

The City of Durant encourages participation from all its citizens. If participation at any public meeting is not possible due to a disability, notification to the City Clerk at least 48 hours prior to the scheduled meeting is encouraged in order to make the necessary accommodations. The City of Durant may waive the 48-hour rule if interpreters for the deaf (signing) or translation services for limited English proficient (LEP) individuals are not the necessary accommodation.

## DURANT INDUSTRIAL AUTHORITY

4:00 PM

**Roscoe J. Hatfield  
Council Chambers,  
300 West Evergreen,  
Durant, Oklahoma**

**June 6, 2023**

### AGENDA

#### CALL TO ORDER

#### INVOCATION/FLAG SALUTE

#### ROLL CALL

#### ORDER OF BUSINESS

##### **1. Consent Items**

*To help streamline meetings and allow the focus to be on other items requiring strategic thought, the "Consent Items" portion of the agenda groups the routine, procedural, and self-explanatory non-controversial items together. These items are voted on in a single motion (one vote). However, any Council member requesting further information on a specific item thus removes it from the "Consent Items" section for individual attention and separate vote.*

- a. Consider Approval of May 2, 2023 Meeting Minutes

##### **2. Consider Items Removed from Consent**

##### **3. Information Items**

- a. DIA Directors Report May 2023
- b. DIA Financial Report May 2023

##### **4. Administration**

- a. Consider Approval of Small Business Grant Applications- 2K
- b. Consider Approval of Small Business Grant Applications-5K

##### **5. Executive Session**

##### **6. New Business**

## **ADJOURNMENT**

### CERTIFICATE

This is to certify that in conformity with the Oklahoma Open Meeting Act, public notice of the date, time and place of this meeting was filed with the City Clerk of Durant on the 7th day of December, 2022 and that an agenda of said meeting was posted at the place of such meeting at 2:30 p.m. on the 2nd day of June , 2023.

*Tamme Collins*

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Tamme Collins, City of Durant



# The City of Durant

## Memorandum

**Date:** 6/6/2023  
**To:** Mayor and City Council  
**From:** Tamme Collins, Administrative Assistant  
**Re:** Consider Approval of May 2, 2023 Meeting Minutes

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### **Council Information / Action Requested**

**City Staff Information / Action Follow-up, if Council authorizes this action:**

### **ATTACHMENTS:**

1. DIA 05.02.2023 Agenda Minutes (1)

**MINUTES OF THE MEETING OF DURANT INDUSTRIAL AUTHORITY**  
**May 2, 2023 AT 4:00 PM, Roscoe J. Hatfield**  
**Council Chambers,**  
**300 West Evergreen,**  
**Durant, Oklahoma**

**CALL TO ORDER**

Chairman Hammock called the meeting to order at 4:00 p.m.

**INVOCATION/FLAG SALUTE**

Chairman Jeff Hammock provided the invocation.

**ROLL CALL**

Present:

- Trustee Mike Davis
- Trustee Grace Rudolf
- Trustee Jeff Shattuck
- Vice Chairman Brett Rogers
- Chairman Jeff Hammock
- Advisory Member Tammye Gwin

\*Advisory Member Thomas Newsom Joined at 4:30 pm

Absent:

- Trustee Cole Walker

**ORDER OF BUSINESS**

**1. Consent Items**

*To help streamline meetings and allow the focus to be on other items requiring strategic thought, the "Consent Items" portion of the agenda groups the routine, procedural, and self-explanatory non-controversial items together. These items are voted on in a single motion (one vote). However, any Council member requesting further information on a specific item thus removes it from the "Consent Items" section for individual attention and separate vote.*

- a. Consider Approval of April 4, 2023 Meeting Minutes

Motion was made by Vice Chairman Brett Rogers and seconded by Trustee Grace Rudolf to approve the April 4, 2023 Meeting Minutes.

