!

Carton ID: C081643356





Walgreens.com

Customer Service Department

Phone: 1-877-250-5823

Email: customercare@walgreens.com

Walgreens Order Number: 202654345058

Fulfilment Number: 73196387

Order Date: 07/23/2020

Shipping Method: Standard

Payment Type: PayPal

SHIP TO: Aurora Adame
134 North Texas Ave
Mercedes TX 78570

Qty Ordered	Qty Shipped	UPC	WIC	Product Description	Unit Price	Total
2	2	04902286063	913236	Nice! Disinfectant Linen Blossom 12.5 oz	\$4.99	9.98

This is not an invoice. Please do not pay.

Your order may arrive in multiple shipments. Sign in to your account at Walgreens.com to review your order details or call customer service at 877-250-5823.

Easy returns available in store. For return details, visit www.walgreens.com/returns.

Please note that we are required by law to charge shipping and taxes where applicable.

Reference Suborder ID: 77012812460101

Subtotal	9.98
Shipping Handling	5.99
Tax	1.32
Total	17.29

CORPORATE INFORMATION:

All products are sold to you by Walgreens.com, Inc.

WAG Order Number

202654345058

Fulfilment Number

73196387

Thank you for your order!

Carton ID: C081643323

Order Number





Walgreens.com

Customer Service Department

Phone: 1-877-250-5823

Email: customercare@walgreens.com

Walgreens Order Number:202654335110

Fulfilment Number: 73196287

Order Date: 07/23/2020

Shipping Method: Standard

Payment Type: PayPal

SHIP TO: Aurora Adame
134 North Texas Ave
Mercedes TX 78570

Qty Ordered	Qty Shipped	UPC	WIC	Product Description	Unit Price	Total
2	2	04902286063	913236	Nice! Disinfectant Linen Blossom 12.5 oz	\$4.99	9.98

This is not an invoice. Please do not pay.

Your order may arrive in multiple shipments. Sign in to your account at Walgreens.com to review your order details or call customer service at 877-250-5823.

Easy returns available in store. For return details, visit www.walgreens.com/returns.

Please note that we are required by law to charge shipping and taxes where applicable.

Reference Suborder ID:77012812352101

Subtotal	9.98
Shipping Handling	5.99
Tax	1.32

Total 17.29

CORPORATE INFORMATION:

All products are sold to you by Walgreens.com, Inc.

Order Number



WAG Order Number

202654335110



Fulfilment Number

73196287



Thank you for your order!

Carton ID:C081643686





Walgreens.com
Customer Service Department
Phone: 1-877-250-5823
Email: customercare@walgreens.com

Walgreens Order Number: 202654352058
Fulfilment Number: 73196458
Order Date: 07/23/2020
Shipping Method: Standard
Payment Type: PayPal

SHIP TO: Aurora Adame
134 North Texas Ave
Mercedes TX 78570

Qty Ordered	Qty Shipped	UPC	WIC	Product Description	Unit Price	Total
2	2	04902286063	913236	Nice! Disinfectant Linen Blossom 12.5 oz	\$4.99	9.98

This is not an invoice. Please do not pay.

Your order may arrive in multiple shipments. Sign in to your account at Walgreens.com to review your order details or call customer service at 877-250-5823.

Easy returns available in store. For return details, visit www.walgreens.com/returns.

Please note that we are required by law to charge shipping and taxes where applicable.

Reference Suborder ID: 77012812528101

Subtotal	9.98
Shipping Handling	5.99
Tax	1.32
Total	17.29

CORPORATE INFORMATION:

All products are sold to you by Walgreens.com, Inc.

Order Number



WAG Order Number

202654352058



Fulfilment Number

73196458



Thank you for your order!

Carton ID: C081643174





Walgreens.com
Customer Service Department
Phone: 1-877-250-5823
Email: customercare@walgreens.com

Walgreens Order Number: 202654388586
Fulfilment Number: 73196824
Order Date: 07/23/2020
Shipping Method: Standard
Payment Type: PayPal

SHIP TO: Aurora Adame
134 North Texas Ave
Mercedes TX 78570

Qty Ordered	Qty Shipped	UPC	WIC	Product Description	Unit Price	Total
2	2	04902286063	913236	Nice! Disinfectant Linen Blossom 12.5 oz	\$4.99	9.98

This is not an invoice. Please do not pay.

Your order may arrive in multiple shipments. Sign in to your account at Walgreens.com to review your order details or call customer service at 877-250-5823.

Easy returns available in store. For return details, visit www.walgreens.com/returns.

Please note that we are required by law to charge shipping and taxes where applicable.

