

# ECONOMIC DEVELOPMENT PROGRAM APPLICATION FOR FUNDS

Please Type or Print Clearly and Answer Each Question (If Question Does Not Apply - Mark N/A).

<u>Please Note:</u> The Information Contained in this portion of the document is Public Information and will <u>NOT</u> be Considered Confidential.

#### A. APPLICANT INFORMATION:

Name of Entity Applying	ng for Assistance:	MEL	2 2/	~ MARY	K	) Ruzz	'c XA
Business Address:							
Contact Person:	Mel Killy	Q12 RA		Telephone Nur	<i>[e / /</i> nber:	402-	20de) <u>5<sup>-</sup>60-3481</u>
Fax Number:	Sucial See			Email Address	:		
	Sucial See	unity the					
Federal Tax ID Number	er:		-			<u></u> _	
Type of Entity:	Start-Up	Buyout		Existing	J		
If Existing, Number of	Years in Business	s in Crete:	30	JEA125			
<b>Business Classificat</b>	ion: (Please Cho	ose One)		·			
Retail		Manufacturing		Researc	h & Deve	elopmen	ıt
Headquarter	י 🗋	elecommunicati	ions	Tourism			
Warehouse/[	Distribution	Government		Other			
Business Type: (Plea	ase Choose One)						
Proprietorshi	p 🗌 C	Corporation		Partnersl	hip		
		Governmental En	ntity	Other			
Does the Company have a Parent or Subsidiaries?							
If Yes, Please List Nar Address:	ne:						
			(City)		(Stat	te)	(Zip Code)



Ownership Identification: Please List all C	Officers, Directors, Partners, Owners, Co-o	wners and Stockholders.		
Full Name	Title	Ownership Percentage		
MARY KRUpicka	DWNER	10070		
(MAGIC MIREOR)		·		
/				
		1		
Which type of assistance is the entity	y applying for?	1		
Grant Loan Guarantee If so	o, Lender?	Other		
Explain: <u>Refinishing</u>	Front of Store			
What is the general purpose of the re	equest (must be an allowed LB840	/Economic Dev. Plan Project)?		
New Development New Busine	ess Startup X Building Renovatio	n Public Works		
Professional/Employee Recruitme	nt Promotion/Tourism	Job Training		
Working Capital	erate Income Housing	orce Housing		
Technology Plan Managemer	nt Technical Assistance	Equity Investment		
Does the business qualify to receive any	y incentives from the State of Nebrask	a?Yes⊠NdDK		
Has the business applied for any incenti	ives from the State of Nebraska?	s No		
If yes, please explain: $DTR$				
Employee Information: (FTE = Full-T	ime Equivalent = 2,080 Hours/Per	Year)		
Number of Existing Full-Time Equiva	lent Employees: <u>Brildin</u>	à persentin compty		
Number of Full-Time Equivalent Positions to Be Created:				
Will all of the Full-Time Equivalent Positions be Physically Located within the City of Crete, their Two- Mile Extraterritorial Jurisdiction or on Land Held in the Name of the City of Crete? Yes No				
If no, please explain:				
Does the Company Employ Any Sea	sonal Employees? Yes No			
If Yes, How Many:				

(Seasonal employees must work for at least three continuous months and the position must reoccur annually)



#### B. PROJECT INFORMATION:

Please provide a Brief Project Summary Description: Bldy will have roll Frank even druss Replaced Awaring is to be Removed Signi will be Removed Painting ARDAND Alex wondows				
Use of Funds	Total Project Cost	Econ Dev Funds Requested		
Land or Building Acquisition	\$	\$		
Renovation/Rehabilitation	\$ 14,550.00	\$ 7,275.00		
New Construction	\$	\$		
Machinery / Equipment Acquisition	\$	\$		
Business / Employee Recruitment Activities	\$	\$		
Technology Costs	\$	\$		
Small Business Development	\$	\$		
Working Capital (Includes Inventory)	\$	\$		
Job Training	\$	\$		
Other	\$	\$		
Total Project Cost	\$ 14,550.00			
	Total LB840 Funds Requested:	\$ 7,275.00		

#### C. FUNDING SOURCES AND EQUITY INJECTION:

Loan Amount: \_\_\_\_\_Loan Term (Years): \_\_\_\_\_

Amount Injected Into the Project by Business/Partners/Owners:

Other Funding Source(s) and Amount(s): \_\_\_\_\_



#### C. PROJECT LOCATION:

Within the Crete City Limits?	⊠Yes	□No
Within the Crete Two-Mile Jurisdiction?	X Yes	□No
Land Owned by the City of Crete?	□Yes	ΧNο
Not Located in Crete but for area benefit?	□Yes	MNN

If Not in City Jurisdiction, please explain local benefit:

# **ATTACHMENTS:** - Please Include the Attachments that Apply to Your Entity – See Checklist Page 5.

<u>Please Note:</u> The Information provided pursuant to this Section <u>Will</u> be Deemed Confidential and will not be Available for Public Disclosure.