Motion Passed with the following vote:

Ayes: Davis, Rudolf, Shattuck, Rogers, Hammock  
Nays: None  
Abstain: None

## **2. Consider Items Removed from Consent**

### **3. Information Items**

- a. DIA Directors Report April 2023

Directors report was presented by Nichole Tucker

- b. DIA Financial Report April 2023

DIA Financial Report was presented by Trustee Jeff Shattuck.

### **4. Administration**

- a. Consider Approval of Small Business Grant Applications

Motion was made by Trustee Jeff Shattuck and seconded by Trustee Grace Rudolf to approve the Small Business Grant Applications on the Agenda

Motion Passed with the following vote:

Ayes: Davis, Rudolf, Shattuck, Rogers, Hammock  
Nays: None  
Abstain: None

- b. Consider Approval on Entering a Contract for Services with Heather Lisle in the amount of \$2,000

Motion was made by Vice Chairman Brett Rogers and seconded by Trustee Jeff Shattuck to approve entering a Contract for Services with Heather Lisle in the amount of \$2000.00.

Motion Passed with the following vote:

Ayes: Davis, Rudolf, Shattuck, Rogers, Hammock  
Nays: None  
Abstain: None

### **5. Executive Session**

- a. Consider Entering into Executive Session to confer on matters pertaining to

economic development, including the transfer of property, financing, or the creation of a proposal to entice a business to remain or to locate within their jurisdiction if public disclosure of the matter discussed would interfere with the development of products or services or if public disclosure would violate the confidentiality of the business, specifically Project Stone. This Executive Session Authorized by Title 25, Section 307 (C)(11) of the Oklahoma State Statutes.

Motion was made by Trustee Mike Davis and seconded by Trustee Jeff Shattuck to enter the Executive Session.

Motion Passed with the following vote:

Ayes: Davis, Rudolf, Shattuck, Rogers, Hammock  
Nays: None  
Abstain: None

Motion was made by Vice Chairman Brett Rogers and seconded by Trustee Grace Rudolf to enter back in session.

Motion Passed with the following vote:

Ayes: Davis, Rudolf, Shattuck, Rogers, Hammock  
Nays: None  
Abstain: None

b. Consider Action Pursuant to Item 5. A

Motion was made by Trustee Mike Davis and seconded by Vice Chairman Brett Rogers to move to approve the incentives package as presented in the Executive Session for Project Stone and of its terms & condition for the Director to pursue.

Motion Passed with the following vote:

Ayes: Davis, Rudolf, Shattuck, Rogers, Hammock  
Nays: None  
Abstain: None

c. Consider Entering into Executive Session to confer on matters pertaining to economic development, including the transfer of property, financing, or the creation of a proposal to entice a business to remain or to locate within their jurisdiction if public disclosure of the matter discussed would interfere with the development of products or services or if public disclosure would violate the confidentiality of the business, specifically Project 360. This Executive Session Authorized by Title 25, Section 307 (C)(11) of the Oklahoma State Statutes.

- d. Consider Action Pursuant to Item 5. c

Motion was made by Trustee Mike Davis and seconded by Vice Chairman Brett Rogers to move to authorize the Executive Director of the DIA to draft an incentive proposal reflecting conversation from executive session.

## **6. New Business**

Theresa Henser gave an announcement talking about Hobby Lobby. She wants to bring in the chain store. She would like the Industrial Authority to make a proposal.

She goes to Sherman and Ardmore to buy things from the Hobby Lobby. She would always spend around \$100.00 on each trip. This could go to Durant. (sales tax) She handed out a Petition for the Hobby Lobby Store to come to Durant. Over 200 people have signed the petition already. Theresa said there is a need to have a store like that here in Durant.

## **ADJOURNMENT**

Motion was made by Vice Chairman Brett Rogers and seconded by Trustee Grace Rudolf to Adjourn.

