

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 for Assista	ance: Rebecca Ha	nsmeyer	(DBA Wool & W	/himsy)	
Business Address: 131 West 13t	h St Suite 1	Crete	N	E 68	3333
Business Address.		(City)	(State	e) (Zip	Code)
Contact Person: Rebecca Hansn	neyer	T	elephone Number	<u>.</u> 402-910	-3131
Fax Number:			bed Email Address:	ckyhansmeyer@	@gmail.com
Federal Tax ID Number: 99-1754	190				j
Type of Entity: ✓ Start-Up	Buyou	ıt	☐ Existing		
If Existing, Number of Years in Bus	siness in Crete:	4.4.4.			
Business Classification: (Please	Choose One)				
∠ Retail	Manufacturing		Research &	Developme	:nt
Headquarter	Telecommunic	ations	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)
		(City)		(0.000)	(,





Ownership Identification: Please List all Officers, Directors, Partners, Owners, Co-owners and Stockholders. Ownership Percentage Title Full Name 100% Rebecca Lee Hansmeyer Owner Which type of assistance is the entity applying for? Grant Other Loan Guarantee If so, Lender? ____ Explain: Assistance with business start-up costs 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 Promotion/Tourism Job Training Professional/Employee Recruitment Low - Moderate Income Housing Workforce Housing Working Capital Equity Investment Technical Assistance Plan Management Technology Does the business qualify to receive any incentives from the State of Nebraska? Yes Nov 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: $\frac{1}{2}$ Number of Full-Time Equivalent Positions to Be Created: $\underline{0}$ 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 De	escription	on:
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I will be opening up a yarn and fabric shop in the space that is currently being renovated by Charpen Properties, LLC (owned by my husband, Lukas). In order to get the shop opened this year, I am requesting assistance with start-up costs including purchasing a computer, printer/copier, furniture, shelving/store displays, signage, point-of-sale equipment, and the hiring of a graphic designer to develop branding for the store. A detailed breakdown of the start-up costs can be found in the attached business plan. Yarn and fabric stores tend to be destination spots for hobbyists throughout the region; my hope is that this will attract many visitors to Crete.

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$	\$
Renovation/Rehabilitation	\$	\$
New Construction	\$	\$
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$ 4,780.00	\$ 4,780.00
Small Business Development	\$ 11,750.00	\$ 11,750.00
Working Capital (Includes Inventory)	\$ 40,000.00	\$ 10,000.00
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 56,530.00	
	Total LB840 Funds	
	Requested:	\$ 26,530.00

C. FUNDING SOURCES AND EQUITY INJECTION:

If Borrowing, Name of Lender: First State Ban	k of Nebraska
Loan Amount: \$40,000 Line of Credit	Loan Term (Years):
Amount Injected Into the Project by Business/F	Partners/Owners:
Other Funding Source(s) and Amount(s):	





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Within the Crete City Limits? Within the Crete Two-Mile Jurisdiction? Land Owned by the City of Crete? Not Located in Crete but for area benefit?	☑Yes □Yes □Yes □Yes	□No □No □No □No	
If Not in City Jurisdiction, please explain lo	cal benefit		

D. <u>ATTACHMENTS:</u> - 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
- 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.

Rebecca L Hansmeyer
Applicant's Signature

4-9-24

Date











United States Citizenship Attestation Form

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

X	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	Rebecca Lee Hansmeyer (first, middle, last)
SIGNATURE	Rebecca Lee Hansmeyer
DATE	4-9-24