- Business Plan: Brief Description of the Business
- Resumes of all Owners/Co-Owners/Directors/Partners/Stockholders
- For Existing Businesses Three (3) Yearly Financial Statements
- For Existing Businesses Current Financial Statements (Less Than Sixty (60) Days Old)
- For Existing Businesses List of Current Obligations (Include Company Names and Amounts)
- For Start-Up Businesses Current Business Plan
- For Start-Up Businesses Three Year Projections

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- Tax Returns Previous Three (3) Years Personal Tax Returns May be Required for Proprietorship
- Letter from Lending Institution if applicable
- If a Corporation, LLC or Other Legal Entity Copy of Organizational Documents (Articles, Bylaws)
- Please Note that Other Financial Documents May Be Required

#### E.APPLICANT SIGNATURE:

Nestlé PURINA

I certify that the information contained in this application and all attachments are correct to the best of my knowledge. By signing below, I authorize the City of Crete or their contracted representative to check my credit and the credit of all who are listed within this application. I understand that I must update my credit information if my financial situation changes.

Smithfield

Good food. Responsibly!

Applicant's Signatur



# **United States Citizenship Attestation Form**

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

$\mathbf{X}$ I am a citizen of the United States.	
— (	0R —
I am a qualified alien under the federal status and alien number are as follows and I agree to provide a copy of my US	Immigration and Nationality Act, my immigration

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

MELVIA G. KRUPIZHA PRINT NAME (first, middle, last) J. SIGNATURE 3/13/23 DATE



## INVOICE

Wilber Window and Doors 202 south wilson wilber, NE 68465 wwd2482@windstream.net 402-821-2482

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### Mel Krupicka

Bill to	Ship to	Invoice details
Mel Krupicka	Mel Krupicka	Invoice no.: 1995
111 Cedar Drive	1228 Main	Invoice date: 01/01/2023
Crete, NE 68333	Crete, NE 68333	Terms: Net 30
		Due date: 01/31/2023

	Product or service		Amount
1.	Sales	4 × \$1,205.00	\$4,820.00
	4 bronze exterior white interior fixed over double hung Hayfi	eld 801 windows 31 .5 x 101.5	
2.	Labor	4 × \$175.00	\$700.00
	install up stairs windows		
3.	<ul> <li>сортатите с слове с политически со стояти долже с водинатись на сочите на население на стояти с население со стояти на сочите на с С состатите на сочите на С состатите на сочите на С сочите на с С сочите на сочи На сочите на сочи </li></ul>	1 × \$4,250.00	\$4,250.00
	remove sign and awning		
4.		1 × \$325.00	\$325.00
	fork lift rental		
5.		anaanaa ahaanaa ahaanaa ahaanaa ahaanaa ahaanaa ahaana ahaanaa ahaanaa ahaanaa ahaanaa ahaanaanaanaa ahaanaa ah 1 × \$550.00	\$550.00
	coil exterior of windows		
	an ann ann an an ann ann ann ann an ann an a	nang ananya kata yang berkara kata kata kata kata kata kata kata	\$10,645.00
		Sales tax	\$361.50
		Total	\$11,006.50
		Overdue	01/31/2023
	Pd 1.1127		
	Pd 44127 2K 44127 3/16/23 3/16/23 pm 1006.50 pm 1006.50		
	LB NE		
	A vr.		



#### Invoice

Donis Painting LLC PO Box 577 Crete, NE 68333 (402) 405-4594 (402) 418-2782 DONIS PAINTING

DATE:06 bn/05/2023

Invoice

Invoice	Salesperson
1228 Main Street	Donel Donis
Crete, NE	

				р К (
Scrape the b	uilding as needed.			· <u>····</u>
Apply primer	and finish paint to the building	4 colors		
5				
		•		
	ν.			
			SUBTOTAL	\$3, <b>500</b> .00
			Deposit	\$00.00
			TOTAL	\$3,500.00
		BALANCE DUE UPON COMPLETION:		\$3,500.00

This invoice includes labor, materials, and clean up. Final payment due upon completion of job.

Signature:



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MAGIC MIRROR 4766 MARY J OR MELVIN KRUPICKA 111 CEDAR ROAD CRETE, NE 68333-3234 76-1391/1049 DATF. DRDER OF <u>م</u>د i۲ Security Fatheres Deland an А DOLLARS Pinnacle Bank Crate, Notrasta 68333 (402) 828-2121 or Theory 1-8 www.pinnbank.com P ¥ 1-800-807-9718 AINT 5 228 M FOR 1210491391210500400919# **ዛ ፖ**՞՞ ይ C+2 : DDA Debits - 6/9/2023



DDA Debits - 6/9/2023

Serving southern Nebraska since 1879.

Lost of deconvert of Store Front Sign. \$50,00 Electrician - BRANG & DeVIERS DISLOWNERT of Sign done +H 1/18/23.

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