

**Legislative/Development Committee Meeting**  
**Tuesday, April 21, 2026 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 Cristina's amended LB840 application

3.B. Consider the LB840 application from Pinnacle Bank for Business Infrastructure Improvements

3.C. Consider the LB840 application from Heath Properties, LLC for Business Infrastructure Improvements

3.D. Consider the LB840 application from Ruby Mendez for Business Infrastructure Improvements

3.E. Consider the LB840 application from Pallett Real Estate Properties, LLC for Business Infrastructure Improvements

3.F. Consider the LB840 application from Rosa Ortega for Business Infrastructure Improvements

3.G. Consider the LB840 application from Raul Lopez for Business Infrastructure Improvements

3.H. Consider the LB840 application from Roundabout Energy LLC for Business Infrastructure Improvements

3.I. Consider the LB840 application from Maria Del Carmen Lemus Murillo for Business Infrastructure Improvements

3.J. Consider the LB840 application from F & I Properties LLC for Business Infrastructure Improvements

**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**

- 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).

**B. PROJECT INFORMATION:**

Please provide a Brief Project Summary Description:

- will be replacing the Floor, old flooring will be removed and they will be applying concrete to leveling + new floor
- will be replacing our steam table to a more efficient table that will provide better food temperature as well save more on gas and utilities
- will be looking on installing booths along the west wall, to provide better service to our customers and overall a better ~~at~~ feeling inside the dining area

\*Is the only time we have ask for help from the city of Crete in 23 years

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$	\$ 18,500
Renovation/Rehabilitation	\$ 40,000	\$ 40,000.00
New Construction	\$	\$
Machinery / Equipment Acquisition	\$ 3,000	\$ 1,500
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$ 2,952.53	\$
<b>Total Project Cost</b>	<b>\$ 0.00</b>	
<i>Ice Machine option #1</i>	<b>Total LB840 Funds Requested:</b>	<b>\$ 20,000.00</b>

Thank you

**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): \_\_\_\_\_



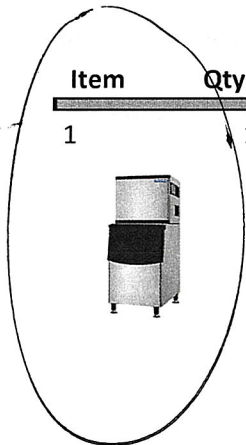
**Project:**  
Cristina's Ice Machine Head

**From:**  
Nebraska Prep Equipment  
Nebraska Prep Equipment  
8738 S. 82 Road  
Adams, NE 68301  
(402) 882-5585  
4028825585 (Contact)

Project Code: 2324

We greatly appreciate the opportunity to quote the following items to you!

**Before placing your order, please check to make sure pricing is still valid. Quote is at current pricing and cannot be guaranteed for a specific period of time.**

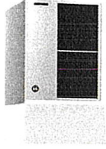


Item	Qty	Description	Sell	Sell Total
1	1 ea	<b>ICE MAKER, CUBE-STYLE</b> Norpole, Inc. Model No. NPCIM500M Norpole Modular Ice Maker Head, full cube, 500 lb. ice making capacity per day, includes inline water filter & ice scoop, air-cooled condenser with removable filter, automatic ice making & error-detecting control system, auto shut-off with full bin indication, adjustable ice thickness, easy clean function, interior light, gravity type drain, R-290 refrigerant, food grade plastic interior, 304 stainless steel external cabinet, 1.113kW, 115v/60/1-ph, 10.89 amps, NEMA 5-15P, cETLus, ETL-Sanitation (bin sold separately NPCIM500BIN)	\$2,673.61	\$2,673.61
	1 ea	2 year parts & labor warranty, standard		
	1 ea	5 year compressor warranty, standard		
		Freight:	\$125.00	\$125.00
		<b>ITEM TOTAL:</b>		<b>\$2,798.61</b>
2	1 ea	<b>ICE MAKER, CUBE-STYLE</b> Hoshizaki Model No. KM-522MAK Ice Maker, Cube-Style, 22"W, air-cooled, self-contained condenser, production capacity up to 548 lb/24 hours at 70°/50° (445 lb AHRI certified at 90°/70°), KMEdge™ crescent style cube, CycleSaver™ design, EverCheck™ alert system, removable air filter, stainless steel finish, R290 refrigerant, 115v/60/1-ph, 10.8 amps, NSF, UL, ENERGY STAR®	\$4,519.10	<Alternate>
	1 ea	Warranty: 3-Year parts & labor on entire machine		<Alternate>