Reference Suborder ID: 77012812884101

Subtotal	9.98
Shipping Handling Tax	5.99 1.32
Total	17.29

CORPORATE INFORMATION:

All products are sold to you by Walgreens.com, Inc.

Order Number



WAG Order Number

202654388586



Fulfilment Number

73196824



Thank you for your order!

Carton ID: C081627637





Walgreens.com

Customer Service Department

Phone: 1-877-250-5823

Email: customercare@walgreens.com

Walgreens Order Number: 202653966962

Fulfilment Number: 73192570

Order Date: 07/23/2020

Shipping Method: Standard

Payment Type: PayPal

SHIP TO: Aurora Adame
134 North Texas Ave
Mercedes TX 78570

Qty Ordered	Qty Shipped	UPC	WIC	Product Description	Unit Price
1	1	04902291382	948052	Nice! Glass Cleaner 32 oz	\$3.49

This is not an invoice. Please do not pay.

Your order may arrive in multiple shipments. Sign in to your account at Walgreens.com to review your order details or call customer service at 877-250-5823.

Easy returns available in store. For return details, visit www.walgreens.com/returns.

Please note that we are required by law to charge shipping and taxes where applicable.

Reference Suborder ID: 77012808720102

CORPORATE INFORMATION:

All products are sold to you by Walgreens.com, Inc.

Order Number



WAG Order Number

202653966962



Fulfilment Number

73192570



Thank you for your order!

Carton ID: C074030793





Walgreens.com
Customer Service Department
Phone: 1-877-250-5823
Email: customercare@walgreens.com

Walgreens Order Number: 202653779989
Fulfilment Number: 73190686
Order Date: 07/23/2020
Shipping Method: Standard
Payment Type: PayPal

SHIP TO: Aurora Adame
134 North Texas Ave
Mercedes TX 78570

Qty Ordered	Qty Shipped	UPC	WIC	Product Description	Unit Price	Total
2	2	04902286063	913236	Nice! Disinfectant Linen Blossom 12.5 oz	\$4.99	9.98

This is not an invoice. Please do not pay.

Your order may arrive in multiple shipments. Sign in to your account at Walgreens.com to review your order details or call customer service at 877-250-5823.

Easy returns available in store. For return details, visit www.walgreens.com/returns.

Please note that we are required by law to charge shipping and taxes where applicable.

Reference Suborder ID: 77012806879101

Subtotal	9.98
Shipping Handling	5.99
Tax	1.32

Total	17.29
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CORPORATE INFORMATION:

All products are sold to you by Walgreens.com, Inc.

Order Number



WAG Order Number

202653779989



Fulfilment Number

73190686



Thank you for your order!

Carton ID: C081640188



Billing to:

Aurora Adame Ms
134 North Texas Ave
Mercedes, Texas, 78570
United States
T: 956-975-0004

Shipping to:

Aurora Adame Ms
134 North Texas Ave
Mercedes, Texas, 78570
United States
T: 956-975-0004

Item		Qty	Original Price	Discount	Price Paid
	Lysol Disinfectant Spray, Crisp Linen - 19 oz	Ordered: 4	\$6.49	(\$0.00)	\$25.96
	GNC Zinc Vegetarian Tablets, 50mg - 250 ct	Ordered: 1	\$7.49	(\$0.00)	\$7.49

Payment Method: PayPal Express Checkout

Subtotal: \$33.45

K dCents : \$0.00

Shipping & Handling: \$5.99

Tax: \$2.45

Grand Total: \$41.89

At Rite Aid, we strive to provide our customers with the best possible online shopping experience. Because, *With Us, It's Personal.*

Thank you for shopping with us.

The Rite Aid Online Store Team


If you have any questions or concerns regarding the contents, or shipping status of your order [104000854](#), please contact Rite Aid's Customer Care team at riteaid@email.riteaid.com or by telephone at 1-800-748-3243 during regular business hours, Monday - Friday, 8am - 8pm or Saturday, 9:30am - 6pm EST.

Billing to:

Aurora Adame Ms
134 North Texas Ave
Mercedes, Texas, 78570
United States
T: 956-975-0004

Shipping to:

Aurora Adame Ms
134 North Texas Ave
Mercedes, Texas, 78570
United States
T: 956-975-0004

Item		Qty	Original Price	Discount	Price Paid
	Lysol Disinfectant Spray, Crisp Linen - 19 oz	Ordered: 4	\$6.49	(\$0.00)	\$25.96

Payment Method: PayPal Express Checkout

Subtotal: \$25.96

K dCents : \$0.00

Shipping & Handling: \$5.99

Tax: \$2.56

Grand Total: \$34.51

At Rite Aid, we strive to provide our customers with the best possible online shopping experience. Because, *With Us, It's Personal.*

Thank you for shopping with us.