Motion Passed with the following vote:

Ayes: Davis, Rudolf, Shattuck, Rogers, Hammock

Nays: None

Abstain: None



# The City of Durant

## Memorandum

**Date:** 6/6/2023  
**To:** Mayor and City Council  
**From:**  
**Re:** Information Items

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**Council Information / Action Requested**

**City Staff Information / Action Follow-up, if Council authorizes this action:**

**ATTACHMENTS:**





# The City of Durant

## Memorandum

**Date:** 6/6/2023  
**To:** Mayor and City Council  
**From:** Tamme Collins, Administrative Assistant  
**Re:** DIA Directors Report May 2023

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### Council Information / Action Requested

**City Staff Information / Action Follow-up, if Council authorizes this action:**

### ATTACHMENTS:

1. DIA Director Report May 2023

## *Memorandum*

**Date:** June 6, 2023  
**To:** Council  
**From:** Nichole Tucker, Director  
**RE:** Monthly Report

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### Property Updates:

- SW Pickling – Second Stage of clean up will begin, after a delay with EPA and DEQ. Three people interested in the site after it has been released.
- Land Purchase Proposal- 20 acres- North Side of Country Club Drive Behind asphalt plant and 21.86 acres- SW Corner of Country Club Drive and South McLean. Negotiations continue.

### Project Updates:

- Project Lift – Conversations continue with Project Lift representatives. Members of KSA provided a project proposal for possible Airport facility. Still waiting on a contract.
- Small Business Boot camp-Boot camp has concluded. Nineteen local small business participated. Two participating business have submitted their application for the five thousand grant. Fourteen have already submitted Tech grants and been approved.
- Project 360 – Project 360 is a locally owned and operated corporation expansion. Project 360 has an owner investment of 1.5 million and will create 150-200 local jobs with annual wages at \$7,085,000.
- Project Stone- Council approved DIA incentive package for Allied Stone, paperwork is being reviewed by legal council. Allied Stone ground breaking should take place in thirty days. This project will create 150 new jobs with average salary \$45,000 This project has a capital investment of 10 million and overall project investment of 28 million.
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### Other Activities:

- Small Business- Four boot camp participants have turned Tech Grant applications.
- Retail Strategies-Retail Strategies and City of Durant began working with two local developers to work on large box store recruitment.
- Chick-Fil-A- Truck returned in Lowe's Parking lot May 18th. next visit has not been determined.



# The City of Durant

## Memorandum

**Date:** 6/6/2023  
**To:** Mayor and City Council  
**From:** Nichole Tucker, Economic Development Director  
**Re:** DIA Financial Report May 2023

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### **Council Information / Action Requested**

**City Staff Information / Action Follow-up, if Council authorizes this action:**

### **ATTACHMENTS:**

1. April 2023 DIA & ED Financial Reports (1)

# Durant Industrial Authority

| Cash Balance: | 4/30/2023      | 4/30/2023 |
|---------------|----------------|-----------|
| Fund 110      | \$3,421,461.09 |           |
| Fund 020      | \$2,207,253.94 |           |

| FUND 110               | 4/30/2023      | 22/23 Budget   |
|------------------------|----------------|----------------|
| Income Statement       |                |                |
| BEGINNING BAL.         |                | \$2,185,389.00 |
| Total Revenue          | \$1,071,967.02 | \$1,101,454.50 |
| Total Expenses         | \$75,852.50    | \$91,023.00    |
| FUTURE PROJECTS        |                | \$3,195,821.00 |
| Change in Net Position | \$996,114.52   |                |

| FUND 020               | 4/30/2023      | 22/23 Budget   |
|------------------------|----------------|----------------|
| Income Statement       |                |                |
| BAL FORWARD            |                | \$1,037,706.00 |
| Total Revenue          | \$473,776.26   | \$521,104.00   |
| Total Expenses         | \$764,227.07   | \$1,541,028.00 |
| Contingency Reserve    |                | \$17,782.00    |
| Change in Net Position | (\$290,450.81) |                |

