

**Legislative/Development Committee Meeting**  
**Tuesday, January 21, 2025 5:00 PM**  
**Crete City Hall**  
**243 E 13th Street**  
**Crete, NE 68333**

**1. Open Meeting**

- In accordance with Nebraska law, a copy of the Open Meetings Act can be found in the back of the Council Chambers.
- Items listed on the agenda may be considered in any order.

**2. Roll Call**

- Attendance of members will be recorded to determine the presence of a quorum for official actions.

**3. Items of Business**

- The Committee may discuss or limit discussion on, hear testimony in favor of or in opposition to, or take action to provide a recommendation to the City Council on any matter presented under this title.

3.A. Consider the amended LB840 application for funds in the amount up to \$150,000 from PWR & DWD Rental Properties DBA Old Main Bar & Grill.

3.B. Consider the amended LB840 application from the Crete Housing and Community Development Corporation (CHCDC) in the amount of \$475,000.00

3.C. Discussion on the sale of the City of Crete downtown buildings

**4. Officers' Reports**

- Reports may be given by the Mayor, Officers, Departments, or Councilmembers concerning the current operations of the City.
- No action can be taken on matters presented under this title except to answer any questions or to refer the matter for further action.

**5. Adjournment**

**Disclaimers & Notices**

- The Council may enter into closed session to discuss any matter on this agenda when it is determined that a closed session is clearly necessary for the protection of the public interest or the prevention of needless injury to the reputation of an individual (if such individual has not requested a public meeting) or as otherwise allowed by law. Any closed session shall be limited to the subject matter for which the closed session was called. If the motion to close passes, then immediately prior to the closed session the Mayor shall restate on the record the limitation of the subject matter of the closed session.
- The City of Crete assures that no person shall on the grounds of race, color, national origin, age, disability, handicap or sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity of the City receiving Federal financial assistance. To report discrimination, contact the City Clerk's office.
- The complete agenda with attachments is available at [www.crete.ne.gov](http://www.crete.ne.gov).

**CRETE**  
NEBRASKA



**NEBRASKA**  
ECONOMIC DEVELOPMENT  
CERTIFIED COMMUNITY

To LB840 Applicant:

CONGRATULATIONS on taking the first step to being awarded additional funds to help your business or event in Crete. The funds available for Economic Development, resulting from the citizen-approved sales tax increase that took effect April 1, 2011, are available first come to businesses, events and projects that meet the requirements of Crete's written Economic Development Plan, which can be found online at [www.crete.ne.gov/vnews/display.v/ART/58fa7907ccebfc](http://www.crete.ne.gov/vnews/display.v/ART/58fa7907ccebfc). A written copy is also available from the City of Crete Economic Development Director.

Please review the Economic Development Plan and confirm that your project or business is eligible. Applications may be recommended for funding in full or in part or may be denied based upon the review of the Board. Final decisions regarding funding will be made by the City Council but according to the terms of the Plan, in no event may the City Council fund any Application not previously reviewed and approved by the citizen Board.

In this packet you will find an Application for Funds, a US Citizenship Attestation Form and a Check List of required items. As you will see, the Application is detailed and requires significant information and additional verification documents. If you need assistance with the application please contact any Economic Development Advisory Board member. *If you have questions, please call the Economic Development Office, at 402-826-4312 or email the City Administrator, [tom.ourada@crete.ne.gov](mailto:tom.ourada@crete.ne.gov)*

Please note that the first portion of the application will be open to the public and may be provided to the City Council for final funding review. The balance of the application and all supporting documentation including personal financial information is confidential and will only be shared with members of the Economic Advisory Board for purposes of considering your application. All confidential records will be maintained in the office of the Economic Development Board and will be kept separately and not be available for review by the public. Any questions or concerns regarding this process shall be directed to the City Administrator.