Nebraska Prep Equipment

02/24/2026

Item	Qty	Description	Sell	Sell Total
	1 ea	Warranty: 5-Year parts & labor on evaporator		<Alternate>
	1 ea	Warranty: 5-Year parts on compressor & air-cooled condenser		<Alternate>
<b>ITEM TOTAL: &lt;Alternate&gt;</b>				<b>\$4,519.10</b>
3	1 ea	<b>ICE MAKER, CUBE-STYLE</b> Hoshizaki Model No. KM-520MAJ Ice Maker, Cube-Style, 22"W, air-cooled, self-contained condenser, production capacity up to 533 lb/24 hours at 70°/50° (450 lb AHRI certified at 90°/70°), stainless steel finish, crescent cube style, R-404A refrigerant, 115v/60/1-ph, 10.6 amps, NSF, UL, ENERGY STAR®	\$4,265.17	<Alternate>
	1 ea	Warranty: 3-Year parts & labor on entire machine		<Alternate>
	1 ea	Warranty: 5-Year parts & labor on evaporator		<Alternate>
	1 ea	Warranty: 5-Year parts on compressor & air-cooled condenser		<Alternate>
<b>ITEM TOTAL: &lt;Alternate&gt;</b>				<b>\$4,265.17</b>
			Merchandise	\$2,798.61
			Subtotal	\$2,798.61
			Tax 5.5%	\$153.92
			<b>Total</b>	<b>\$2,952.53</b>



Prices Good Until: 03/03/2026

\*EQUIPMENT PRICING DOES NOT INCLUDE DELIVERY UNLESS SPECIFICALLY NOTED.

\*ALL DELIVERIES ARE CURBSIDE ONLY UNLESS SPECIFICALLY NOTED. CUSTOMER IS RESPONSIBLE FOR GETTING THEIR EQUIPMENT INTO THE BUILDING.

\*ALL ORDERS WILL REQUIRE A 75% DEPOSIT PAID ON SIGNED ACCEPTANCE. REMAINING BALANCE DUE ON DELIVERY OR WITHIN 30 DAYS ONCE EQUIPMENT HAS BEEN RECEIVED BY NEBRASKA PREP EQUIPMENT, WHICH EVER COMES FIRST

\*INSTALLATION IS NOT INCLUDED IN THIS QUOTE AND THE CUSTOMER IS RESPONSIBLE FOR ARRANGING THEIR OWN INSTALLATION UNLESS SPECIFICALLY NOTED.

\*REMOVAL AND DISPOSAL OF OLD EQUIPMENT IS THE CUSTOMER'S RESPONSIBILITY UNLESS SPECIFICALLY NOTED.

\*SALES TAX BASED ON 5.5%, LOCAL RATES MAY APPLY

\*3% PROCESSING FEE FOR ALL CREDIT CARD PAYMENTS\*

Acceptance: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Project Grand Total: \$2,952.53

**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)**

- |   |   |   |
|---|---|---|
| <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 checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input 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
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?              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Within the Crete Two-Mile Jurisdiction?    | <input type="checkbox"/> Yes            | <input checked="" 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
- 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.

*M. A. L...*

Applicant's Signature

*3/3/20*

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	<u>M. Susan Kolsen</u> (first, middle, last)
SIGNATURE	<u>M. Susan Kolsen</u>
DATE	<u>3/3/26</u>

## 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: Heath Properties, LLC

Business Address: 1222 Main Ave. Crete NE 68333  
(City) (State) (Zip Code)

Contact Person: Paul or Sherri Heath Telephone Number: 4028265187

Fax Number: \_\_\_\_\_ Email Address: sherri@heathsports.com

Federal Tax ID Number: 45-1503748

Type of Entity:     Start-Up         Buyout         Existing

If Existing, Number of Years in Business in Crete: 15

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Retail                 | <input type="checkbox"/> Manufacturing      | <input type="checkbox"/> Research & Development |
| <input checked="" 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
Paul Heath	owner	50
Sherri Heath	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: 1

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: n/a

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:**

A full renovation of the alley - directly East of the 1222 / 1214 Main building.