**DURANT INDUSTRIAL AUTHORITY - FUND 020**  
**CLAIM ON POOLED CASH STATEMENT**

April 30, 2023

| RECEIVE:                                  | CURRENT MONTH      | TOTAL                 |
|-------------------------------------------|--------------------|-----------------------|
| PRIOR MONTH BALANCE                       |                    | \$1,946,269.02        |
| DIA ED Loan Repayment-Eagle Suspension    | \$1,666.48         | \$1,666.48            |
| DIA ED Loan Repayment-Earth Biofuel       | \$1,312.50         | \$1,312.50            |
| DIA ED Loan Repayment-                    | \$1,666.67         | \$1,666.67            |
| DIA ED Loan Repayment- Abbott             |                    | \$0.00                |
| Property Rent                             | \$3,000.00         | \$3,000.00            |
| Misc. Revenue-CC CREDIT                   |                    | \$0.00                |
| TIF#3 19 TUBACEX TAX REVENUE              | \$6,411.38         | \$6,411.38            |
| Transfer from ED for Land & Project       |                    | \$0.00                |
| Transfer from ED for Debt Service Payment | \$7,585.25         | \$7,585.25            |
| <b>TOTAL RECEIVE</b>                      | <b>\$21,642.28</b> | <b>\$1,967,911.30</b> |

| PAYMENT:                         | CURRENT MONTH      | TOTAL              |
|----------------------------------|--------------------|--------------------|
| A/P REIMBUSE                     | \$2,490.76         | \$2,490.76         |
| GRANT AWARD-                     | \$0.00             | \$0.00             |
| Reverse Earth Biofuel            | \$1,312.50         | \$1,312.50         |
| IT Service Fees                  | \$599.17           | \$599.17           |
| Transfer to DIA checking account | \$27,393.39        | \$27,393.39        |
| Transfer to DIA checking account |                    | \$0.00             |
|                                  |                    | \$0.00             |
| <b>TOTAL EXPENSES</b>            | <b>\$31,795.82</b> | <b>\$31,795.82</b> |

ACCOUN BALANCE (\$10,153.54) \$1,936,115.48

| TRANSFER FROM CLAIM ON POOLED TO DIA CHECKING ACCOUNT |              | TRSF DATE           |
|-------------------------------------------------------|--------------|---------------------|
| 6/01/2022-6/30/2022 Claim on Pooled                   | \$11,146.15  | 7/20/2022 #6141011  |
| 7/13/2022 Transfer TUBACEX TIF TO DIA CHECKIN         | \$253,520.10 | 7/14/2022 #6106644  |
| 7/01/2022-7/31/2022 Claim on Pooled                   | \$10,231.98  | 9/27/2022           |
| 8/01/2022-8/31/2022 Claim on Pooled                   | (\$8,575.03) | \$1,656.95 #6533577 |
| 9/01/2022-9/30/2022 Claim on Pooled                   | (\$138.91)   | No transfer         |
| 10/01/2022-10/31/2022 Claim on Pooled                 | \$1,770.75   | 11/28/2022 #6894293 |
| 11/01/2022-11/30/2022 Claim on Pooled                 | \$31,830.71  | 12/29/2022 #7081993 |
| 12/01/2022-12/31/2022 Claim on Pooled                 | \$14,686.83  | 1/27/2023 #7249153  |
| 1/01/2023-1/31/2023 Claim on Pooled                   | \$19,410.09  | 3/1/2023 #7450661   |
| 2/01/2023-2/28/2023 Claim on Pooled                   | \$22,347.90  | 3/29/2023 #7626397  |
| 3/01/2023-3/31/2023 Claim on Pooled                   | \$27,397.39  | 4/28/2023 #7826466  |
| 4/01/2023-4/30/2023 Claim on Pooled                   | \$17,239.85  | 5/19/2023           |
| 5/01/2023-5/31/2023 Claim on Pooled                   |              |                     |
| 6/01/2023-6/30/2023 Claim on Pooled                   |              |                     |