The Rite Aid Online Store Team

If you have any questions or concerns regarding the contents, or shipping status of your order [104000515](#), please contact Rite Aid's Customer Care team at riteaid@email.riteaid.com or by telephone at 1-800-748-3243 during regular business hours, Monday - Friday, 8am - 8pm or Saturday, 9:30am - 6pm EST.

Wellness+ rewards card required to redeem offers. Receive the sale price or percentage off of the regular price for each eligible item, whichever is lower. For offers that apply to your "Next Purchase," you will receive the sale price or percentage off of regular price for each eligible item purchased during your next purchase. BonusCash rewards will be awarded when you purchase eligible promoted items. wellness+ BonusCash rewards will be loaded automatically to wellness+ card only for use in-store or at riteaid.com, beginning at 6AM on the day after issuance. BonusCash for online purchases will be issued after the entire order has shipped. BonusCash will expire 60 days from the date it was first issued.



U.S. Small Business Administration

NOTE

SBA Loan #	14594674-04
SBA Loan Name	Adame Enterprises Inc DBA Elsys Jewelry
Date	05/05/2020
Loan Amount	\$ 7,000.00
Interest Rate	1.00%
Borrower	Adame Enterprises Inc DBA Elsys Jewelry
Operating Company	
Lender	Rio Bank

1. PROMISE TO PAY:

In return for the Loan, Borrower promises to pay to the order of Lender the amount of
seven thousand Dollars,
interest on the unpaid principal balance, and all other amounts required by this Note.

2. DEFINITIONS:

"Collateral" means any property taken as security for payment of this Note or any guarantee of this Note.

"Guarantor" means each person or entity that signs a guarantee of payment of this Note.

"Loan" means the loan evidenced by this Note.

"Loan Documents" means the documents related to this loan signed by Borrower, any Guarantor, or anyone who pledges collateral.

"SBA" means the Small Business Administration, an Agency of the United States of America.

11. Discussion and Action: Mercedes Small Business Recovery Grant – Mario Dominguez

Memo

To: DCM Board of Directors
From: Melissa Ramirez, Executive Director
CC: File
Date: 8/14/2020
Re: Mercedes Small Business Recovery Grant

Recommendation:

1. Marisa de Leon: Approve \$5K
2. Raquel Pina: Approve \$4910
3. Martha Adame: Approve \$3000
4. Mario Dominguez: Deny- No Certificate of Occupancy
5. Mario Dominguez, Jr. : Approve \$5K
6. Alejandrina Telles: Approve \$5K
7. Elida Rizo: Approve \$5K
8. Chris Desiga: Approve \$5K
9. Guadalupe Cano: Deny- No Certificate of Occupancy
10. Jaime Perez: Approve \$5K
11. Jesse Ledesma: Deny- No Certificate of Occupancy
12. Fidel Bonilla: Approve \$5K

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: MARIO B. DOMÍNGUEZ
Name of Business: MAR-SAN GROUP LLC (20-1872244) E.I.N.
Business Type: PROPERTY MANAGEMENT
Address of Business: 324 S. TEXAS ST.
Email Address: MARIO.DOMINGUEZ.5170@GMAIL.COM Phone Number: 954-650-0554

BUSINESS OWNERSHIP

Tax ID #: 20-1872244
3205466991 MBD.
Entity Name: MAR-SAN GROUP LLC
Name of business owner (if different from above): N/A
Number of years in business: 16 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.

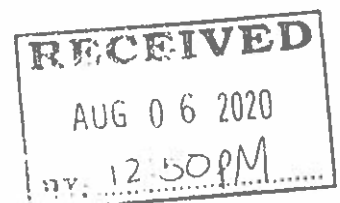
PERSONNEL

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

Full-time Employees #: 1 (Part-time # employees: 0)

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. \$ 400⁰⁰
- ☐ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ _____
- ☒ Employee support (salaries, insurance, paid leave) \$ 3200⁰⁰
- ☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 800⁰⁰
- ☐ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ _____
- ☒ Purchase of COVID-19 supplies for business protection/cleaning. \$ 100⁰⁰
- Total Amount \$ 4,700⁰⁰

Total Grant amount requested from Mercedes DCM: \$ 4,700⁰⁰

(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: LOWE STAR NATIONAL BANK
Name of your Bank Officer: MARGARITA HINCHOSA
Have you met with your financial institution (bank) about financial assistance? Yes ☒ No _____

If no, why not?

NOT DOING SMALL LOANS

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

N/A Paycheck Protection Program (PPP)
N/A Economic Injury Disaster Loan (EIDL)

Requested amount: _____
Requested amount: N/A

*Provide proof of application provided via attachment.

If not, why not?

