

2024 Minnesota Financial Assistance Form

E E ECONOMICI	DEVELOPMENT 202	24 Millinesota Financia	al Assistance Form	
subsidy. The new thresho	old is \$150,000 for either a g 0,000. However, reports of p	5J.995 adjusted the level of w rant or loan, and raises the th ublic financial participation a	reshold for a public hearing	
loans. (See §116J.993, Se		2021	ع forms are	
available on the DEED w	obs DEED USE ONLY: Rep	ort Year <u>2029</u>	<u>ş iomis</u> are	
 Please use this form to re 		23	dar year 2008	
through 2023 that fall ur		utrul	report to	
provide the status of the		20-24	gathered will	
be used to help the legis	lat'	005	onomic	
development activities a	HACKINEN	003	additional	
reports are required.				
 Questions? Call (651) 25 	9-7179. Please mail complet	ted form before April 1 to Mi	nnesota Department of	
Employment and Econor	nic Development, Economic	Analysis Unit,		
Great Northern Building,	. 180 E 5th St, Suite 1200, St.	Paul MN 55101; or fax to : (6	551) 215-3841	
Section 1: (Grantor Informa	ation)			
1. Name of grantor (funding		2. Name of person completing this form:		
Sherburne County E.D.A.		Jessica Barthel		
3. Street address:		4. City:	5. ZIP Code:	
13880 Business Center Drive NW		Elk River	55330	
6. County:	7. Phone number:	8. Fax number:	9. Email address:	
Sherburne	763-765-3014	763-765-3002	jessica.barthel@co.sherburne.mn.us	
10. Classification of grantor	(Mark one. If grantor is enti	ty created by government ag	ency, please indicate	
affiliation. For example, a c	ity EDA would check "City go	vernment.")		
☐ City government ☐ Regional government				
State government	Other (Please s	pecify):		
Section 2: Recipient Inform	nation			
11. Name of business or org		12. Address where financia	l assistance will be used:	
financial assistance:		Street address: 322/3 124th St		
Sunken Ship Brewing Comp	pany LLC/Stout Storage LLC	City/State/ZIP Code: Princeton, MIN 553/1		
13. Type of organizational structure of recipient receiving financial assistance (Mark one)				
☐C-Corporation	S-Corporation	✓Lim	ited Liability Company (LLC)	
Other (Please specify	/):			
14. Does the recipient have	a parent corporation? (Mar	k one.)	1	
Yes (Indicate name a	and address of the parent cor	poration below. If more than	one, indicate ultimate owner.)	
✓No	90 00 00000 0000 00 00 00 00 00 00 00 00	The cost activity of the translationary of the costs and translations of		
Name of parent corp	poration:			
Street address:				
City/State/ZIP Code:				
15. Recipient's primary indu				
Manufacturing		Finance, Insurance, Real Esta	ata	
Retail Trade		Tonstruction	arc	

☑Other (please specify): Brewery/Tap Room

	<u> </u>			
Section 3: Agreement Info	rmation			
16. Project Start Date: 10/1/2022		17. Expected Project Completion Date: RLF Maturity Date: 9/1/2047		
18. Please specify all fundin	g sources for project (atta	ch sources/use statement ij	favailable). The table should	
include all funding sources	used by the recipient to fu	nd the project:		
Identify Private or Public Participant	(\$) Value	Type of Assistance (grant, loan, TIF, TAF, etc.)	Use of Funds (i.e., infrastructure, cleanup, capital improvement)	
Sherburne County EDA RLF Loan	\$ 100,000	Loan	Building Renovation	
Owners Equity	\$ 198,120	8 80 3000	Property Acquisition	
Bank Loan	\$ 895,500	Loan	Property Acquisit an/building renovation/contingency/soft costs	
	\$	21 21 21 22		
	\$			
Total Project Budget (all sou	urces): 1,193,620			
Your public participation pe	ercentage of total budget: 8	3.4%		
19. Minn. Stat. §116J.994 re	equires that financial assist	ance meet a public purpose	e. Which of the following public	
purposes were used to dete	ermine your participation?	(Mark all that apply.)		
✓Enhancing economic diversity Stabilizing the community				
☐ Creating high-quality job growth				
Job retention		ther (<i>please specify</i>):		
NOTE: If job creation or re	tention is not a goal then	please skip to Question 21.		
Section 4: Goals and Act	ual Performance			
20. Job Creation and/or R	tetention Goals (first yea	ir report) and Actuals (se	cond year report):	
	number of actual (new) jobs	created and/or retained since	tention goals stated in the financial the benefit date including the	
job in which an employee work retention is defined as jobs at a	s are scheduled to work on av ks for the recipient at a rate le a specific wage level that exis	verage at least a 40 hour work cass than 40 hours per week wit at prior to the signing of the fin	week. Part-time is defined as a new	
	Total Number of	Average Hourly Wa		
	Employees	Level	Health Insurance	
(New) Full-time	2			
Job Creation (Goals) (New) Part-time	0 0000			
Job Creation (Goals)	8			
Job Retention (Goals)				
(New) Full-time		Φ00		
Job Creation (Actuals)	2	\$28		
(New) Part-time	17			
Job Creation (Actuals)	1 /			
Job Retention (Actuals)				
21. What is the status of the	nroject and how successf	ill have they been in meeti	ng stated gnals?	
	72 P	.00	ng Company is successful	
and is making RLF pay		se. Sanken omp brewii	ig Company is successful	