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$	\$
Renovation/Rehabilitation	\$ 8,503.69	\$
New Construction	\$	\$
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 8,503.69	
	Total LB840 Funds Requested:	\$ 4,251.84

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

If Borrowing, Name of Lender: n/a

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 type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Land Owned by the City of Crete?           | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Not Located in Crete but for area benefit? | <input type="checkbox"/> Yes            | <input type="checkbox"/> 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.

*Shirley Healy*

*3-20-26*

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.

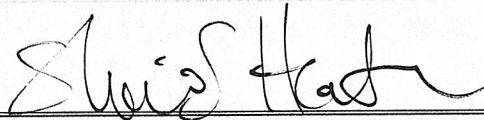
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME

Sherri Sue Heath

(first, middle, last)

SIGNATURE



DATE

3/20/26

1/19/2010

DOWNLOAD/SAVE

PRINT

**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: Ruby Mendez

Business Address: 808 1244 Main Ave Crete NE 68333  
(City) (State) (Zip Code)

Contact Person: Mayra Garcia Telephone Number: 402-418-0630

Fax Number: \_\_\_\_\_ Email Address: mayra.mendez.88@gmail.com

Federal Tax ID Number: \_\_\_\_\_

Type of Entity:     Start-Up     Buyout     Existing

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

**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 type="checkbox"/> Other                  |

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

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Corporation         | <input type="checkbox"/> Partnership |
| <input 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
Ruby Mendez	owner	50%
Ana Mendez	owner	50%

Which type of assistance is the entity applying for?

Grant    
  Loan Guarantee If so, Lender? USDC/DOED    
  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: \_\_\_\_\_

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:

Alley paving  
 Business Infrastructure improvements.

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	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$ 28,34.56	\$ 1417.28
Total Project Cost	\$ 0.00	
	Total LB840 Funds Requested:	\$ 1417.28 0.00

**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): \_\_\_\_\_



**C. PROJECT LOCATION:**

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


3/4/26  
 Applicant's Signature Date



**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: Pallett Real Estate Properties, LLC

Business Address: 1601 Deep Creek Lane Manhattan KS 66502  
(City) (State) (Zip Code)

Contact Person: William "Bill" Pallett Telephone Number: 7857763627

Fax Number: \_\_\_\_\_ Email Address: bill.pallett@gmail.com

Federal Tax ID Number: 508609445

Type of Entity:     Start-Up     Buyout     Existing

If Existing, Number of Years in Business in Crete: 40+

**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
William H "Bill" Pallett		100

Which type of assistance is the entity applying for?

- Grant   
  Loan Guarantee If so, Lender? \_\_\_\_\_   
  Other

Explain: Alley paving project between Pinnacle Bank and Lothrop apartments

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: N/A

Number of Full-Time Equivalent Positions to Be Created: N/A

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	\$ 3,570.00	\$ 1,785.00
New Construction	\$	\$
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 3,570.00	
	Total LB840 Funds Requested:	\$ 1,785.00

**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): \_\_\_\_\_

**C. PROJECT LOCATION:**

- |  |   |  |
|--|---|--|
| Within the Crete City Limits?              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Within the Crete Two-Mile Jurisdiction?    | <input type="checkbox"/> Yes            | <input checked="" 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:

---

**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
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- 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.