PROGRAM EXHAUSTED
RAN OUT OF FUNDS

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.**

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

MBD 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.)

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

MBD 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.

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

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

MBD 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 MAR-SAN GROUP, LLC

Written: MARIO B. DOMINGUEZ
Legal Representative

PRES.
Title

Signed: Mario B. [Signature]
Legal Representative

PRES.
Title

Signed as Individual: Mario B. [Signature]

Date 08/04/2020

**Request for Taxpayer
Identification Number and Certification**

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

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

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

2 Business name/disregarded entity name, if different from above
MAA-SAN GROUP LLC

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) ► **C**

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.
546 HIDALGO ST.

6 City, state, and ZIP code
MERCEDES TX. 78570

7 List account number(s) here (optional)

Requester's name and address (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

20-1872244

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 ► **Mario B. Dominguez**

Date ► **08/06/2020**

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-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.

Texas

USA
TX

DRIVER LICENSE



M. Barrera

DL 06225301 9 Class C
Iss 08/02/2017 4b Exp 08/15/2021
DOB 08/15/1951
DOMINGUEZ
MARIO BARRERA
1350 RIO RICO RD
MERCEDES TX 78570-0000
12 Restrictions NONE 9a End NONE
16 Hgt 5'-06" 15 Sex M 18 Eyes BRO
6 DD 00310780186012468630



63220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

10987

BAL
BROT
FORD

DATE

02/08/19

TO

- CASH -

DEPOSITS



FOR

TOTAL

THIS
CHECK1000⁰⁰

OTHER

TAX
DEDUCTIBLE

BALANCE

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

11026

BAL
BROT
FORD

DATE

03/24/19

TO

OUR LADY
OF MERCY

DEPOSITS



FOR

TOTAL

THIS
CHECK250⁰⁰

OTHER

TAX
DEDUCTIBLE

BALANCE

63220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

10988

BAL
BROT
FORD

DATE

02/08/19

TO

MAR-SAN GROUP LLC

DEPOSITS



FOR

JAN & FEB

RENT

AGENT'S OFF

TOTAL

THIS
CHECK1000⁰⁰

OTHER

TAX
DEDUCTIBLE

BALANCE

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

11027

BAL
BROT
FORD

DATE

03/25/19

TO

LONE STAR
NAT. BK

DEPOSITS



FOR

TOTAL

THIS
CHECK

94328

1697.5

OTHER

TAX
DEDUCTIBLE

BALANCE

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

10989

BAL
BROT
FORD

DATE

02/11/19

TO

QUICKSERV

DEPOSITS



FOR

DRIVE THRU
WINDOW

TOTAL

THIS
CHECK

2143.35

OTHER

TAX
DEDUCTIBLE

BALANCE

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

11028

BAL
BROT
FORD

DATE

03/25/19

TO

MAR-SAN GROUP
RENT @ 224 S. TEX.

DEPOSITS



FOR

MARCH & APRIL
RENT

TOTAL

THIS
CHECK

1200

OTHER

TAX
DEDUCTIBLE

BALANCE



P.O. Box 2678 McAllen, Texas 78502 Member FDIC

FOR INFORMATION CALL
956-668-3001 OR 1-800-513-7678

STATEMENT ISSUED
02-28-2019

00000661-TDFRST02003900067232-LETTER01 10Z-000000 REG

Page 1 of 6



MARIO B DOMINGUEZ
DBA STATE FARM INSURANCE CO
131 N TEXAS AVE
MERCEDES TX 78570

2

Reduce your cash-handling risk and improve funds
availability with a secure cash vault at your business.
Call a representative about Safe Point at (888)481-0336.

ALYZED CHECKING : ACCOUNT NO. 80 0352144

DEPOSITS			WITHDRAWALS					
DATE	CHECK	AMOUNT	DATE	CHECK	AMOUNT	DATE	CHECK	AMOUNT
2-01	10961 #	200.00	02-08	10976 #	1,363.92	02-13	10989 #	2,143.35
2-06	10962 #	250.00	02-11	10977 #	2,262.87	02-15	10990 #	1,100.00
2-01	10963 #	1,200.00	02-13	10978 #	450.00	02-20	10991 #	400.00
2-04	10964 #	2,650.18	02-14	10979 #	663.44	02-26	10992 #	725.30
2-04	10965 #	88.31	02-11	10980 #	350.00	02-22	10993 #	150.00
2-04	10966 #	332.60	02-12	10981 #	135.00	02-25	10994 #	277.64
2-05	10967 #	19,407.00	02-08	10982 #	1,479.00	02-20	10995 #	800.00
2-04	10969 #	1,500.00	02-06	10983 #	1,896.26	02-21	10996 #	1,000.00
2-06	10970 #	500.00	02-11	10984 #	755.16	02-25	10998 #	500.00
2-11	10971 #	1,450.59	02-06	10985 #	1,894.10	02-28	10999 #	117.65
2-07	10972 #	413.30	02-08	10986 #	800.00	02-28	11000 #	84.15
2-11	10973 #	120.00	02-08	10987 #	1,000.00	02-26	11005 #	250.00
2-06	10974 #	3,100.00	02-08	10988 #	1,000.00	02-28	11006 #	98.29
2-07	10975 #	6,000.00						