All Applicants will be required to attend a public hearing for presentation regarding their request for funding. Public hearings will be held at least quarterly and may be held more frequently at the request of the Board. All Applications presented within the three months preceding a Public Hearing will be set for presentation and consideration at the same meeting. The Board may make a recommendation for funding at the public hearing, or may vote to table an application for further information, but in no event shall an application be tabled more than once so that all decisions will be made not more than three months after the initial public hearing regarding an application. There is no guarantee that a determination will be made less than three months after submission so all applicants are urged to make timely requests for funding if projects or events have set timelines.

*Mail or deliver completed application with all supporting documentation and forms to:*

Economic Development Program Director  
City of Crete City Hall  
243 E. 13<sup>th</sup> Street, P.O. Box 86  
Crete, NE 68333

We look forward to working with you through the application process.  
Equal Opportunity and Fair Housing Provider and Employer

 Nestlé PURINA

 BUNGE

 **Smithfield**  
*Good food. Responsibly.*

 **DOANE**  
UNIVERSITY

 Bryan Health

243 E 13<sup>th</sup> St. • PO Box 86 • Crete, NE 68333-0086 • 402.826.4317 • [www.crete.ne.gov](http://www.crete.ne.gov)

**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: PWR & DVD Rental Properties, LLC dba "Old Main Bar and Grill"  
 Business Address: 1103 Main Ave Crete NE 68333  
(City) (State) (Zip Code)  
 Contact Person: Chris Collins Telephone Number: 402-786-3333  
 Fax Number: 402-786-3339 Email Address: Chris@CapitalTower.com

Federal Tax ID Number: 46-0743756

Type of Entity:  Start-Up  Buyout  Existing

If Existing, Number of Years in Business in Crete: \_\_\_\_\_

**Business Classification: (Please Choose One)**

- |                                                 |                                             |                                                 |
|-------------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> Retail      | <input type="checkbox"/> Manufacturing      | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Headquarter            | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Tourism                |
| <input type="checkbox"/> Warehouse/Distribution | <input type="checkbox"/> Government         | <input type="checkbox"/> Other                  |

**Business Type: (Please Choose One)**

- |                                         |                                              |                                      |
|-----------------------------------------|----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Corporation         | <input type="checkbox"/> Partnership |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Governmental Entity | <input type="checkbox"/> 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
Patrick Reed	Managing Member	51%
Gary Mack	Member	49%

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: 1

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:

Phase 2 of 2 Phases will consist of the following:

1. Restore structural integrity of 1st floor.
2. Renovate Basement, Main and 2nd floor.
3. Purchase necessary equipment for the kitchen and back bar areas.
4. Procure the services of a design and architectural firm for design assistance.
5. Purchase entertainment items i.e. Golf Simulators and Televisions

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$	\$
Renovation/Rehabilitation	\$	\$ 0
New Construction	\$ \$963,945.00	\$ \$481,972.50
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$ \$510,128.20	\$ \$255,064.10
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
	\$	\$
Total Project Cost	\$ \$1,474,073.20	
	Total LB840 Funds Requested:	\$737,036.60

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

If Borrowing, Name of Lender: NA

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?              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Within the Crete Two-Mile Jurisdiction?    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Land Owned by the City of Crete?           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Not Located in Crete but for area benefit? | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

If Not in City Jurisdiction, please explain local benefit:

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**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
- x Letter from Lending Institution if applicable *M/A*
- ✓ 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**Checklist for Local Economic Development Program Application**

For a qualifying business to be considered for direct or indirect financial assistance under the Crete Local Economic Development Program an applicant must provide to the City Administrator or Program Administrator:

