

APPLICATION FOR PRIVATE ACTIVITY BOND ALLOCATION

This application is provided for use pursuant to the Kansas Private Activity Bond Allocation Act, and Section 146(e) of the Internal Revenue Code. All bond issuers shall complete and file this application with the Secretary of Commerce prior to issuing any Private Activity Bonds that are subject to the State Ceiling (as such terms are defined in the aforesaid Code).

Complete one (1) Application for Each Project or Financing (please print or type).

Amount of allocation requested: _____

Allocation Number: _____

(To be completed by Department of Commerce)

PART (A) BOND ISSUER

1. Bond Issuer Name: _____

Address: _____

City: _____ State: KS Zip: _____

County: _____

2. Bond Issuer's Spokesperson: _____

Spokesperson's Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

3. Has the issuer sought and received preliminary determination from bond counsel that bonds issued for the proposed project can be qualified as tax-exempt obligations under the applicable section(s) of the Internal Revenue Code?

Yes No

4. Bond Attorney: _____

Bond Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

5. Bond Trustee: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

6. Governmental Units having jurisdiction over proposed project or financing:

7. Highest elected officer of governmental unit having jurisdiction over project or financing:

8. Has a public hearing been held concerning the proposed project or financing?

Yes No Not Required

9. If the answer to the preceding question is *No*, when will a public hearing be held?
10. Has said officer described in Question 7 above approved project or financing?
- Yes No

PART (B) DESCRIPTION OF PROJECT OR FINANCING

1. Type of Bonds (as specified in Sections 141 of the Internal Revenue Code of 1986)
(*check only one*)

Type of Bond

- | | | |
|----|--|--------------------------|
| A. | Exempt Facility Bonds | |
| | Mass commuting facilities | <input type="checkbox"/> |
| | Facilities for the furnishing of water | <input type="checkbox"/> |
| | Sewage facilities | <input type="checkbox"/> |
| | Solid waste disposal facilities | <input type="checkbox"/> |
| | Qualified residential rental project | <input type="checkbox"/> |
| | Facilities for the local furnishing of electric energy
or gas | <input type="checkbox"/> |
| | Local district heating or cooling facilities | <input type="checkbox"/> |
| | Qualified hazardous waste facilities | <input type="checkbox"/> |
| B. | Qualified Mortgage Bonds | <input type="checkbox"/> |
| C. | Qualified Small Issue Bonds | <input type="checkbox"/> |
| D. | Qualified Student Loan Bonds | <input type="checkbox"/> |
| E. | Qualified Redevelopment Bonds | <input type="checkbox"/> |
| F. | Private activity portion of government use bonds | <input type="checkbox"/> |
| G. | Tax Reform Act of 1986 Transition Rule | <input type="checkbox"/> |
| H. | Other (specify): | <input type="checkbox"/> |

2. Principal, beneficiary of the facility or activity to be financed with the proceeds of bonds described in 1.(A), (C), (F), (G), or (H):

Beneficiary: _____
 Address: _____
 City: _____ State: _____ Zip: _____

3. Project Location: _____
 City: _____ State: **KS** Zip: _____

Type of project or purpose for which bonds are to be issued (please be descriptive, e.g., manufacturer of plastic food trays; apartment project, construction of manufacturing facility etc.):

4. Type of business: New Existing Not Applicable
5. Total Project Capital Investment (including PAB requested): _____

6. Estimate number of new jobs to be generated from proposed project:
 Initially: _____ Permanent: _____

Percentage breakdown of types of jobs to be created (e.g., 50% labor, 30% support, 20% management):

_____	Labor
_____	Support
_____	Management
_____	_____
_____	_____

Average hourly wage of newly created jobs: _____

7. Housing projects
Number of rehabilitated units: _____
Number of new units: _____

8. Is HUD UDAG financing involved with the project? Yes No

If Yes, date UDAG application submitted _____

PART (C) DATE OF COMMITMENT

Date of Inducement Resolution or other commitment to issue was adopted. (Attach copy if other than Mortgage Revenue Bonds): _____

I certify that the above information is accurate to the best of my knowledge and that I am authorized to submit this application on behalf of the bond issuer.

Signature of Issuer's Spokesperson: _____

Date: _____

Return to:
Secretary of Commerce
Kansas Department of Commerce
1000 S.W. Jackson Street, Suite 100
Topeka, Kansas 66612-1354
(785) 296-5298
FAX: (785) 296-3490

To be completed by Kansas Department of Commerce

Application Approved: _____ Denied: _____

Placed on hold pending receipt of additional information: _____

Placed on hold pending review: _____

Amount: _____

Allocation Number: _____

Expiration Date: _____

Secretary of Kansas Department of Commerce

Private Activity Bond Application Economic Impact Data

The Kansas Department of Commerce requires this data to facilitate the study of the economic impact of PAB issuance in Kansas.

Total Project Capital Investment (including PAB issued) _____

Number of projected jobs created by PAB project at:

Conclusion of one year from bond issuance _____

Five years from bond issuance _____

Housing projects:

Number of rehabilitated units _____

Number of new units _____

Percentage breakdown of types of jobs to be created (e.g., 50% labor, 30% support, 20% management):

_____	Labor
_____	Support
_____	Management
_____	_____
_____	_____

Average hourly wage of newly created jobs _____