

STATE ENVIRONMENTAL IMPROVEMENT AND ENERGY RESOURCES AUTHORITY

PRIVATE ACTIVITY BOND ISSUANCE APPLICATION

Please complete the application accurately and in full. If additional space is required, please use clearly identifiable attachments.

1. APPLICANT						
NAME OF APPLICANT						
TELEDHONE NUMBER		EMAIL ADDRESS				
TELEPHONE NUMBER		EMAIL ADDRESS				
MAILING ADDRESS						
CITY	E			ZIPCODE + FOUR		
NAME OF APPLICANT'S RESPONSIBLE OFFICER			TITLE			
TELEPHONE NUMBER		EMAIL ADDRESS				
MAILING ADDRESS		1				
CITY STAT		E			ZIPCODE + FOUR	
2. APPLICANT'S BOND COUNSEL						
NAME OF BOND COUNSEL			FIRM			
TELEPHONE NUMBER		EMAIL ADDRESS	EMAIL ADDRESS			
MAILING ADDRESS						
CITY	STAT	Ē			ZIPCODE + FOUR	
3. PROJECT SUMMARY						
A. Amount of proposed financing \$						
B. Does the Applicant contemplate a public or private sale of the bonds? ☐ Public ☐ Private						
C. Has the Applicant made arrangements to market the bonds? ☐ Yes ☐ No						
If yes, with whom?						
D. TARGET DATE TO CLOSE THE FINANCING E. TAR	RGET DATE T	TO BEGIN THE FINAL	NCING	F.	TARGET DATE TO BEGIN OPERATIONS	
G. Briefly describe why tax-exempt financing is necessary for this project.						
- , , , , , , , , , , , , , , , , , , ,						
H. Attach hereto as "Exhibit A" a description of sketches) including type (new construction						

magnitude and use, together with any feasibility study which the Applicant obtained with respect to the project.

I. Summarize Project Costs and Source(s) of Funds						
PROJECT COSTS:						
Land and improvements				\$		
Buildings			\$			
Equipment				\$		
Interest (during construction)				\$		
Engineering				\$		
Expenses				\$		
Total Project Cost *				\$		
SOURCE(S) OF FUNDS:						
Proceeds of Authority Financing				\$		
Other Sources (Please Specify)			\$			
				\$		
Total Funds from All Sources *				\$		
*Project Cost Total and Total Funds fro	m All Sources	s sh	ould be equal.			
4. OWNERSHIP, MANAGEMENT AND FIN						
A. Identify any firm or person, other the project. *	an the applica	ant,	that will be a guarantor of	of the financing or a principal user of the		
ENTITY NAME			☐ Guaranto	or □ Principal User		
NAME OF RESPONSIBLE OFFICER			TITLE			
TELEPHONE NUMBER			EMAIL ADDRESS			
MAILING ADDRESS						
CITY	S	STATE	<u> </u>	ZIPCODE + FOUR		
*Any additional guarantors and principal users may be listed on an additional page.						
☐ Individual ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Not-for-profit Corporation						
□ Other (Pleas	Is the Applicant a ☐ Other (Please Specify)					
C. How many years has the Applicant'	C. How many years has the Applicant's firm been in business? years					
D. If the Applicant is a corporation, list the names and affiliations of						
the Corporation's board of directors, OR if the Applicant is a						
proprietorship, partnership or						
closed corporation, list the names of owners and percentage owned.						
Swillou.						

E.	If the Applicant is publicly owner	ed, is it registered under the Securities	s Exchange Act of 1934? ☐ Yes ☐ No			
F.	Provide the name of the Applic	ant's auditors.				
G.	☐ Yes ☐ No					
	If yes, please provide the nam	e and address of the insurer.				
INSU	RER'S NAME		TELEPHONE NUMBER			
MAIL	ING ADDRESS					
CITY		STATE	ZIPCODE+FOUR			
H.	H. Attach hereto as "Exhibit B" financial statements for the three most recent fiscal years and any interim reports since the end of the most recent fiscal year. Include balance sheets, income statements, changes in stockholders' equity, statement of changes in financial position and related notes.					
l.	Attach hereto as "Exhibit C" a passumptions used to develop r		roject that includes a description of any key			
5 A.			activities or products is involved, please			
	describe).					