1 BREAK IN CHECK NUMBER SEQUENCE
RECEIVED ELECTRONICALLY AS AN IMAGE OF THE ORIGINAL CHECK



P.O. Box 2678 Mcallen, Texas 78502 Member FDIC

FOR INFORMATION CALL
956-668-3001 OR 1-800-513-7678

STATEMENT ISSUED
03-29-2019

00000646-TDFRST02003900009581-LETTER01 10Z-010000 REG

2

Page 1 of 5



MARIO B DOMINGUEZ
DBA STATE FARM INSURANCE CO
131 N TEXAS AVE
MERCEDDES TX 78570

1

Reduce your cash-handling risk and improve funds
availability with a secure cash vault at your business.
Call a representative about Safe Point at (888)481-0336.

			CHECKS PAID					
DATE	CHECK	AMOUNT	DATE	CHECK	AMOUNT	DATE	CHECK	AMOUNT
3-01	10997 #	5,700.00	03-18	11012 #	400.00	03-27	11022 #	200.00
03-01	11001 * #	265.00	03-19	11013 #	725.30	03-27	11023 #	1,787.83
03-06	11002 #	1,995.23	03-18	11014 #	40.00	03-26	11024 #	813.00
03-05	11003 #	300.00	03-13	11015 #	1,794.10	03-29	11026 * #	250.00
03-05	11004 #	725.29	03-12	11016 #	1,896.26	03-26	11027 #	1,697.78
03-01	11007 * #	411.18	03-13	11017 #	2,500.00	03-26	11028 #	1,200.00
03-18	11008 #	2,826.95	03-15	11018 #	533.14	03-25	11029 #	596.73
03-07	11009 #	1,800.00	03-19	11019 #	500.00	03-28	11030 #	135.12
03-14	11010 #	274.75	03-26	11020 #	208.96	03-28	11033 * #	82.17
03-18	11011 #	500.00	03-21	11021 #	300.00	03-29	11035 * #	11,396.26

A BREAK IN CHECK NUMBER SEQUENCE
RECEIVED ELECTRONICALLY AS AN IMAGE OF THE ORIGINAL CHECK

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

11137

BAL.
BROT
FORD

DATE

09/04/19

TO

MAR-SAN
GROUP LLC

FOR

RENT @ 226 S. T.
JULY, AUG, SEPT, ~~SEPT~~

TOTAL

THIS
CHECK

OTHER

TAX
DEDUCTIBLE

BALANCE

DEPOSITS

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

11107

BAL.
BROT
FORD

DATE

07/15/19

TO

UNITED STATES
TREASURY

FOR

BACK
TAXES
KANSAS CITY
64999-0150

TOTAL

THIS
CHECK

OTHER

TAX
DEDUCTIBLE

BALANCE

DEPOSITS

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

11138

BAL.
BROT
FORD

DATE

09/04/19

TO

= CASH =

FOR

TOTAL

THIS
CHECK

OTHER

TAX
DEDUCTIBLE

BALANCE

DEPOSITS

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

11108

BAL.
BROT
FORD

DATE

07/18/19

TO

= CASH =

FOR

TOTAL

THIS
CHECK

OTHER

TAX
DEDUCTIBLE

BALANCE

DEPOSITS

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

11139

BAL.
BROT
FORD

DATE

11/25/19

TO

= CASH =

FOR

TOTAL

THIS
CHECK

OTHER

TAX
DEDUCTIBLE

BALANCE

DEPOSITS

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

11109

BAL.
BROT
FORD

DATE

07/18/19

TO

MAR-SAN GROUP LLC

FOR

RENT @
OCT. 224 S. T.

TOTAL

THIS
CHECK

OTHER

TAX
DEDUCTIBLE

BALANCE

DEPOSITS

E35887 SIKOKOS 02/21/2018 19:45 -33-

F35887 SIKOKOS 02/21/2018 19:45 -33-



P.O. Box 2678 McAllen, Texas 78502 Member FDIC

FOR INFORMATION CALL
956-668-3001 OR 1-800-513-7678

STATEMENT ISSUED
09-30-2019

00000582-TDFRST02003900049041-LETTER01_10Z-100000 REG

1

Page 1 of 4



MARIO B DOMINGUEZ
DBA STATE FARM INSURANCE CO
1350 RIO RICO RD
MERCEDES TX 78570

0

Interested in accepting in-store, online or mobile credit
and debit card payments? Frost Merchant Services can help.
Contact Customer Service at (888) 481-0336 to get started.

