

# CITY OF LEXINGTON APPLICATION FOR CDBG REUSE LOAN FUND

(Please complete all information)

**Business (Borrower) Information:**

Name of Business requesting assistance: CITY OF LEXINGTON Federal ID# 47-6006255  
Address: 406 E. 7<sup>th</sup> Street ; Lexington , NE , 68850  
(City) (State) (Zip)  
Contact Person: Joe Peppelitsch Telephone No. 308-324-2341 Cell No. N/A  
Fax No. 308-324-4590 Email Address: jpepp@cityoflex.com

Business Classification:  Manufacturing  Service  Retail  
 Administrative Management Headquarters  Warehousing and Distribution  
 Research and Development  Other

Business Organization:  Proprietorship  Corporation  Partnership  
 Other (Explain) LOCAL GOVERNMENT

Does the Company have a Parent or Subsidiaries?  Yes  No

If Yes, please identify by Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Business Status:  Start-up (0-5 yrs old)  Acquisition  
 Existing (Years in business) N/A

**Ownership:** List all officers, directors, partners, owner(s), co-owners and/or stockholders. Under Minority Code, enter "1" if person identified is female, "2" if minority, or "3" if person is disabled.

<u>Name</u>	<u>Title</u>	<u>Ownership Percent</u>	<u>Minority Code</u>
<u>N/A</u>			

(if there are more than space allows, please list on back of application)

**Personnel:** (Full-time equivalent, based on 2,080 hrs per year)

Existing Number of Full-Time Positions: N/A

Full-Time Positions to be created within 18 months of Application Approval: \_\_\_\_\_

If applicable, number of seasonal full-time jobs created:  
(i.e. Jobs which will be available for at least 3 continuous months and recur annually) \_\_\_\_\_

**Project Information:**

<u>USES OF FUNDS</u>	<u>TOTAL PROJECT COST</u>	<u>LEXINGTON FUNDS REQUESTED</u>
Land Acquisition	_____	_____
Building Acquisition	_____	_____
New Facility Construction	_____	_____
Acquisition of Machinery/Equip.	_____	_____
Acquisition of Furniture/Fixtures	_____	_____
Working Capital (includes inventory)	_____	_____
Other (specify) <i>in infrastructure, - water - sewer - paving</i>	<u>\$ 190,000</u>	<u>\$ 190,000</u>
<b>TOTAL:</b>	<u>\$ 190,000</u>	<u>\$ 190,000</u>

**Sources of Funds:**

Note: Public sources of financing require the participation of a Bank and/or injection of equity (non-debt) funds.

Participating Lender Information:

Name of Lending Institution: N/A

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

Loan Amount: \$ \_\_\_\_\_ Loan Term (Yrs) \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ (percent) \_\_\_\_\_ Variable \_\_\_\_\_ Fixed

Collateral Required: \_\_\_\_\_ Equity Required: \_\_\_\_\_

Equity Information:

Amount available by business or owners for Investment: \$ N/A

Project Location:

Within Lexington City Limits  Outside of City Limits, but within Zoning Jurisdiction \_\_\_\_\_

Personal Financial Statement: Complete and attach Personal Financial Statement for each person.

The above information is accurate to the best of my knowledge and belief. The above information is provided to help you evaluate the feasibility of obtaining public financial assistance. I further authorize release of personal and business credit information to the City of Lexington.

Signature: City of Lexington By: J. Ryzate Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: 4-2-12  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH THE FOLLOWING:**

- Brief description of business/history and the proposed project.
- 3-yr historical balance sheets and operating statements. Statements should be less than 90 days old. For start-up, provide projected year-end statements for first two years of operation.

N/A Personal Financial Statement (noted above) for each person.

List of current obligations for existing business.

For new business and existing business expanding into new product line, include business plan.