William H. Falzett  
Applicant's Signature

3-2-2026  
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

William Henry Pallett

(first, middle, last)

SIGNATURE

William H. Pallett

DATE

3-2-2026

1/19/2010

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**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: Rosa Ortega

Business Address: 119 E 13 ST Crete NE 68333  
(City) (State) (Zip Code)

Contact Person: \_\_\_\_\_ Telephone Number: 402 4182114

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Type of Entity:     Start-Up     Buyout     Existing

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

**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 type="checkbox"/> Other                  |

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

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Corporation         | <input type="checkbox"/> Partnership |
| <input 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
Rosa Ortega	Owner	

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: \_\_\_\_\_

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:

ALLEY PAVING

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	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$ 1288.44	\$ 644.02
Total Project Cost	\$ 0.00	
	Total LB840 Funds Requested:	\$ 0.00

**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): \_\_\_\_\_

**C. PROJECT LOCATION:**

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

Rosa Ortega  
Applicant's Signature

2-26-26  
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	<u>Rosa Ortega</u> <small>(first, middle, last)</small>
SIGNATURE	<u>Rosa Ortega</u>
DATE	<u>2-26-26</u>

1/19/2010

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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/58fa7907ccebfb](http://www.crete.ne.gov/vnews/display.v/ART/58fa7907ccebfb). 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*

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



## 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: Paul Lopez

Business Address: 123 E 1357 Crete Ne 68333  
(City) (State) (Zip Code)

Contact Person: Paul Lopez Telephone Number: 402-418-1341

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Type of Entity:     Start-Up     Buyout     Existing

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

**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 type="checkbox"/> Other                  |

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

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Corporation         | <input type="checkbox"/> Partnership |
| <input 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
Raul Lopez	owner	

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: \_\_\_\_\_

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:

*Alley Paving*

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	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ <i>4092.14</i> 0.00	\$ <i>2046.07</i>
	Total LB840 Funds Requested:	\$ 0.00

**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): \_\_\_\_\_

**C. PROJECT LOCATION:**

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

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**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

2/26/2026  
 \_\_\_\_\_  
 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	<u>Raul Lopez</u> <small>(first, middle, last)</small>
SIGNATURE	<u>[Handwritten Signature]</u>
DATE	<u>2/26/2026</u>

1/19/2010

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**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: ROUNDABOUT ENERGY LLC

Business Address: 1201 LINDEN AVE CRETE NE 68333  
(City) (State) (Zip Code)

Contact Person: JEFF JIROVEC Telephone Number: 402-890-4388

Fax Number: \_\_\_\_\_ Email Address: jjirovec123@gmail.com

Federal Tax ID Number: 46-3662592

Type of Entity:  Start-Up  Buyout  Existing

If Existing, Number of Years in Business in Crete: ~~9~~ 1 yr

**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)



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/58fa7907cceb](http://www.crete.ne.gov/vnews/display.v/ART/58fa7907cceb). 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*

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.

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*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



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

Full Name	Title	Ownership Percentage
JEFF SIROVEC	OWNER	100%

Which type of assistance is the entity applying for?

- Grant    
  Loan Guarantee If so, Lender? \_\_\_\_\_    
  Other

Explain: LB 840

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: LB 840 2024

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

Number of Existing Full-Time Equivalent Employees: 2

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: 3-4

(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 RENOVATIONS

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$	\$
Renovation/Rehabilitation	\$ 8,503.69	\$ 4,251.84
New Construction	\$	\$
Machinery / Equipment Acquisition	\$	\$
Business / Employee Recruitment Activities	\$	\$
Technology Costs	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 0.00	
	Total LB840 Funds Requested:	\$ 0.00

**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): \_\_\_\_\_

**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 checked="" type="checkbox"/> Yes | <input 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:

---

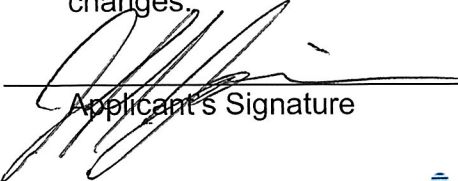
**D. ATTACHMENTS:** - Please Include the Attachments that Apply to Your Entity – See *checklist Page 5.*

**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

4-13-26  
 \_\_\_\_\_  
 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

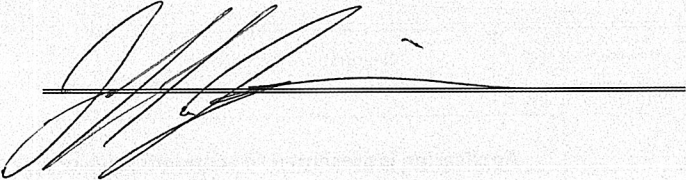
For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

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	<u>JEFFREY KENT STROVEC</u> <small>(first, middle, last)</small>
SIGNATURE	<u></u>
DATE	<u>4-13-26</u>

1/19/2010

DOWNLOAD/SAVE

PRINT

# LB 840 APPLICATION PROCESS

Next Step In Process

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

Step 1

Applicant goes to Director with idea

Is applicant and project eligible?