В.	What type of business is proposed to be co						
	Please describe in detail the precise nature products to be manufactured, assembled, o percentage of space to be devoted to each	of activities to be undertaken in processed, as well as service	n the facility, including a list of all so to be rendered. Outline the estimated				
C.	Does the principal user(s) of the proposed pr	roject have single or multiple of	ant operations? □ Single □ Multiple				
D.	Where will the headquarters of the principal	, , , ,					
	SICAL ADDRESS	user(s) of the facility be located	·•				
OUT		07475	710 0005 - 50110				
CITY		STATE	ZIP CODE + FOUR				
E.	Is the proposed project a new facility or an explacement or relocation of existing facilities principal user(s)?		•				
_	F. If this is an expansion, replacement or relocation of existing facilities, please state the location and current number of employees of any such facilities being expanded, replaced or relocated.						
F.							
	of employees of any such facilities being exp	panded, replaced or relocated.	y of all planned construction, the names				
6. P	ROJECT DETAILS Attach as "Exhibit D" a description of the proof contractors and architect, and a graphical	ject scope, including a summar representation depicting the pr	y of all planned construction, the names oject (such as drawings or artist's				
6. P A. B.	ROJECT DETAILS Attach as "Exhibit D" a description of the proof contractors and architect, and a graphical renderings). Attach hereto as "Exhibit E" a drawing or ma	ject scope, including a summar representation depicting the pr	y of all planned construction, the names oject (such as drawings or artist's				
6. P A. B.	ROJECT DETAILS Attach as "Exhibit D" a description of the proof contractors and architect, and a graphical renderings). Attach hereto as "Exhibit E" a drawing or ma the proposed site.	ject scope, including a summar representation depicting the pr	y of all planned construction, the names oject (such as drawings or artist's road access, and adjacent land use of				
6. PA. B.	ROJECT DETAILS Attach as "Exhibit D" a description of the proof contractors and architect, and a graphical renderings). Attach hereto as "Exhibit E" a drawing or mathe proposed site. Are any zoning changes necessary for const	ject scope, including a summar representation depicting the property p specifying the exact location, truction of the project?	y of all planned construction, the names oject (such as drawings or artist's road access, and adjacent land use of Yes No Leased Under contract to				
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7. MEASURES OF NEED FOR PROJECT AND ECONOMIC GROWTH AND BENEFITS					
A. Is this project required for compliance with any federal regulation and/or requirement of any federal or state as		□ Yes	□ No		
If yes, identify said law or regulation and/or agency.					
 State time limit or deadline within or by which the requirements must be met. 					
State measure of compliance to be achieved by this project.					
B. Identify all local, regional, state and federal permits required in connection with the construction and operation of the project, along with the name of the permitting agency.					
C. On completion, how many additional employees will be hired locally by the facility user(s)? Initially? Within 3 years?					
What other economic benefit(s) will the State of Missour improved air quality, improved water quality, etc.)?	ri receive from the construction o	f this project (such as		
8. CERTIFICATION:					
The undersigned certifies that the information submitted in this application is true and correct to the best of their knowledge and that they are authorized to sign and submit this application. The undersigned acknowledges receipt of the current schedule of applicant fees and expenses as outlined in the "Private Activity Bond Financing Guidance" dated August 2025 and hereby agrees to pay all such fees and expenses in an amount and such time as stipulated therein. The applicant agrees, if a loan or loan/grant combination is awarded on the basis of this application, to comply with all applicable terms, conditions, and procedures. Incomplete applications will be returned.					
SIGNATURE	DATE				
NAME (PRINT OR TYPE)	TITLE				
NAME OF FIRM					
Application Submittal: Submit the completed application and any applicable attachments via email to eiera@eiera.mo.gov (preferred), or mail to:					
Missouri Environmental Improvement and Energy Resources Authority 425 Madison St., 2nd Floor P.O. Box 744 Jefferson City, MO 65102					

For More Information:

Joe Boland, Executive Director
Missouri Environmental Improvement and Energy Resources Authority
425 Madison St., 2nd Floor
P.O. Box 744
Jefferson City, MO 65102
573-751-4919
eiera@eiera.mo.gov
www.eiera.mo.gov

Please visit the <u>Missouri Veteran's Commission</u> to respond to optional questions about military service (§42.051 RSMo. 2024).