

Legislative and Economic Development Committee Meeting
Tuesday, June 16, 2020 4:30 PM
Crete Library/Community Center
1515 Forest Ave.
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 Community Room.
- Items listed on the agenda may be considered in any order.
- [Error! Hyperlink reference not valid.](#)

2. Roll Call

- Attendance of members will be recorded to determine the presence of a quorum for official actions.
- [Error! Hyperlink reference not valid.](#)

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.
- [Error! Hyperlink reference not valid.](#)

A. Discuss and provide a recommendation to the City Council on granting LB840 funds to the Chamber of Commerce for working capital related to upcoming promotional events.

- [Error! Hyperlink reference not valid.](#)

B. Discuss and provide a recommendation to the City Council on approving Artisan Mark's request for a temporary outdoor addition to its liquor license.

- [Error! Hyperlink reference not valid.](#)

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.
- [Error! Hyperlink reference not valid.](#)

5. Adjournment

- [Error! Hyperlink reference not valid.](#)

- 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.

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 CHAMBER OF COMMERCE

Business Address: 1302 LINDEN AVE CRETE NE 68333
(City) (State) (Zip Code)

Contact Person: JACK COCHVAR Telephone Number: 402-826-2136

Fax Number: _____ Email Address: cretechamber@gmail.com

Federal Tax ID Number: 47-0369735

Type of Entity: Start-Up Buyout Existing

If Existing, Number of Years in Business in Crete: SINCE 1932 88 YEARS

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 type="checkbox"/> LLC | <input type="checkbox"/> Governmental Entity | <input checked="" 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	PRESIDENT	NA
SAM BARLEY	VICE PRESIDENT	NA
DEB POLACEK	TREASURER	NA
JACK COCHNAR	EXECUTIVE DIRECTOR	NA

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: 1.5

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: _____

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:

*ADVERTISEMENT AND PROMOTION OF DOWNTOWN RESTAURANT OUTSIDE DINING.
 FUNDS WILL BE USED TOWARDS NEWSPAPER ANNOUNCEMENTS AND TO PROMOTE
 OUTSIDE DINING ONE NIGHT PER MONTH (JUNE, JULY, AUGUST).
 THIS WILL BE AN ECONOMIC BOOST FOR CRETE BUSINESSES.*

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	\$ 500.00	\$
Total Project Cost	\$ 500.00	
	Total LB840 Funds Requested:	\$ 500.00

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

6-9-2020
 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.

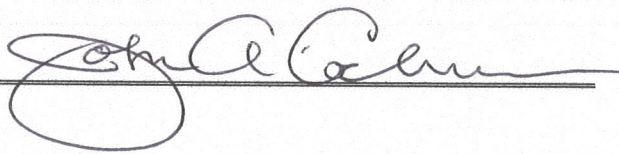
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME

JOHN ALAN COCANAK (JACK)

(first, middle, last)

SIGNATURE



DATE

6-9-2020

1/19/2010

DOWNLOAD/SAVE

PRINT



Pete Ricketts
Governor

STATE OF NEBRASKA
NEBRASKA LIQUOR CONTROL COMMISSION
Robert B. Rupe

Executive Director
301 Centennial Mall South 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814 or (402) 471-2374
TRS USER 800 833-7352 (TTY)

June 12, 2020

Crete City Clerk
judi.meyer@crete.ne.gov

Dear Clerk:

Please present the following application for **Addition** to your board and send us the results of that action.

