



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			
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 sale of the bonds?		<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. Briefly describe why tax-exempt financing is necessary for this project.			
H. 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		
<i>PROJECT COSTS:</i>		
Land and improvements		\$
Buildings		\$
Equipment		\$
Interest (during construction)		\$
Engineering		\$
Expenses		\$
Total Project Cost *		\$
<i>SOURCE(S) OF FUNDS:</i>		
Proceeds of Authority Financing		\$
Other Sources (Please Specify)		\$
		\$
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. *		
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
*Any additional guarantors and principal users may be listed on an additional page.		
B. Is the Applicant a <input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Not-for-profit Corporation <input type="checkbox"/> Other (Please Specify)		
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.		

E. If the Applicant is publicly owned, is it registered under the Securities Exchange Act of 1934? <input type="checkbox"/> Yes <input type="checkbox"/> No		
F. Provide the name of the Applicant's auditors.		
G. Will there be insurance securing the financing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the name and address of the insurer.		
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
<p>A. State the general nature of the Applicant's business. (If a range of activities or products is involved, please describe).</p>

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, identify said law or regulation and/or agency.	
<ul style="list-style-type: none"> 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 "Private Activity Bond Financing Guidelines" dated 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 [Missouri Veteran's Commission](https://www.missouri.gov/military) to respond to optional questions about military service (§42.051 RSMo. 2024).