*****CHECKING ACCOUNT NO 80 0352146*****

CHECKS PAID							
DATE	CHECK	AMOUNT	DATE	CHECK	AMOUNT	DATE	CHECK
09-09	11131 *	1,450.59	09-05	11137 *	2,000.00	09-17	11143 *
09-06	11133 *	281.41	09-05	11138 *	300.00	09-30	11149 *
09-03	11135 *	544.15	09-20	11141 *	2,277.15	09-20	11201 *
09-04	11136 *	1,500.00					

A BREAK IN CHECK NUMBER SEQUENCE
RECEIVED ELECTRONICALLY AS AN IMAGE OF THE ORIGINAL CHECK

OTHER WITHDRAWALS/DEBITS

DATE	AMOUNT	TRANSACTION	DESCRIPTION
09-03	516.96	ELECTRONIC DEBIT	SPRINT8006396111 ACHBILLPAY 150728813
09-11	0.00	INTERNET CHK COPY REQ	
09-11	0.00	INTERNET CHK COPY REQ	



.....

11194

BAL
BROT
FORD

DATE

12/16/19

TO

STATE FARM
F.C.U.

DEPOSITS

FOR

150-1036.70

TOTAL

191-613.89

THIS
CHECK

1650.59

OTHER

TAX
DEDUCTIBLE

1650.59

BALANCE

11195

BAL
BROT
FORD

DATE

12/18/19

TO

BBVA

DEPOSITS

FOR

021-31097359

THIS
CHECK

1396.26

OTHER

TAX
DEDUCTIBLE

BALANCE

11196

BAL
BROT
FORD

DATE

12/18/19

TO

FAAR-SAN GROUP

DEPOSITS

FOR

RENT

TOTAL

NOV. @ 226 S. TEXAS

THIS
CHECK

750.00

OTHER

TAX
DEDUCTIBLE

BALANCE

53220HS Delmar 1-800-328-0304 or www.delmar.com/shop

2732

BAL
BROT
FORD

DATE

11/03/19

TO

CASH

DEPOSITS



FOR

TOTAL

THIS
CHECK

1000.00

OTHER

TAX
DEDUCTIBLE

BALANCE

53220HS Delmar 1-800-328-0304 or www.delmar.com/shop

2733

BAL
BROT
FORD

DATE

10/31/19

TO

SANTANA M.
DOMINGUEZ

DEPOSITS



FOR

TOTAL

THIS
CHECK

1600.00

OTHER

TAX
DEDUCTIBLE

BALANCE

53220HS Delmar 1-800-328-0304 or www.delmar.com/shop

2734

BAL
BROT
FORD

DATE

11/05/19

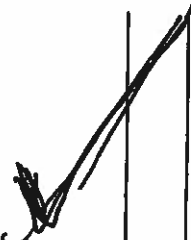
TO

~~WILD VALLEY~~

FOR

~~A. S. H. M. T. A.~~
H. B. C. SUPPLY
ROOF BOXES

DEPOSITS



TOTAL

828.93

THIS
CHECK

~~828.93~~

OTHER

TAX
DEDUCTIBLE

BALANCE

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

2741

BAL.
BROT
FORD

DATE

11/13/19

TO

~~Mid-Valley Steel~~
MID-VALLEY
STEEL MEAT

FOR

(4) METAL BOXES

FOR EXHAUST

FAN @ T.S.O.

TAX
DEDUCTIBLE

TOTAL

THIS
CHECK

OTHER

BALANCE

581

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

2742

BAL.
BROT
FORD

DATE

11-16-19

TO

TEJANO BRICK

9024 - CASH 400.00

9032 - BLOCKS 173.28

9031 - MCCOY'S

9030 - BLOCKS

9029 - CASH

9026 - MCCOY'S

9

TAX
DEDUCTIBLE

DEPOSITS

TOTAL

THIS
CHECK

OTHER

BALANCE

3,671.14

173.28

1983.38

59.54

16.00

147.03

105.03

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

2743

BAL.
BROT
FORD

DATE

11/22/19

TO

SANTANA M
DOMINIQUE

FOR

TOTAL

THIS
CHECK

OTHER

BALANCE

1600.00



Lone Star National Bank

P.O. Box 1127 • Pharr, Texas 78577-1127
www.lonestarnationalbank.com



Customer Service (956) 984-2440
Toll-Free Customer Service (800) 580-0322
24-Hour Phone Banking (956) 984-2444
Lost or Stolen Debit Card (800) 580-0322

Date 11/29/19 Page 1
Primary Account XXXXXXXXXXXX0202
Enclosures

MAR SAN GROUP LLC
1350 RIO RICO RD
MERCEDES TX 78570

The LSNB Card Manager functions are now available within your LSNB Mobile app. One app with all of the banking features you need at your fingertips to help you monitor your daily account activity. Enroll now to enjoy the features!