YTD Transfer \$389,721.66

**DURANT INDUSTRIAL AUTHORITY - FUND 020**

**INCOME & EXPENSE STATEMENT**

83.33% of Fiscal Year

April 30, 2023

|                                               | Current Month    |                    | Fiscal Year To Date |               |                  |                |
|-----------------------------------------------|------------------|--------------------|---------------------|---------------|------------------|----------------|
|                                               | April-23         | % of Total Revenue | YTD                 | % of          | 2022-2023        | % of           |
|                                               |                  |                    | Amount              | Total Revenue | Budget           | Budget         |
| <b>REVENUES:</b>                              |                  |                    |                     |               |                  |                |
| BEGINNING BALANCE                             |                  |                    |                     |               | 1,037,706        | 66.57%         |
| Interest                                      | 0.00             | 0.00%              |                     | 0.00%         | 500              | 0.03%          |
| DIA Property Lease Revenue                    | 1,500.00         | 7.97%              | 12,919              | 2.73%         | 15,919           | 1.02%          |
| Proceeds From Sale Of Property                | 0.00             | 0.00%              |                     | 0.00%         | -                | 0.00%          |
| DIA Grant Revenue                             |                  | 0.00%              | 7,500               | 1.58%         | 35,900           | 2.30%          |
| Misc. Revenue                                 |                  | 0.00%              | 1,450               | 0.31%         | 1,450            | 0.09%          |
| Transfer from Economic Development-DEBT PYMNT | 7,585.25         | 40.28%             | 75,853              | 16.01%        | 91,023           | 5.84%          |
| Transfer from Economic Development- REIMB     |                  | 0.00%              |                     | 0.00%         | -                | 0.00%          |
| CDBG Loan Pmt. Reimb - CG                     | 1,666.67         | 8.85%              | 16,667              | 3.52%         | 20,000           | 1.28%          |
| CDBG Loan Pmt. Reimb - CG                     | 0.00             | 0.00%              |                     |               | -                | 0.00%          |
| CDBG Loan Pmt. Reimb - ES                     | 1,666.48         | 8.85%              | 16,665              | 3.52%         | 20,000           | 1.28%          |
| TIF#3-19 TUBACEX TAX REFUND REV               | 6,347.27         | 33.71%             | 339,296             | 71.62%        | 332,949          | 21.36%         |
| TIF#3-DIA 1% TAX REFND REV.                   | 64.11            | 0.34%              | 3,427               | 0.72%         | 3,363            | 0.22%          |
| PROJECT ENERGY                                |                  |                    |                     |               |                  | 0.00%          |
| <b>TOTAL REVENUES</b>                         | <b>18,829.78</b> | <b>1.21%</b>       | <b>473,776</b>      | <b>30.39%</b> | <b>1,558,810</b> | <b>100.00%</b> |