No

Yes

Step 2

Application is submitted

Step 3

Director does a review & analysis of application

Is the application accepted?

No

Yes

Step 4

The applicant and Director enter into negotiations

Negotiations Not Accepted

Negotiations Accepted

*May enter into Negotiations*

Step 5

Application is presented to economic advisory committee by Director

Step 6

Application goes to public meeting and advisory committee executive session for financial determination and recommendation

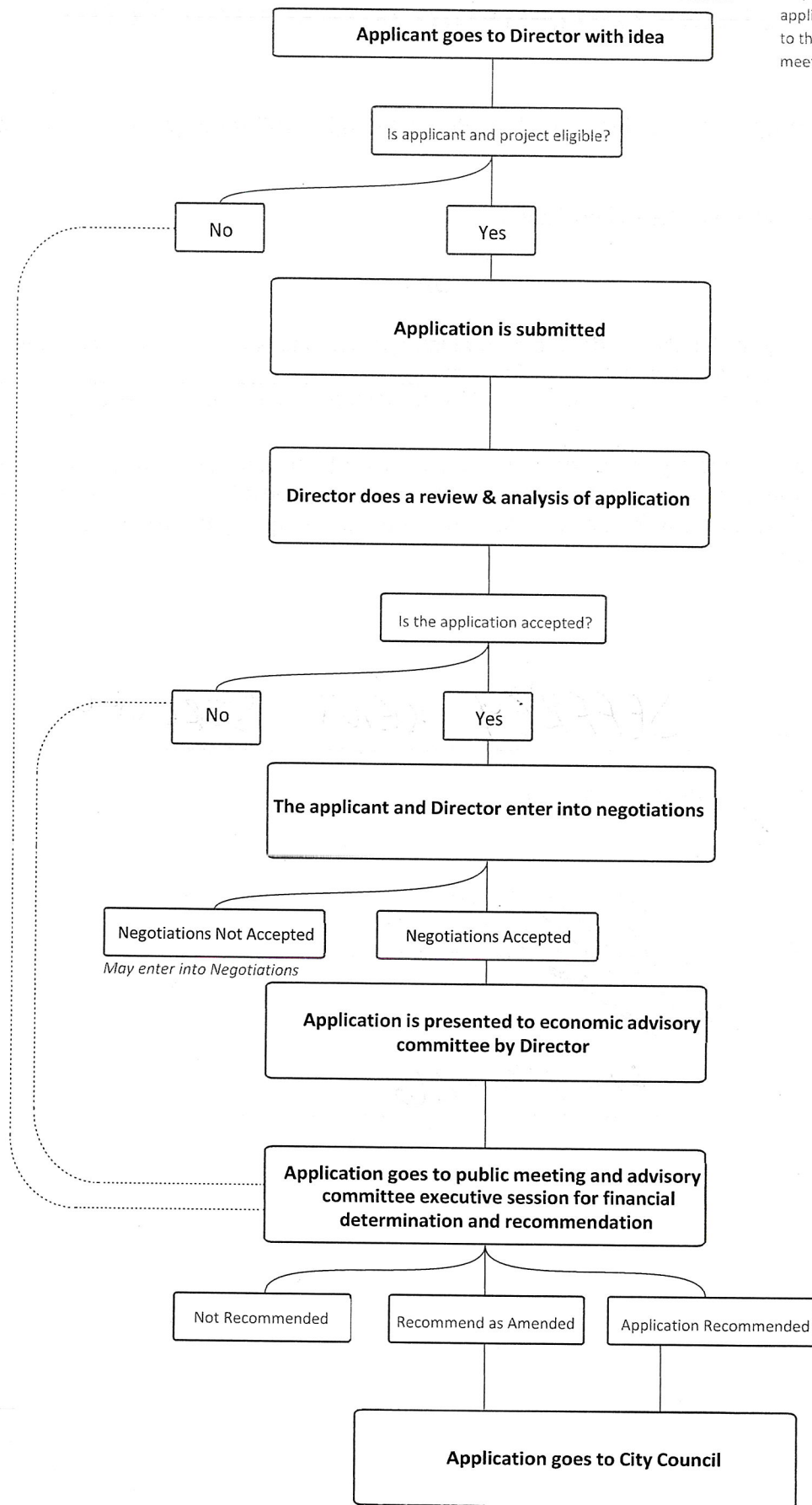
Not Recommended

Recommend as Amended

Application Recommended

Step 7

Application goes to City Council





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/58fa7907cceb](http://www.crete.ne.gov/vnews/display.v/ART/58fa7907cceb). 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.

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Crete, NE 68333**

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



**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: Mariadel Carmen Lemus Murillo

Business Address: 1238 Main Crete  
(City) (State) (Zip Code)

Contact Person: \_\_\_\_\_ Telephone Number: 4024198814

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Type of Entity:     Start-Up     Buyout     Existing

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

**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 type="checkbox"/> Other                  |

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

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Corporation         | <input type="checkbox"/> Partnership |
| <input 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
Jorge Luis Almanza		
Maria del Carmen Lemus		

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: \_\_\_\_\_

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:

Proyecto Pavimento

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	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$	\$
Total Project Cost	\$ 2,834.56	\$ 1,417.28
	0.00	
	Total LB840 Funds Requested:	\$ 1,417.28 <del>0.00</del>

**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): \_\_\_\_\_

# 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: 067010622810E0397840009 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

Maria del Carmen Lemus Morillo

(first, middle, last)

SIGNATURE

Carmen Lemus M.