CHECKING ACCOUNTS

Debits and Other Withdrawals

Date	Description	Amount
11/06	ACH PMT AMEX EPAYMENT PPD 0005000008	1,604.00-
11/29	Paper Statement Fee	3.00-
11/29	Service Charge	10.00-

--- CHECKS IN NUMBER ORDER ---

Date	Check No	Amount	Date	Check No	Amount
11/04	1	173.28	11/13	2739	82.77
11/04	2729*	130.35	11/13	2740	870.00
11/06	2730	550.00	11/15	2741	581.00
11/05	2731	211.95	11/19	2742	3,671.14
11/04	2732	1,000.00	11/27	2743 ✓	1,600.00
11/06	2733 ✓	1,600.00	11/26	2744	700.00
11/07	2734	828.93	11/29	2750*	400.00
11/07	2735	384.99	11/15	9024*	400.00
11/15	2736	493.10	11/25	9027*	192.67
11/13	2737	1,262.64	11/29	9028	135.90
11/08	2738	984.00	11/01	9031*	1,983.38

* Denotes missing check numbers

12. Discussion and Action: Mercedes Small Business Recovery Grant – Mario Dominguez Jr.

Memo

To: DCM Board of Directors
From: Melissa Ramirez, Executive Director
CC: File
Date: 8/14/2020
Re: Mercedes Small Business Recovery Grant

Recommendation:

1. Marisa de Leon: Approve \$5K
2. Raquel Pina: Approve \$4910
3. Martha Adame: Approve \$3000
4. Mario Dominguez: Deny- No Certificate of Occupancy
5. Mario Dominguez, Jr. : Approve \$5K
6. Alejandrina Telles: Approve \$5K
7. Elida Rizo: Approve \$5K
8. Chris Desiga: Approve \$5K
9. Guadalupe Cano: Deny- No Certificate of Occupany
10. Jaime Perez: Approve \$5K
11. Jesse Ledesma: Deny- No Certificate of Occupancy
12. Fidel Bonilla: Approve \$5K

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: MARIO DOMINGUEZ JR.
Name of Business: THE SMOKING CAK
Business Type: RESTAURANT
Address of Business: 546 HEDALGO ST.
Email Address: THE SMOKING CAKE @ GMAIL.COM Phone Number: 956-650-1363

BUSINESS OWNERSHIP

Tax ID #: 46-3089493
Entity Name: SMOKING CAK LLC
Name of business owner (if different from above):
Number of years in business: 5

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.

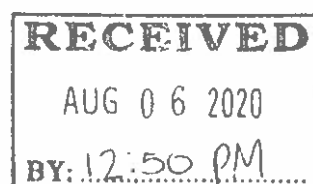
PERSONNEL

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

Full-time Employees #: 9 (Part-time # employees:)

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. \$ 3,000
- ☐ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ _____
- ☒ Employee support (salaries, insurance, paid leave) \$ 2,500
- ☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 1,500
- ☐ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ _____
- ☒ Purchase of COVID-19 supplies for business protection/cleaning. \$ 1,500
- Total Amount \$ 8,500

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: TEXAS 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?

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

☒ Paycheck Protection Program (PPP)

Requested amount: \$20,000

☒ Economic Injury Disaster Loan (EIDL)

Requested amount: DETERMINED BY SBA

**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.**

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

MI ☒ 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.)

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

MI ☒ 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.

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

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

MI ☒ 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 SMOKING OAK LLC.

Written: MARTO DOMINGUEZ JR.
Legal Representative

PRESIDENT
Title

Signed: [Signature]
Legal Representative

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. SMOKING OAK LLC.	
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 type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) P Notes: 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) _____ (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions. 540 HIDALGO ST.	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	
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
or	
Employer identification number	
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>

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 for Part II, later.

Sign Here	Signature of U.S. person ▶ 	Date ▶ 8/6/2020
-----------	--	------------------------

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.