|                                            | Current Month    |                    | Fiscal Year To Date |               |                  |                |
|--------------------------------------------|------------------|--------------------|---------------------|---------------|------------------|----------------|
|                                            | April-23         | % of Total Revenue | YTD                 | % of          | 2022-2023        | % of           |
|                                            |                  |                    | Amount              | Total Revenue | Budget           | Budget         |
| <b>EXPENSES:</b>                           |                  |                    |                     |               |                  |                |
| <b>Economic Development:</b>               |                  |                    |                     |               |                  |                |
| Legal Fees                                 | 0.00             | 0.00%              | 1,872.50            | 1.23%         | 10,000           | 4.33%          |
| Audit Fees (Prorated)                      | 776.60           | 12.93%             | 5,620               | 3.70%         | 8,117            | 3.52%          |
| Utilities                                  | 108.40           | 1.80%              | 840                 | 0.55%         | 1,500            | 0.65%          |
| Phone & Communications                     |                  | 0.00%              |                     | 0.00%         | 200              | 0.09%          |
| Postage & Telecommunications               |                  | 0.00%              |                     | 0.00%         | 200              | 0.09%          |
| Consulting Fees                            | 0.00             | 0.00%              | 12,500              | 8.23%         | 25,991           | 11.26%         |
| Publications & Advertising                 |                  | 0.00%              | 7,520               | 4.95%         | 24,600           | 10.66%         |
| Contract Labor                             | 3,874.00         | 64.49%             | 102,873             | 67.73%        | 125,900          | 54.54%         |
| Comp. Software & Accessories               |                  | 0.00%              | 8,583               | 5.65%         | 10,850           | 4.70%          |
| Photo Copies                               |                  | 0.00%              |                     | 0.00%         | 500              | 0.22%          |
| Office Supplies                            | 0.00             | 0.00%              | 184                 | 0.12%         | 600              | 0.26%          |
| Meeting Expenses                           | 649.32           | 10.81%             | 777                 | 0.51%         | 1,500            | 0.65%          |
| Membership/Licenses/Certifications         | 0.00             | 0.00%              | 1,600               | 1.05%         | 2,305            | 1.00%          |
| Janitorial Services                        |                  | 0.00%              |                     | 0.00%         | -                | 0.00%          |
| Misc. Expenditures                         |                  | 0.00%              |                     | 0.00%         | 500              | 0.22%          |
| Training & Travel                          | 0.00             | 0.00%              | 3,521               | 2.32%         | 10,900           | 4.72%          |
| I. T. Service Fees                         | 599.17           | 9.97%              | 5,992               | 3.94%         | 7,190            | 3.11%          |
| Transfer to Capital Impr. Fund             |                  | 0.00%              |                     | 0.00%         |                  | 0.00%          |
| <b>Total Economic Development Expenses</b> | <b>6,007.49</b>  | <b>100.00%</b>     | <b>151,883</b>      | <b>98.77%</b> | <b>230,853</b>   | <b>95.67%</b>  |
| <b>Industrial Projects:</b>                |                  |                    |                     |               |                  |                |
| CMP CDBG \$300K Loan Pmt.                  |                  | 0.00%              | 6,250               | 1.21%         | 7,500            | 1.01%          |
| Big Lots CDBG \$500K Loan Pmt.             | 2,083.34         | 9.52%              | 20,833              | 4.03%         | 25,000           | 3.37%          |
| CFG CDBG \$400K Loan Pmt.                  | 1,666.67         | 7.62%              | 16,667              | 3.22%         | 20,000           | 2.70%          |
| EB - CDBG \$400K Loan Pmt.                 | 1,666.67         | 7.62%              | 16,667              | 3.22%         | 20,000           | 2.70%          |
| ES - CDBG Loan Pmt.                        | 1,666.48         | 7.62%              | 16,665              | 3.22%         | 20,000           | 2.70%          |
| CG Land Acquisition Costs                  |                  | 0.00%              | 38,522              | 7.45%         | 38,523           | 5.19%          |
| E. D. PROMOTION ACTIVITIES                 |                  |                    |                     |               |                  | 0.00%          |
| TIF#3 19 Tubacex Reimb Payment             | 6,347.27         | 29.01%             | 310,066.27          | 59.99%        | 332,949          | 44.89%         |
| Small Business Technology                  | 8,450.00         | 0.00%              | 50,450.00           |               | 60,000           | 8.09%          |
| Small Business Grant                       | 0.00             |                    | 40,755.00           |               | 200,000          | 26.96%         |
| SG ECHO,LLC LOAN                           |                  | 0.00%              |                     | 0.00%         | -                | 0.00%          |
| CONTINGENCY RESERVE                        |                  | 0.00%              |                     | 0.00%         | 17,782           | 2.40%          |
| <b>Total Industrial Projects Expenses</b>  | <b>21,880.43</b> | <b>61.38%</b>      | <b>516,875</b>      | <b>82.35%</b> | <b>741,754</b>   | <b>100.00%</b> |
| <b>Capital Expenditures:</b>               |                  |                    |                     |               |                  |                |
| DIA Land Purchas                           | 56,866.00        | 0.00%              | 95,469              | 0.00%         | 586,203          | 0.00%          |
| <b>Total Industrial Expenditures</b>       | <b>56,866.00</b> | <b>0.00%</b>       | <b>95,469</b>       | <b>0.00%</b>  | <b>586,203</b>   | <b>0.00%</b>   |
| <b>TOTAL EXPENSES</b>                      | <b>84,753.92</b> | <b>5.44%</b>       | <b>764,227</b>      | <b>49.03%</b> | <b>1,558,810</b> |                |

|                               |                    |                  |          |
|-------------------------------|--------------------|------------------|----------|
| <b>CHANGE IN NET POSITION</b> | <b>(65,924.14)</b> | <b>(290,451)</b> | <b>0</b> |
|-------------------------------|--------------------|------------------|----------|

Funding for loan provided by Economic Development 1/4% Sales Tax transferred in from Fund 110.