- A completed and signed application with all required support documents including, but not limited to:
  - A detailed description summary of the proposed project which clearly states what assistance the business is requesting from the program, including evidence that the project qualifies for assistance under the Local Option Municipal Economic Development Act and is consistent with the goals of the Crete Local Economic Development Program.
  - Use of Funds – Total project costs and financing requirement; include copies of any preliminary bids (if applicable/available).
  - A review of key management and employees and their experience as related to the proposed project.
- Start Up Business**
  - Current Business Plan for the project and the company, including employment and financial projections;
    - Three (3) Years Financial Projections
    - Past three years personal tax returns
- Existing Business:**
  - Most Current Business Plan
  - Three (3) Yearly Financial Statements: Profit & Loss Statements, Cash Flows and Income Statements covering the last three years of business operation, or if a new business, personal income statements.
  - List of Current Obligations (include company Names and Amounts)
  - Past three years personal tax returns
- Letter from Lending Institution(s) (if applicable): Evidence of private financing commitments for investors or lenders.
- If a Corporation, LLC or Other Legal Entity - Copy of Organizational Documents (Articles, ByLaws)
- Resume(s) of all owners/co-owners/directors/partners/stockholders: Necessary entity or personal financial information about the Applicant(s), including name, address, past experience, work history, and related information.
- Other information or financial documentation as requested.

**Questions:** Contact City Administrator, Tom Ourada, at 402-826-4313 or email [tom.ourada@crete.ne.gov](mailto:tom.ourada@crete.ne.gov). **Return** application and supporting documentation to City Administrator, at City Hall, 243 E. 13<sup>th</sup> Street, Crete, NE 68333

# 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

Patrick W. Rud

(first, middle, last)

