

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		
TELEPHONE NUMBER	EMAIL ADDRESS	
MAILING ADDRESS		
CITY	STATE	ZIPCODE + FOUR
NAME OF APPLICANT'S RESPONSIBLE OFFICER		TITLE
TELEPHONE NUMBER	EMAIL ADDRESS	
MAILING ADDRESS		
CITY	STATE	ZIPCODE + FOUR
2. APPLICANT'S BOND COUNSEL		
NAME OF BOND COUNSEL		FIRM
TELEPHONE NUMBER	EMAIL ADDRESS	
MAILING ADDRESS		
CITY	STATE	ZIPCODE + FOUR
3. PROJECT SUMMARY		
A. Amount of proposed financing		\$
B. Does the Applicant contemplate a public or private bond sale?		<input type="checkbox"/> Public <input type="checkbox"/> Private
C. Has the Applicant made arrangements to market the bonds? If yes, with whom?		<input type="checkbox"/> Yes <input type="checkbox"/> No
D. TARGET DATE TO CLOSE THE FINANCING	E. TARGET DATE TO BEGIN THE FINANCING	F. TARGET DATE TO BEGIN OPERATIONS
G. Is this project qualified for tax-exempt bond issuance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
H. If project is qualified, briefly describe why tax-exempt financing is necessary for this project.		
I. Attach hereto as "Exhibit A" a description of the project to be financed (including any available maps, diagrams and sketches) including type (new construction, acquisition, renovation, equipment purchase, etc.), location, scope, 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	\$
<hr/>	
Total Project Cost *	\$

SOURCE(S) OF FUNDS:

Proceeds of Authority Financing	\$
Other Sources (Specify)	\$
	\$
<hr/>	
Total Funds from All Sources *	\$

*Project Cost Total and Total Funds from All Sources should be equal.

4. OWNERSHIP, MANAGEMENT AND FINANCIAL RESPONSIBILITY

A. Identify any firm or person, other than the applicant, that will be a guarantor of the financing or a principal user of the project. Any additional guarantors and principal users may be listed on an attached page.

ENTITY NAME		<input type="checkbox"/> Guarantor <input type="checkbox"/> Principal User
NAME OF RESPONSIBLE OFFICER	TITLE	
TELEPHONE NUMBER	EMAIL ADDRESS	
MAILING ADDRESS		
CITY	STATE	ZIPCODE + FOUR

B. Is the Applicant a Individual Proprietorship Partnership Corporation
 Not-for-profit Corporation Other (Please specify)

C. If the Applicant is publicly owned, is it registered under the Securities Exchange Act of 1934? Yes No

D. How many years has the Applicant's firm been in business? _____ years

E. 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.

F. Provide the name(s) of the Applicant's auditor(s).

G. Will there be insurance securing the financing?

Yes No

If yes, please provide the name and address of the insurer below.

INSURER'S NAME		TELEPHONE NUMBER
MAILING ADDRESS		
CITY	STATE	ZIPCODE+FOUR

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.

I. Attach hereto as "Exhibit C" a proforma financial statement for the project that includes a description of any key assumptions used to develop revenue projections.

5. NATURE OF APPLICANT'S BUSINESS AND FACILITY USAGE

A. State the general nature of the Applicant's business. (If a range of activities or products is involved, please describe).

B. What type of business is proposed to be conducted by the Applicant or principal users(s) at the project site? Please describe in detail the precise nature of activities to be undertaken in the facility, including a list of all products to be manufactured, assembled, or processed, as well as services to be rendered. Outline the estimated percentage of space to be devoted to each activity. Additional details may be provided an attached page.

C. Does the principal user(s) of the proposed project have single or multiple plant operations? Single Multiple

D. Where will the headquarters of the principal user(s) of the facility be located?

PHYSICAL ADDRESS

CITY	STATE	ZIP CODE + FOUR
------	-------	-----------------

E. Is the proposed project a new facility or an expansion, replacement or relocation of existing facilities of the proposed principal user(s)? New facility Expansion Replacement Relocation

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.

6. PROJECT DETAILS

A. Attach as “Exhibit D” a description of the project scope, including a summary of all planned construction, the names of contractors and architect, and a graphical representation depicting the project (such as drawings or artist’s renderings).

B. Attach hereto as “Exhibit E” a drawing or map specifying the exact location, road access, and adjacent land use of the proposed site.

C. Are any zoning changes necessary for construction of the project? Yes No

If yes, please explain.

D. Is the project site now either owned, leased, or under contract to purchase by the Applicant?	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Under contract to purchase
--	--

E. Attach hereto as “Exhibit F” an itemized list of all machinery and equipment to be purchased. Please include actual or estimated individual item costs.

F. Attach hereto as “Exhibit G” a list of all anticipated expenses incidental to the financing and project, including but not confined to professional fees, Authority fees, marketing fees, etc.

7. MEASURES OF NEED FOR PROJECT AND ECONOMIC GROWTH AND BENEFITS

- A. Is this project required for compliance with any federal or state law or regulation and/or requirement of any federal or state agency? If yes, complete the questions below. Yes No

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?

- D. What other economic benefit(s) will the State of Missouri receive from the construction of this project (such as improved air quality, improved water quality, etc.)?

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 Environmental Improvement and Energy Authority's "Bond Financing Guidance" 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

NAME (PRINT OR TYPE)

TITLE

DATE

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

573-751-4919

eiera@eiera.mo.gov

Please visit the [Missouri Veteran's Commission](#) to respond to optional questions about military service (§42.051 RSMo. 2024).