DATE

04/13/2026

1/19/2010

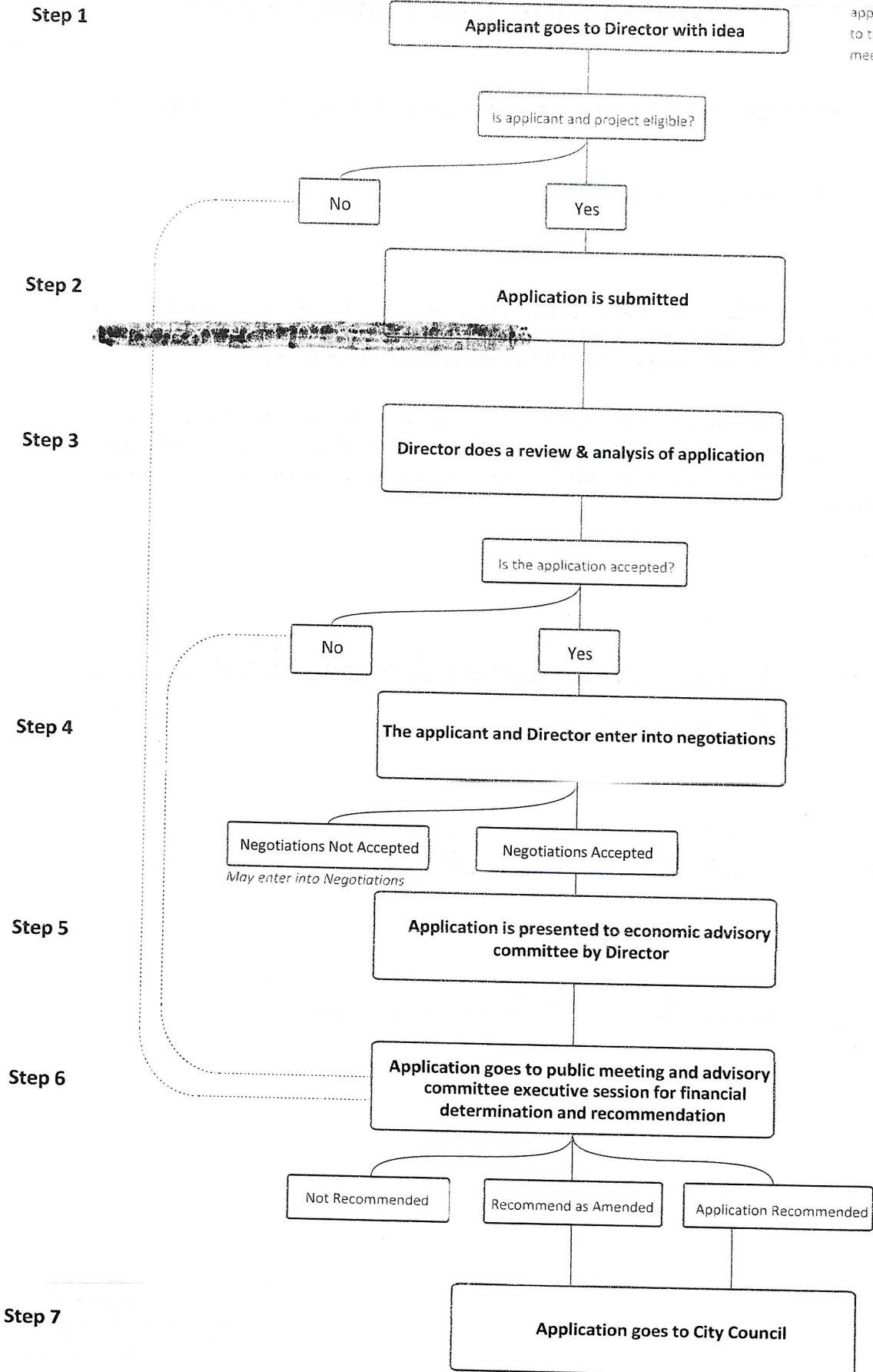
DOWNLOAD/SAVE

PRINT

# LB 840 APPLICATION PROCESS

Next Step In Process

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



**C. PROJECT LOCATION:**

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

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- Business Plan: Brief Description of the Business
- Resumes of all Owners/Co-Owners/Directors/Partners/Stockholders
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- 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.

Carman Lemus M.  
Applicant's Signature

04/13/2026  
Date

**Checklist for Local Economic Development Program Application**

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- A completed and signed application with all required support documents including, but not limited to:
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  - Past three years personal tax returns
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  - Most Current Business Plan
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- 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.

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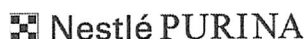
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Crete, NE 68333**

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



**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: FEI Properties LLC.

Business Address: 445 E. 13th Street  
