ECONOMIC DEVELOPMENT PROGRAM
APPLICATION FOR FUNDS

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

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

A. APPLICANT INFORMATION:

Name of Entity Applying for Assistance: Tom/Vicki Sorensen (we will establish a LLC)

Business Address: 1132 Main Crete, NE 68333
(City) (State) (Zip Code)

Contact Person: Tom Sorensen Telephone Number: 4028265104

Fax Number: 88846678141 Email Address: tom.sorensen@edwardjones

Federal Tax ID Number: 505962279

Type of Entity: ☑ Start-Up ☐ Buyout ☐ Existing

If Existing, Number of Years in Business in Crete: _____

Business Classification: (Please Choose One)

☐ Retail	☐ Manufacturing	☐ Research & Development
☐ Headquarter	☐ Telecommunications	☐ Tourism
☐ Warehouse/Distribution	☐ Government	☑ Other

Business Type: (Please Choose One)

☐ Proprietorship	☐ Corporation	☐ Partnership
☑ LLC	☐ Governmental Entity	☐ Other

Does the Company have a Parent or Subsidiaries? ☐ Yes ☑ No

If Yes, Please List Name: _____
Address: _____
(City) (State) (Zip Code)

Ownership Identification: Please List all Officers, Directors, Partners, Owners, Co-owners and Stockholders.

Full Name	*Title*	*Ownership Percentage*
Thomas Sorensen Jr	owner	50
Vicki Sorensen	owner	50

Which type of assistance is the entity applying for?

☑ Grant ☐ Loan Guarantee If so, Lender? _____ ☐ Other

Explain: _____

What is the general purpose of the request (must be an allowed LB840/Economic Dev. Plan Project)?

☑ New Development ☐ New Business Startup ☐ Building Renovation ☐ Public Works

☐ Professional/Employee Recruitment ☑ Promotion/Tourism ☐ Job Training

☐ Working Capital ☐ Low - Moderate Income Housing ☐ Workforce Housing

☐ Technology ☐ Plan Management ☐ Technical Assistance ☐ Equity Investment

Does the business qualify to receive any incentives from the State of Nebraska? ☐ Yes ☑ No ☐ DK

Has the business applied for any incentives from the State of Nebraska? ☐ Yes ☑ No

If yes, please explain: _____

Employee Information: (FTE = Full-Time Equivalent = 2,080 Hours/Per Year)

Number of Existing Full-Time Equivalent Employees: 0

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 Seasonal 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:

Build a facility for community use for:

1) three pickle ball courts
2) two short basketball courts
3) space for community events

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	$ 715,517.00	$ 250,000.00
Renovation/Rehabilitation	$	$
New Construction	$	$
Machinery / Equipment Acquisition	$	$
Business / Employee Recruitment Activities	$	$
Technology Costs	$	$
Small Business Development	$	$
Working Capital (Includes Inventory)	$	$
Job Training	$	$
Other	$	$
Total Project Cost	$ 715,517.00	
	Total LB840 Funds Requested:	$ 250,000.00

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

If Borrowing, Name of Lender: _____

Loan Amount: _____Loan Term (Years): _____

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

_____

Other Funding Source(s) and Amount(s): _____

Pickle Ball Facility - business plan

Our hope is to build a facility for use by all/any citizens in Crete.

The primary use will be to play pickle ball. Currently there are not courts in town designated specifically for pickle ball. To play pickle ball you need to tape lines on existing tennis courts or basketball courts. This facility will have lines specifically for pickle ball. There are currently some pickle ball players in Crete, but we believe if there were additional, designated courts, in an indoor setting, there will be more citizens who want to pick up the game. This will be a positive for both physical, and social interaction.

We intend to have four basketball hoops in the facility, or two short courts. This would likely not be competition type courts but would certainly be acceptable for younger kids practices and community recreational use.

In addition to these two, the facility could be used for any gathering that the citizens of Crete would request/benefit from. Such things as garage sales in the winter, farmers markets in the winter, auctions, family gatherings, etc, would be possible uses. Another thought would be to have community "open gym" nights for families to get exercise.

Upon completion of the building process, we will operate the facility, or give the City the option to lease and operate the facility. We hope this facility will provide a source of exercise and entertainment for the citizens of Crete.

CRETE NEBRASKA Community in Motion NEBRASKA ECONOMIC DEVELOPMENT CERTIFIED COMMUNITY

C. PROJECT LOCATION:

Within the Crete City Limits?	☑ Yes	☐ No
Within the Crete Two-Mile Jurisdiction?	☐ Yes	☐ No
Land Owned by the City of Crete?	☐ Yes	☐ No
Not Located in Crete but for area benefit?	☐ Yes	☐ No

If Not in City Jurisdiction, please explain local benefit:

_____

_____

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

Please Note: The Information provided pursuant to this Section **Will** 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
- 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:

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.

_____ 9/30/25

Applicant's Signature Date

Nestlé PURINA BUNGE Smithfield Good food. Responsibly. DOANE UNIVERSITY Bryan Health

United States Citizenship Attestation Form

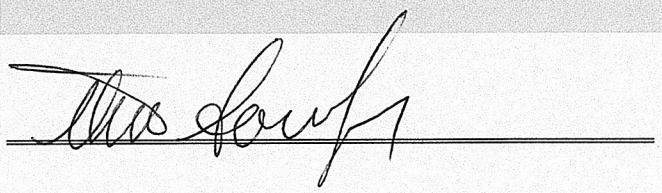
For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

☑ I am a citizen of the United States.

— OR —

☐ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

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.

PRINT NAME	Thomas Sorensen Jr (first, middle, last)
SIGNATURE	
DATE	9/30/25

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