PAID OFF

# ECONOMIC DEVELOPMENT FUND 110

## BALANCE SHEET (unaudited)

as of 4/30/2023

| <b>ASSETS</b>                               | <b>Amount</b>       | <b>% of Total Assets</b> |
|---------------------------------------------|---------------------|--------------------------|
| Claim on Pooled Cash                        | 3,421,461.09        | 53.22%                   |
| Sales Tax Receivable (.25%)                 | 153,555.66          | 2.39%                    |
| Due From DIA                                | 2,850,000.00        |                          |
| Accounts Receivable                         | 4,333.62            |                          |
| <b>Total Current Assets</b>                 | <b>6,429,350.37</b> | <b>100.00%</b>           |
| Capital Assets                              | -                   | -                        |
| Construction in progress                    | -                   | -                        |
| <b>Gross Fixed Assets</b>                   | <b>-</b>            | <b>-</b>                 |
| Less Accumulated Depreciation               | -                   | -                        |
| <b>Net Fixed Assets</b>                     | <b>-</b>            | <b>-</b>                 |
| Due from other Governments                  | -                   | -                        |
| <b>Total Other Assets</b>                   | <b>-</b>            | <b>-</b>                 |
| <b>TOTAL ASSETS</b>                         | <b>6,429,350.37</b> | <b>100.00%</b>           |
| <b>LIABILITIES</b>                          | <b>Amount</b>       | <b>% of Total Assets</b> |
| Accounts payable-pending                    | -                   | -                        |
| Other Current Liabilities                   | -                   | -                        |
| <b>Total Current Liabilities</b>            | <b>-</b>            | <b>-</b>                 |
| Capital lease obligations                   | -                   | -                        |
| Notes payable                               | -                   | -                        |
| <b>Total Long Term Debt</b>                 | <b>-</b>            | <b>-</b>                 |
| <b>Total Liabilities</b>                    | <b>-</b>            | <b>-</b>                 |
| Fund Balance                                | 5,433,235.85        | 84.51%                   |
| Invested in Capital Assets                  | -                   | -                        |
| Surplus (Deficit)                           | 996,114.52          | 15.49%                   |
| <b>Total Fund Balance</b>                   | <b>6,429,350.37</b> | <b>100.00%</b>           |
|                                             |                     | 0.00%                    |
| <b>TOTAL LIABILITIES &amp; FUND BALANCE</b> | <b>6,429,350.37</b> | <b>100.00%</b>           |

Sales Tax Receivable is the audited 6/30/20 balance - sales tax was received in July 20 & Aug 20

