

**Special City Council Meeting Agenda
City Council Chambers
June 15, 2021**

1. 12:00 p.m. Call the Meeting to Order at the Benson City Council Chambers (Mayor)
2. Pledge of Allegiance
3. Approval of Agenda
Additions? None 1. _____ 2. _____
Approval of Agenda _____ as Presented or _____ Revised **Action Requested**
4. Consider Loan to The Young Marran's LLC for the Theater - \$40,000
5. Adjourn: Mayor

**Benson Economic Development Authority
Loan Application Review Sheet**

Date: June 1, 2021

Applicant: The Young Marran's LLC

Project: Modernization/ repair and opening of the DeMarce Theater

Project Location: 1320 Atlantic Avenue, Benson, MN 56215

Loan Requested: \$40,000

Requested Terms: ~~7~~ 5 year forgivable

Use of Proceeds: Necessary repairs and upgrades including snack bar area, restrooms, and front of the building

Collateral Offered: First on DeMarce Theater mortgage

Total Project Cost: \$140,000

Proposed Financial Structure:

| | |
|----------------------------------|----------------------------|
| Benson EDA | \$40,000 |
| Benson Area Community Foundation | \$20,000 15,000 |
| <u>Owner Equity</u> | <u>\$80,000</u> |
| Total | \$140,000 |

Job Creation/Retention: 3 jobs will be created (1 FT/2PT)

CITY OF



REVOLVING LOAN FUND APPLICATION

Basic Information

Applicant/Business Name: The Young Marran's LLC

Address: 15082 50th St NE Phone: 612 419 5492

City: St Michael State: MN Zip: 55376

Contact Person: Randy Marran Email: Randymarran@yahoo.com

Type of Business: Sole Proprietorship Corporation Partnership
 Other (specify)

Federal EIN: _____ Tax ID: _____

DUNS Number: _____ NAICS Code: _____

Officers of Corporation or other entity:

President: Pam Marran Vice President: Randy Marran

Treasurer: Pam Marran Secretary: Tyler Ann Marran

Major Principals/Partners/Proprietors (Provide for each owning 30% or more of the business. If additional space is needed, please attach to this application.)

Name: Pam Marran / Tyler Ann Marran

Address: 15082 50th St NE

City, State, Zip: St Michael, MN, 55376

Telephone: 612 419 5492

% Ownership: 50/50

Please include current personal financial statement, signed and dated, and two most recent personal Federal income tax returns for each majority owner.

Brief description of the business the applicant is engaged in:

Source of Funds and Proposed Financing Terms

| | Bank | Equity | Benson EDA RLF | Other | Other | Other | TOTAL |
|----------------------|------|--------|-------------------|-------|-------|-------|-------|
| Amount | \$ | \$ | \$ 40,000 | \$ | \$ | \$ | \$ |
| % of Project | % | % | 37 % | % | % | % | 100% |
| Term (years) | yrs | yrs | 605 yrs | yrs | yrs | yrs | |
| Interest Rate | % | % | % | % | % | % | |
| Monthly Debt Service | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Collateral Offered | | | | | | | |
| Asset | | | | | | | |
| Value of Asset | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Lien Position | | | | | | | |
| Asset | | | | | | | |
| Value of Asset | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Lien Position | | | | | | | |

Employment Summary

Please indicate the company representative who should be contacted to follow up on the employment information.

Name: Randy Morrison Title: UP Phone: 612 419 5492 Email: R Morrison *Randy Morrison @ Yphotos.com*

Proposed Employment Information (If additional space is needed, please attach to this application.)

Provide the following information on the jobs you expect to create and/or retain due in part to the loan from the Benson EDA RLF. Created jobs are new jobs projected within **two years** of project completion. Retained jobs are those that would be lost without this project financing.

| Job Title | <u>Trailer Manager</u> | <u>Front Desk</u> | <u>Cleaner</u> | |
|-------------------------|------------------------|---------------------|---------------------|--------------|
| Number of Jobs Created | 1 | 1 | 1 | |
| Number of Jobs Retained | | 1 | 1 | |
| Hourly Wage / Salary | <u>\$ 33,000</u> | <u>\$ 15.00</u> | <u>\$ 15.00</u> | |
| Permanent or Temporary | <u>Perm or Temp</u> | <u>Perm or Temp</u> | <u>Perm or Temp</u> | Perm or Temp |
| Full Time or Part Time | <u>FT or PT</u> | <u>FT or PT</u> | <u>FT or PT</u> | FT or PT |

Project Description

Amount of Loan Requested: \$ 40,000 Total Cost of Project: \$ 70,000

Describe project for which applicant is seeking funding:

Funding For Purchasing + Capital For Operating Theaters

Specify what financing gap exists (i.e. inadequate bank financing):

Project Financing Summary

Use of Funds

| | Bank | Equity | Benson EDA RLF | Other | Other | Other | TOTAL |
|----------------------------|------|--------|-------------------|-------|-------|-------|-------|
| Real Estate | | | | | | | |
| Modernization / Repairs | | | <u>20,000</u> | | | | |
| New Construction | | | | | | | |
| Machinery & Equip | | | | | | | |
| Working Capital | | | <u>20,000</u> | | | | |
| Inventory | | | | | | | |
| Other | | | | | | | |
| TOTAL | | | <u>40,000</u> | | | | |

Supporting Cost Documents (please attach)

The costs of the project must be supported by firm construction bids, purchase options or contracts for the purchase of property.

Primary Lender: _____ Contact: _____ Phone: _____

Gap Financing Agency: _____ Contact: _____ Phone: _____
 (if applicable)