SIGNATURE

*Patrick W. Rud*

DATE

12/21/2024

1/19/2010

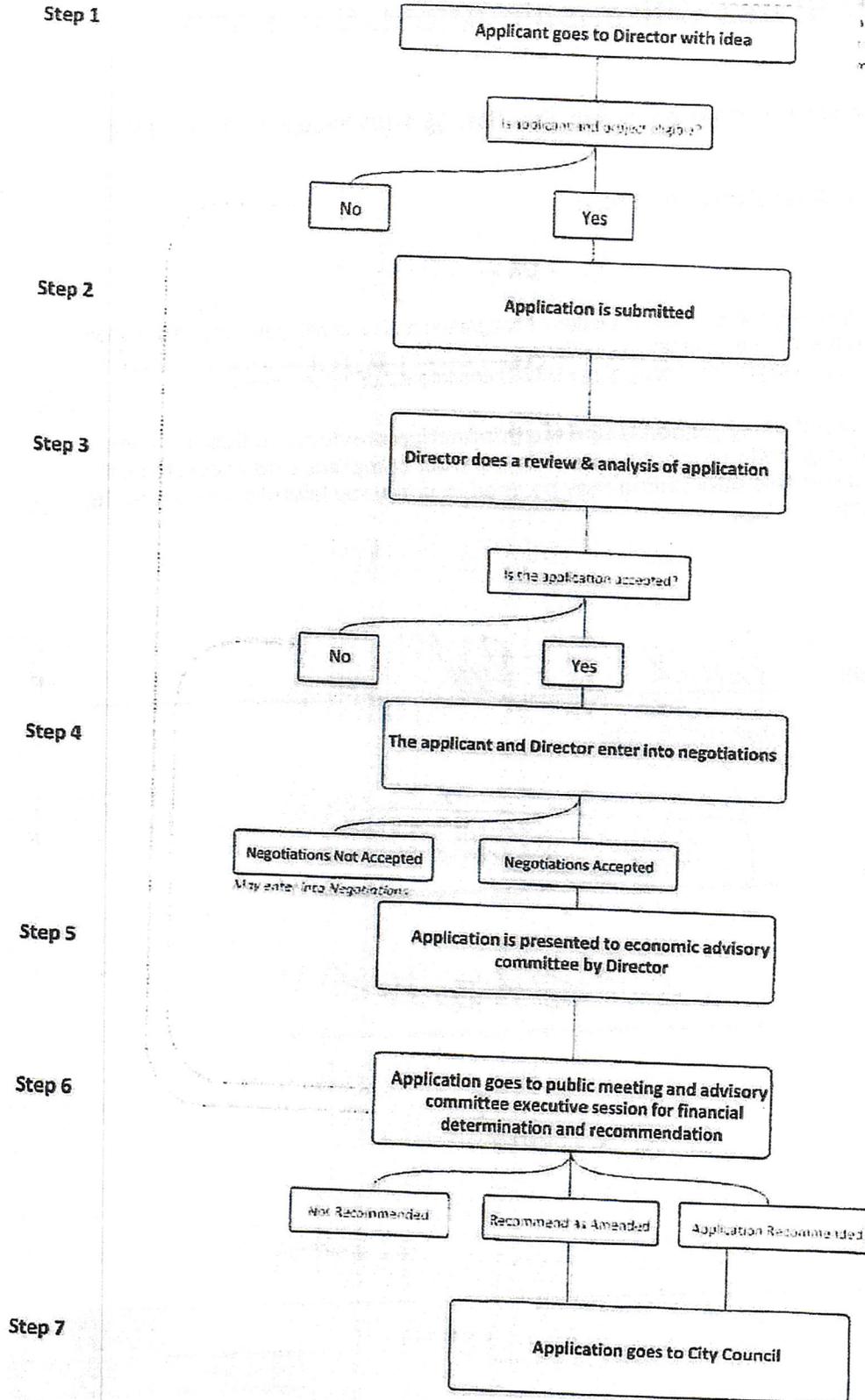
DOWNLOAD/SAVE

PRINT

# LB 840 APPLICATION PROCESS

1997 Meeting Report

If application is denied, the applicant has the ability to appear to the advisory board at a public meeting.





**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: Crete Housing & Commmunity Development Corporation

Business Address: 243 East 13th Street Crete NE 68333  
(City) (State) (Zip Code)

Contact Person: Tom Ourada Telephone Number: 4028269758

Fax Number: \_\_\_\_\_ Email Address: tom.ourada@crete.ne.gov

Federal Tax ID Number: 47-6006154

Type of Entity:     Start-Up     Buyout     Existing

If Existing, Number of Years in Business in Crete: 4

**Business Classification: (Please Choose One)**

- |                                                 |                                             |                                                 |
|-------------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Retail                 | <input type="checkbox"/> Manufacturing      | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Headquarter            | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Tourism                |
| <input type="checkbox"/> Warehouse/Distribution | <input type="checkbox"/> Government         | <input checked="" type="checkbox"/> Other       |

**Business Type: (Please Choose One)**

- |                                         |                                              |                                      |
|-----------------------------------------|----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Corporation         | <input type="checkbox"/> Partnership |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Governmental Entity | <input type="checkbox"/> 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
David A. Bauer	Board Member	
Tom Ourada	Board Member	
Justin Kozicek	Board Member	
Tom Sorensen	Board Member	
Anna Burge	Board Member	

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: Yes, none involving Nebraska Advantage, or other tax deferring programs.

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

Number of Existing Full-Time Equivalent Employees: NA

Number of Full-Time Equivalent Positions to Be Created: NA

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: NA

Does the Company Employ Any Seasonal Employees?  Yes  No

If Yes, How Many: NA

(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:**

CHCDC is applying for a Nebraska Department of Economic Development Workforce Housing grant that, if successful will leverage any funds raised toward housing on a 3 to 1 basis. The last grant application that was awarded was a 1 to 1 grant. With that grant, CHCDC leveraged \$285,000 and as a result was able to direct \$570,000 toward building four new residences that were sold to Crete residents under the HUD Workforce Housing guidelines and threshold. It is our hope that we can leverage \$510,000 (\$10,000 has already been committed) to create a program fund of \$2,550,000 for workforce housing activities. We will be targeting the housing range from \$200,000 to \$250,000 in order to provide more housing availability for more residents.

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$ 500,000.00	\$ 75,000.00
Renovation/Rehabilitation	\$	\$
New Construction	\$ 2,000,000.00	\$ 400,000.00
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$ 50,000.00	\$
Total Project Cost	\$ 2,550,000.00	
	Total LB840 Funds Requested:	\$ 475,000.00

**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): State of Nebraska Department of Economic Development



# 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 Tom F. Ourada

(first, middle, last)

SIGNATURE

*Tom Ourada*

DATE

1-10-2025

1/19/2010

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