ADDITION: OUTDOOR AREA

LICENSE #: I-123528
LICENSEE: Artisan Mark LLC
TRADE NAME: Artisan Mark Coffee & Goods
ADDRESS: 1144 Main Ave
CITY/COUNTY: Crete/Saline
CONTACT NUMBER: 402-309-5206
CONTACT PERSON: Elayne Woods Jones
EMAIL: info@artisanmarkcoffee.com

REQUEST: ADDITION OF OUTDOOR AREA 30 x 20 (Temporary)

**MAKING THE NEW DESCRIPTION READ: Main Floor of Two Story Building Approx 90x 21
Including Outdoor Area Approx 25 x 20 Plus Temporary Area Approx. 20 x 30**

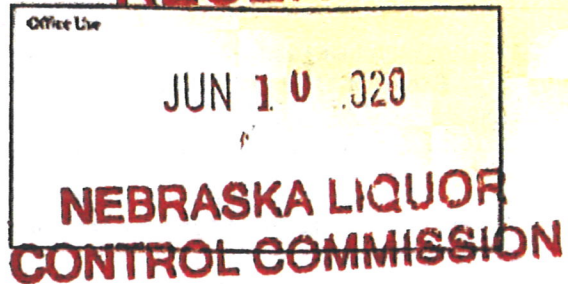
APPROVED _____ **DISAPPROVED** _____

Tracy Burmeister
Licensing Division

**APPLICATION FOR ADDITION
TO LIQUOR LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL, SOUTH
PO BOX 93046
LINCOLN, NE 68309-9346
PHONE: (402) 471-2571
FAX: (402) 471-2834
Website: www.lcc.nebraska.gov

RECEIVED



Application:

- Must include processing fee of \$45.00 check made payable to the Nebraska Liquor Control Commission or you may pay online at www.nc.gov/go/NLCCpayport
- Must include a copy of the lease or deed showing ownership of area to be added. This is still required even if it's the same as on file with original application
- Must include simple hand drawn sketch showing existing licensed area and area to be added, must include outside dimensions in feet (not square feet), show direction north.
NO BLUE PRINTS
- May include approval from the local governing body; no addition shall be approved unless endorsed by the local governing body
- Check with your local governing body for any additional requirements that may be necessary in making this request for addition

LIQUOR LICENSE # 123528 CLASS TYPE I

LICENSEE NAME Artisan Mark LLC

TRADE NAME Artisan Mark Coffee + Goods

PREMISE ADDRESS 1144 Main Ave

CITY Crete ZIP CODE 68333 COUNTY Saline

CONTACT PERSON Elayne Woods Jones

PHONE NUMBER OF CONTACT PERSON 402-309-5706

EMAIL ADDRESS OF CONTACT PERSON info@artisanmarkcoffee.com

BARCODE
LABEL

1. What is being added?

Explain the type of addition that is being requested. I.e. beer garden, adding to building

Extension to patio area

2. Will this addition cause the location to be within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children; or within 300 feet of a college or university campus?

YES NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. §3-177)(1).

Must include supplemental Form 134 found at this link: <http://www.lce.ne.gov/forms/d134.html>

If proposed location is within 300 feet of a campus, the Commission may waive this restriction upon written approval from the governing body of the college or university. (Rev. Stat. §3-177)(1).

Must include supplemental Form 135 found at this link: <http://www.lce.ne.gov/forms/d135.html>

3. Include a sketch of the area to be added showing:
- ✓ existing licensed area with length & width in feet
 - ✓ area to be added with length & width in feet
 - ✓ direction north

4. If adding an outdoor area explain:
- ✓ type of fencing
 - ✓ height of fence
 - ✓ length & width of outdoor area in feet

12.07 Outdoor area shall mean an outdoor area included in licensed premises, which is used for the service and consumption of alcoholic liquors and which is contained by a permanent fence, wall or other barrier approved by the Commission and shall be in compliance with all building and fire, or other applicable local ordinances. Rule Chapter 2-012.07

I acknowledge under oath that the premises as added to comply in all respects with the requirements of the act. Neb Rev Stat §51-129

[Signature]
Signature of Licensee or Officer

State of Nebraska

County of _____

The foregoing instrument was acknowledged before me this

_____ Day

by _____

name of person acknowledged (and initials signing document)

Affix Seal

Notary Public signature

addition to sidewalk
and street