(City) (State) (Zip Code)

Contact Person: Angie Diaz Telephone Number: 402-890-1584

Fax Number: 531-291-5043 Email Address: angiediaz.loans@gmail.com

Federal Tax ID Number: 20-4601228

Type of Entity:  Start-Up  Buyout  Existing

If Existing, Number of Years in Business in Crete: 20+ years

**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
JOSE F. ROMERO	CEO	50%
ANGELICA M. DIAZ	President	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: 3

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:

*Alley Paving Project*

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	\$	\$
Small Business Development	\$	\$
Working Capital (Includes Inventory)	\$	\$
Job Training	\$	\$
Other	\$ <i>2834.56</i>	\$ <i>1,417.28</i>
Total Project Cost	\$ 0.00	
	Total LB840 Funds Requested:	\$ <i>1417.28</i> 0.00

**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): \_\_\_\_\_

**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 type="checkbox"/> No |
| Not Located in Crete but for area benefit? | <input type="checkbox"/> Yes            | <input 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
- 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

4/15/26

\_\_\_\_\_  
Date

# United States Citizenship Attestation Form

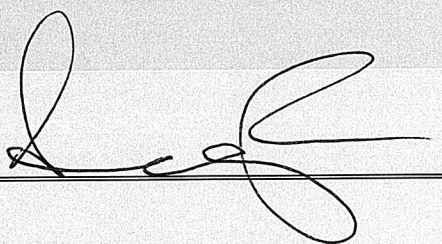
For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

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	<u>Angelica M. Diaz</u> <small>(first, middle, last)</small>
SIGNATURE	
DATE	<u>4/15/26</u>