Texas

USA
TX

DRIVER LICENSE



4a DL 07052622 1 Class CM
4a Iss 03/13/2018 4b Exp 07/17/2020
3 DOB 07/17/1976
1 DOMINGUEZ
2 MARIO JR
5 1350 RIO RICO RD
MERCEDES TX 78570-0000
12 Restrictions A 16 Hgt 5'-08" 15 Sex M 18 Eyes BRO
5 DD 14310860133143488720



18 End NONE
18 Eyes BRO





Current Date: August 11, 2020

Account Number: 150001378
Capture Date: July 06, 2020
Item Number: 5250003472781
Posted Date: July 06, 2020
Posted Item Number: 188000716
Amount: 1,750.00
Record Type: Debit

SMOKING OAK, LLC
546 HIDALGO ST
MERCEDES TX 78570-2626

3276

THE SMOKING OAK
546 HIDALGO ST.
MERCEDES, TEXAS 78570
(956) 565-2246

PAY TO THE ORDER OF MAR-SAN GROUP DATE 7/1/2020 \$ 1,750.00

One Thousand Seven Hundred Fifty No - DOLLARS

FOR LA PINCHE RENTA

1-800-482-1882
www.texasnationalbank.com

003276 114920128 150001378

>114911687<20200703
LONE STAR NATIONAL BANK
2804 30

SNB T C114911687 2804 30 07/03/20

FOR DEPOSIT
MAR-SAN GROUP, LLC
1/7/2020



Current Date: August 11, 2020

Account Number: 150001378
Capture Date: August 05, 2020
Item Number: 5250003510739
Posted Date: August 05, 2020
Posted Item Number: 218000188
Amount: 1,750.00
Record Type: Debit

SMOKING OAK, LLC
546 HIDALGO ST
MERCEDES TX 78570-2626

3297

THE SMOKING OAK
546 HIDALGO ST.
MERCEDES, TEXAS 78570
(958) 565-2246

PAY TO THE ORDER OF MAR-SAN GROUP, LLC \$ 1750.00

One Thousand Seven Hundred Fifty 00/100 DOLLARS

FOR RENT

DATE 08/03/2020

1-800-883-1002
www.texasnational.com

003297 114920128 150001378

>114911687< 20200804
LONE STAR NATIONAL BANK
2803 19

For Deposit
MAR-SAN GROUP, LLC
1750.00
08/03/2020

THE SMOKING OAK
546 HIDALGO ST.
MERCEDES, TEXAS 78570
(956) 565-2246

3297

DATE 08/03/2020 08-2012/1149

PAY TO THE ORDER OF MAR-SAN GROUP, LLC \$ 1750⁰⁰

One Thousand Seven Hundred Fifty 10/100 DOLLARS

FOR RENT Maria B. [Signature]

003297 0114920128 150001378

- BI-MONTHLY PAYMENT -

CITY OF MERCEDES
WATER DEPT
P.O. DRAWER 937
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		
CREDIT				118.06-
WA	8219	8297	78	53.50
SE			78	60.40
GA				218.00
FF				3.50
BR				4.50
TX				18.36

ACCOUNT STATUS	
ACTIVE	
ACCOUNT NUMBER	NET
09-0696-00	240.22
AFTER THIS DATE PAY GROSS	GROSS
08/05/2020	263.02
SERVICE FROM	SERVICE TO
06/05/2020	07/05/2020
SERVICE ADDRESS	
546 HIDALGO ST	



M Dominguez <thesmokingoak@gmail.com>

Update about your Economic Injury Disaster Loan application submitted to the U.S. Small Business Administration

1 message

Small Business Administration <news@updates.sba.gov>
Reply-To: news@updates.sba.gov
To: thesmokingoak@gmail.com

Mon, Mar 30, 2020 at 8:16 PM



U.S. Small Business
Administration

We know you are facing challenging times in this current health crisis. The U.S. Small Business Administration is committed to help bring relief to small businesses and nonprofit organizations suffering because of the Coronavirus (COVID-19) pandemic.

On March 27, 2020, President Trump signed into law the CARES Act, which provided additional assistance for small business owners and non-profits, including the opportunity to get up to a **\$10,000 Advance on an Economic Injury Disaster Loan (EIDL)**. This **Advance** may be available even if your **EIDL** application was declined or is still pending, and will be forgiven.

If you wish to apply for the Advance on your EIDL, please visit www.SBA.gov/Disaster as soon as possible to fill out a new, streamlined application. In order to qualify for the Advance, you need to submit this new application even if you previously submitted an EIDL application. Applying for the Advance will not impact the status or slow your existing application.

Also, we encourage you to subscribe to our email updates via www.SBA.gov/Updates and follow us on Twitter at [@SBAgov](https://twitter.com/SBAgov) for the latest news on available SBA resources and services. If you need additional assistance, you can find your local SBA office and resource partners at www.SBA.gov/LocalAssistance. If you have questions, you may also call 1-800-659-2955.

U.S. Small Business Administration