

ECONOMIC DEVELOPMENT PROGRAM FUND APPLICATION

(Please complete all information)

Name of Business reque	esting assistance: Cr	M OF LEXING	TON Federal ID	#	
Address: 406	E. 7th	; LEKNGTO	NE (State)	,,,	
Contact Person:	PEPPLITSCH	Telephone No	. 308-324-234k	Cell No	
Fax No.	Email A	Address:	@ cityoflex	.com	
	Manu rative Management Hea and Development		Warehousing	Retail and Distribution Cout., Economic Development	70
Business Organization:	Proprietorship A Other (Explain	Corporat	Parti	nership	
Does the Company have If Yes, please i	dentify by Name: Address:		<u></u> No		
Business Status:	Start-up (0-5 y Existing (Year	rs old) s in business)	Acquisition		
Ownership: List all off Enter "1" if person iden	ficers, directors, partne tified is female, "2" if	ers, owner(s), co-owners, or "3" if per	ers and/or stockholders rson is disabled.	. Under Minority Code,	
<u>Name</u>	Title	Ownership Pe	rcent	Minority Code	
	f there are more than s		st on back of application	on.)	
<u>Personnel</u> : (Full-time e	equivalent, based on 2,0	080 hrs per year)			
Existing Number of Full Full-Time Positions to b If applicable, number of (i.e. Jobs which will be	e created within 18 mg seasonal full-time job	s created:			



Project Information:

	<u>Uses of Funds</u>	Total Project Funds	Lexington Funds Requested		
Build New Acqu Acqu Work	Acquisition ling Acquisition Facility Construction isition of Machinery/Equip. isition of Furniture/Fixtures cing Capital (includes inventory) (Specify)	# 61,380	#61,380		
	TOTAL:	\$ 61,380	461,380		
Name	Public sources of financing require the Process of From Propers in the Information: The of Lending Institution:	/A			
	act Person:				
Loan	Amount: \$(Loan Term (Yrs) percent)Variable	Fixed		
Colla	teral Required:	Equity Required:			
Equit Amou	y <u>Information:</u> ınt available by business or owners for	Investment: \$			
	ct <u>Location:</u> n Lexington City Limits Outside	of City Limits, but within Zoning Ju	urisdiction		
Perso	nal Financial Statement: Complete and	d attach Personal Financial Statemer	nt for each person.		
The A	applicant hereby certifies the followi	ng to the Agency pursuant to Nebi	raska State Statute 18-2119(3)(a):		
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 (contion 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:	Smoth	Date: 3/9/17
Signature:	000	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.