

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: Pinnacle Bank

Business Address: 143 East 13th Street Crete NE 68333
(City) (State) (Zip Code)

Contact Person: Justin Kozisek Telephone Number: 4028262121

Fax Number: 4028263244 Email Address: justin.kozisek@pinnbank.co

Federal Tax ID Number: 47-0098450

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

If Existing, Number of Years in Business in Crete: 116

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
Justin Kozisek	Officer	

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: 13.0

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

Alley paving project between Pinnacle Bank branch and Lothrop apartments is being replaced and resurfaced.
The alley is used by many Pinnacle Bank customers and employees for drive-thru banking and/or ATM needs.

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$	\$
Renovation/Rehabilitation	\$ 5,769.00	\$ 2,884.50
New Construction	\$	\$
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 5,769.00	
	Total LB840 Funds Requested:	\$ 2,884.50

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): _____

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.



Applicant's Signature



Date

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

M. Susan Kosen

(first, middle, last)

SIGNATURE

M. Susan Kosen

DATE

3/3/26

1/19/2010

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PRINT