ST. LOUIS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY

TAX EXEMPT LOAN, BOND APPLICATION

I. Organization Information

A.	Organization Name		
	Contact Person	_Email	
	Address		Zip
	Phone ()	Fax()	
	Referred by		

B. State the general nature of the applicant's business.

C. Describe the purpose for which the organization is seeking financing.

II. Project Information

A. Project Costs		Project Financing			
Land and Improvement	t \$	Loan, Bond I Amount \$			
Building	\$	Equity	\$		
New Equipment	\$	Other (Specify)			
Interest (during Construction)	\$		\$ \$		
Refinancing Debt	\$				
Expenses	\$				
Other (specify)	\$ \$				
Total Project Cost (round to \$100's)	\$	Total (must equal total proje	\$ ct cost)		
B. State the address of	of the project:				
		z	ip		
C. Describe the type of	of loan or bond (e.g., manufactu	ring, 501(c)(3), TIF, TDD,	CID, etc.):		
D. Is the project located within the corporate limits of a St. Louis County municipality					
If yes, which municipality?					

E. Briefly describe the economic impact this project will have on the St. Louis area economy, including the number of jobs created or retained.

	Ful	l Time	Part Time		
II.	Pro	oject Financing			
	A.	What is the projected issuar	nce date for the bonds? Mo	onthYear	
	В.	How will the bonds be mark			
			an underlying rating? Yes	s No ncy?	
		 If not, will the bonds be If yes, what form of cred What is the anticipated 	lit enhancement?	No ating agency?	
		 If the bonds are not rated, do you plan to restrict the sale to "accredited" individuals (i.e. those meeting the minimum qualifications under Reg. D) and qualified institutional investors? Yes			
	Private Placement				
		If known, who will be put	rchasing the bonds?		
		Direct Bank Purchase			
 Name of the bank that has agreed to purchase the bonds? Will the bank consent to limiting the sale of the bonds in the seconly "qualified institutional investors?" Yes No 				nds in the secondary market to	
	C. Underwriter or Placement Agent:				
		Firm Name	Contact Person	Phone	
/ .	Miscellaneous Information				
	Во	nd Counsel:			
		n Name	Contact Person	Phone	

	Borrower Counsel:			
	Firm Name	Contact Person	Phone	
	Dated	, 20		
	 Applicant's Representati	ve – Name and Title		
V.	Attachments			
Please e	nclose the following. Indicat	e if attached (X) or not applicable (N/A).	
FINANCI	IAL			
		t and profit & loss statement for on letter and any schedules and no	•	
	<u>Current</u> . If most recent s and profit & loss statemen	statements are over sixty days ol ts.	d, attach current balance sheet	
OTHER				
		nd Counsel. A letter from an approthe the project qualifies as a "Project 986, as amended.		
		A preliminary letter of commitment of the marketability of the marketabi	•	
	\$1,500 application fee. Par This is a non-refundable fe	yable to the St. Louis County Indu e.	ustrial Development Authority.	
	Applications should be fi	led with:		
	7733 Forsyth Suite 2300	Authority of the County of St. Loui	S	
	Clayton, MO 63105 (314) 615-7667 rpalank@stlpartnership.	<u>com</u>		