

## **ECONOMIC DEVELOPMENT PROGRAM FUND APPLICATION**

(Please complete all information)

Name of Business reques	sting assistance: City	OF LEWINGTON	Federal ID#		
Address: <u>406 E 7</u>	ts ;	Lexington	, NE	, 68850	
-		(City)	(State)	(Zip)	
Contact Person: Joe	Pepplotsch	Telephone No. 308	3-324-234/Ce	ell No	
Name of Business reques  Address: 406 E 7  Contact Person: Joe  Fax No.	Email Addr	ress: _jpopp@	cityoflex.c	om	
	Manufact ative Management Headqu nd Development	parters	Warehousing a	Retail and Distribution Gout., Economic	Develop ment
Business Organization:	Proprietorship Other (Explain)	Corporation	Partne	ership	
Does the Company have If Yes, please id	a Parent or Subsidiaries? lentify by Name: Address: City, State, Zip:				
Business Status:	Start-up (0-5 yrs o Existing (Years in	ld)Acqui	sition		
Ownership: List all offi Enter "1" if person identi	cers, directors, partners, of fied is female, "2" if mine	owner(s), co-owners and ority, or "3" if person is	/or stockholders. disabled.	Under Minority Code,	
Name	Title	Ownership Percent		Minority Code	
	there are more than space				
Personnel: (Full-time ed	quivalent, based on 2,080	hrs per year)		(40)	
If applicable, number of	Time Positions: c created within 18 month seasonal full-time jobs cre vailable for at least 3 cont	eated:	U 107 M		



## **Project Information:**

	Uses of Funds	Total Project Funds		Lexington Funds Requested		
Buildi New I Acqui Acqui Worki	Acquisition ng Acquisition Facility Construction sition of Machinery/Equip. sition of Furniture/Fixtures ng Capital (includes inventory) (Specify)	# 200,000		4 200,000		
	TOTAL:	\$ 200,000		\$ 200,000		
Sourc	es of Funds:			PORTY FOR E.D. USE. STACE L BE RETURNED TO PROGRAM ection of equity (non-debt) funds.	PROCEEDS	
<u>Partici</u> Name	of Lending Institution:	la		चः 		
	ss:					
	ct Person:					
Loan A	Amount: \$ Interest Rage:	(percent) Loan Ter	m (Yrs)	Fixed		
Collate	eral Required:	Equity R	equired			
	Information: nt available by business or owners for	or Investment: \$				
	t Location:			E V DV SV		
Withir	Lexington City Limits X Outsid	e of City Limits, but within Z	oning J	urisdiction		
Person	nal Financial Statement: Complete a	nd attach Personal Financial S	Stateme	nt for each person.		
The A	pplicant hereby certifies the follow	ving to the Agency pursuant	to Neb	raska State Statute 18-2119(3)(a):		
	Have you filed or intend to file an application with the Department of Revenue to receive tax incentives under the Nebraska Advantage Act for this project?					
b)	If so, does the application include (or will include) as one of the tax incentives, a refund of the city's local option sales tax revenue?					
c)	Has such application, if any, been approved under the Nebraska Advantage Act?					



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:	o pop tite	Date: 2/16/17
Signature:	001	Date:
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.

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.