

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

**1. Open Meeting**

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

**2. Roll Call**

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

**3. Items of Business**

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

3.A. Consider the LB840 Application from Saline Medical Specialties

3.B. Consider the LB840 Application from Dollarama Remodeling and Solutions LLC

3.C. Consider the LB840 Application from Tom and Vicki Sorensen

3.D. Animal Shelter

**4. Officers' Reports**

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

**5. Adjournment**

**Disclaimers & Notices**

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

**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: Dollarama Remodeling and Solutions  
 Business Address: PO BOX 272 Crete NE 68333  
(City) (State) (Zip Code)  
 Contact Person: Luency Marin Madrigal Telephone Number: 786 400 5687  
Yoan R Montero Maseda 605 380 2804  
 Fax Number: \_\_\_\_\_ Email Address: dollarama84@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)**

- 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/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](mailto:tom.ourada@crete.ne.gov)*

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

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

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

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

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



**C. PROJECT LOCATION:**

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

If Not in City Jurisdiction, please explain local benefit:

---

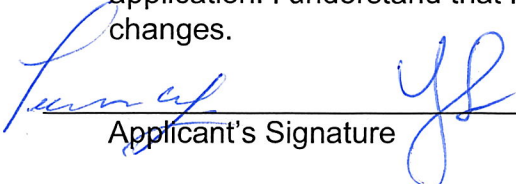
**D. ATTACHMENTS:** - Please Include the Attachments that Apply to Your Entity – See *checklist Page 5.*

**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

9-3-2025  
 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

Nos gustaría aplicar para la ayuda de la Ciudad para comenzar nuestro negocio, pues necesitamos un vehículo suficientemente grande para ~~movit~~ movilizar nuestros equipos.

Además necesitamos obtener otras herramientas para garantizar un mejor servicio a los clientes.

Queremos también destinar ~~cierto~~ ~~cierto~~ parte de nuestro tiempo en ayuda comunitaria.

The reaction between  
the acid and the base  
is a neutralization reaction  
in which the acid and base  
react to form a salt and water.  
The general equation for a  
neutralization reaction is  
 $\text{acid} + \text{base} \rightarrow \text{salt} + \text{water}$   
For example, the reaction  
between hydrochloric acid  
and sodium hydroxide is  
 $\text{HCl} + \text{NaOH} \rightarrow \text{NaCl} + \text{H}_2\text{O}$   
This reaction is exothermic,  
meaning it releases heat.  
Neutralization reactions are  
important in many areas  
of chemistry, including  
biology and environmental  
science.

**B. PROJECT INFORMATION:**

Please provide a Brief Project Summary Description:

We would like to apply for assistance to start our construction business. We are needing help with purchasing the equipment and a vehicle for the larger equipment. We would like to also offer our services to help in the community when we can for certain projects free of charge.

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$	\$
Renovation/Rehabilitation	\$	\$
New Construction	\$	\$
Machinery / Equipment Acquisition	\$ 54,000	\$ 27,000
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:	\$ 27,000 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): \_\_\_\_\_

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

Full Name	Title	Ownership Percentage

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)

# 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>Luency MARIN Madrigal</u> (first, middle, last)
SIGNATURE	<u>Luency</u>
DATE	<u>09/03/25</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

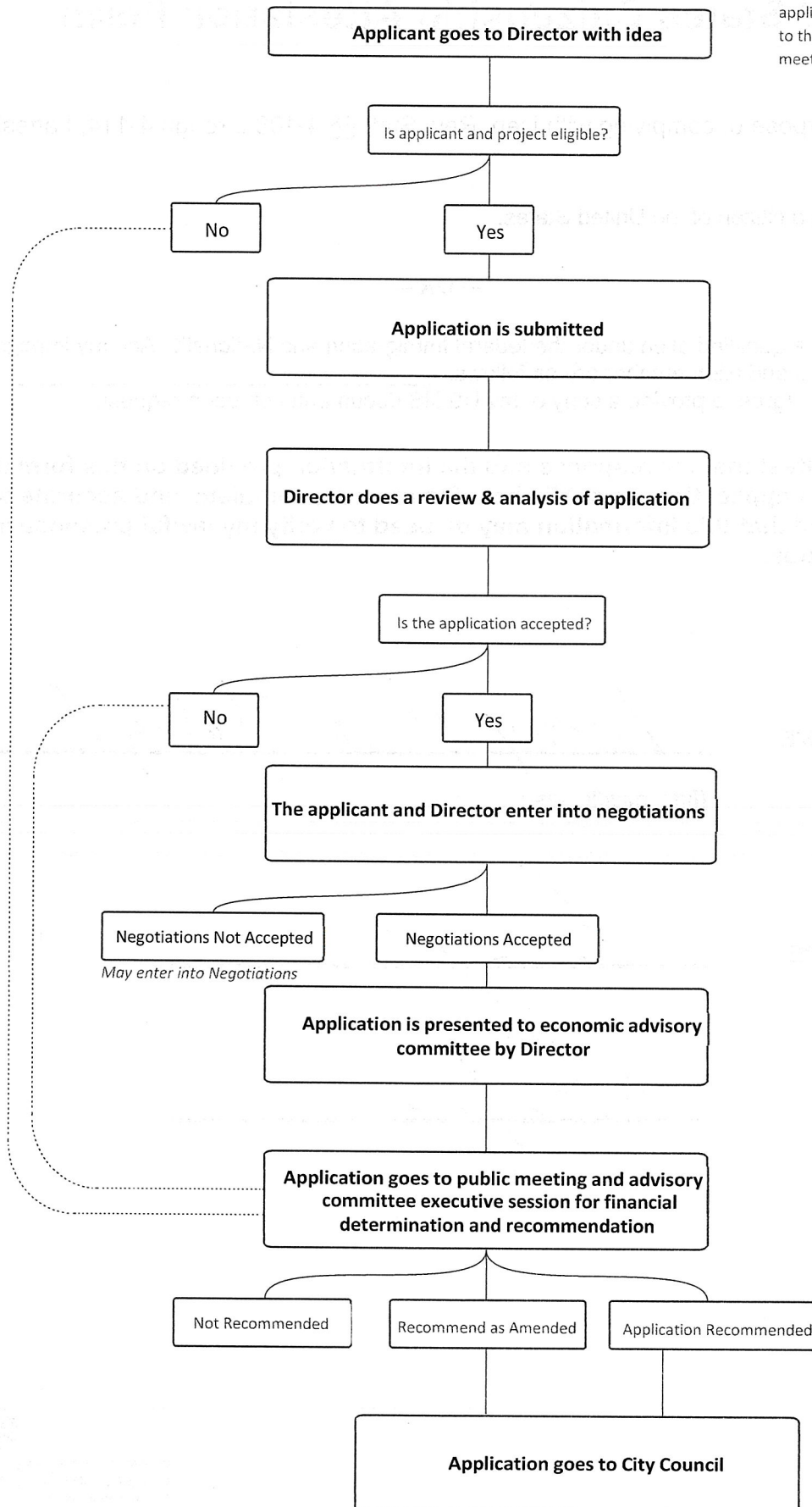
Not Recommended

Recommend as Amended

Application Recommended

Step 7

Application goes to City Council





**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: Tom/Vicki Sorensen (we will establish a LLC)

Business Address: 1132 Main Crete, NE 68333  
(City) (State) (Zip Code)

Contact Person: Tom Sorensen Telephone Number: 4028265104

Fax Number: 88846678141 Email Address: tom.sorensen@edwardjone

Federal Tax ID Number: 505962279

Type of Entity:  Start-Up  Buyout  Existing

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

**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
Thomas Sorensen Jr	owner	50
Vicki Sorensen	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: 0

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:

Build a facility for community use for:

- 1) three pickle ball courts
- 2) two short basketball courts
- 3) space for community events

Use of Funds	Total Project Cost	Econ Dev Funds Requested
Land or Building Acquisition	\$ 715,517.00	\$ 250,000.00
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	\$ 715,517.00	
	Total LB840 Funds Requested:	\$ 250,000.00

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

If Borrowing, Name of Lender: \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Loan Term (Years): \_\_\_\_\_

Amount Injected Into the Project by Business/Partners/Owners:

\_\_\_\_\_

Other Funding Source(s) and Amount(s): \_\_\_\_\_

## Pickle Ball Facility - business plan

Our hope is to build a facility for use by all/any citizens in Crete.

The primary use will be to play pickle ball. Currently there are not courts in town designated specifically for pickle ball. To play pickle ball you need to tape lines on existing tennis courts or basketball courts. This facility will have lines specifically for pickle ball. There are currently some pickle ball players in Crete, but we believe if there were additional, designated courts, in an indoor setting, there will be more citizens who want to pick up the game. This will be a positive for both physical, and social interaction.

We intend to have four basketball hoops in the facility, or two short courts. This would likely not be competition type courts but would certainly be acceptable for younger kids practices and community recreational use.

In addition to these two, the facility could be used for any gathering that the citizens of Crete would request/benefit from. Such things as garage sales in the winter, farmers markets in the winter, auctions, family gatherings, etc, would be possible uses. Another thought would be to have community "open gym" nights for families to get exercise.

Upon completion of the building process, we will operate the facility, or give the City the option to lease and operate the facility. We hope this facility will provide a source of exercise and entertainment for the citizens of Crete.

**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.

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

9/30/25  
 \_\_\_\_\_  
 Date

# United States Citizenship Attestation Form

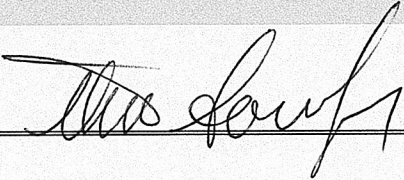
For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

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	Thomas Sorensen Jr <hr/> <small>(first, middle, last)</small>
SIGNATURE	 <hr/>
DATE	9/30/25 <hr/>

1/19/2010

DOWNLOAD/SAVE

PRINT