AL 05/10/2023

**ECONOMIC DEVELOPMENT FUND 110**  
**INCOME & EXPENSE STATEMENT**  
83.33% of Fiscal Year

| REVENUE:                                | CURRENT MONTH     |                     | Fiscal Year To Date |             | % of Budget   |
|-----------------------------------------|-------------------|---------------------|---------------------|-------------|---------------|
|                                         | April 2023        | YTD                 | 2022-2023           | % of Budget |               |
| ACCOUNT GROUPS                          | Amount            | Amount              | Budget              | Budget      |               |
| Beginning Balance                       |                   |                     | 2,185,389           |             | 0.00%         |
| Interest Earnings                       | -                 | 8,819.26            | 5,000               |             | 0.00%         |
| Miscellaneous Revenue                   |                   |                     | -                   |             | 0.00%         |
| 1/4% Sales Tax Revenue                  | 101,508.92        | 1,037,147.78        | 1,044,455           |             | 99.30%        |
| Loan Repymnt Interest Earned            |                   |                     |                     |             | 0.00%         |
| E.D. LoanRepymnt (Texoma MFG)           |                   |                     |                     |             | 0.00%         |
| E.D. Loan Repayment (Eagle Suspensions) |                   |                     | -                   |             | 0.00%         |
| E.D. LoanRepymnt (Pharmcare)            |                   | 25,999.98           | 52,000              |             | 50.00%        |
| TRANSFER IN                             |                   |                     |                     |             | 0.00%         |
| <b>TOTAL REVENUE</b>                    | <b>101,508.92</b> | <b>1,071,967.02</b> | <b>3,286,844</b>    |             | <b>32.61%</b> |

| EXPENSES:                         | CURRENT MONTH    |                   | Fiscal Year To Date |             | % of Budget   |
|-----------------------------------|------------------|-------------------|---------------------|-------------|---------------|
|                                   | April 2023       | YTD               | 2022-2023           | % of Budget |               |
| ACCOUNT GROUPS                    | Amount           | Amount            | Budget              | Budget      |               |
| TRSF TO DIA-DEBT PMNTS            | 7,585.25         | 75,852.50         | 91,023              |             | 0.00%         |
| TRSF TO DIA ( REIMB FOR EXPENSES) | -                | -                 | -                   |             | 0.00%         |
| <b>TOTAL EXPENSES</b>             | <b>7,585.25</b>  | <b>75,852.50</b>  | <b>91,023</b>       |             | <b>83.33%</b> |
| <b>FUTURE PROJECTS</b>            |                  |                   | <b>3,195,821</b>    |             | <b>0.00%</b>  |
| <b>NET CHANGE IN FUND BALANCE</b> | <b>93,923.67</b> | <b>996,114.52</b> | <b>(1)</b>          |             | <b>0.00%</b>  |

AL 05/10/23





Durant, OK

# Balance Sheet Account Summary

As Of 04/30/2023

| Account                                    | Name                                                            | Balance                    |
|--------------------------------------------|-----------------------------------------------------------------|----------------------------|
| <b>Fund: 020 - DURANT INDUSTRIAL AUTH.</b> |                                                                 |                            |
| <b>Assets</b>                              |                                                                 |                            |
| <u>020-000-101-2000</u>                    | FU DIA -20                                                      | 271,142.45                 |
| <u>020-000-102-0000</u>                    | CLAIM ON POOLED CASH                                            | 1,936,111.49               |
| <u>020-000-122-3100</u>                    | NOTE REVBL - EAGLE SUSP #2                                      | 123,318.00                 |
| <u>020-000-122-7000</u>                    | NOTE RECEIVABLE - CFG CDBG                                      | 72,359.09                  |
| <u>020-000-122-8100</u>                    | NOTE RCBL - EARTH BIOFUEL #2                                    | 283,416.50                 |
| <u>020-000-122-8101</u>                    | NOTE RCBL-EARTH BIOFUEL#2ALLOW                                  | -283,416.50                |
| <u>020-000-122-9500</u>                    | NOTE RCVBL- TEXOMA MANUFACTURI                                  | 0.36                       |
| <u>020-000-122-9600</u>                    | NOTE RCBL-ABBOT/PHARMCAREOK                                     | 97,990.18                  |
| <u>020-000-122-9700</u>                    | NOTE RECEIVABLE - BRUCEPAC                                      | 700,000.00                 |
| <u>020-000-151-1000</u>                    | INVESTMENT IN DURANT TIF AUTHO                                  | 3,100,000.00               |
| <u>020-000-161-0000</u>                    | CAPITAL ASSETS                                                  | 17,663.97                  |
| <u>020-000-161-0001</u>                    | ACCUMULATED DEPRECIATION                                        | -2,504.01                  |
| <u>020-000-171-3000</u>                    | ACCOUNTS RECEIVABLE                                             | 8,833.33                   |
| <u>020-000-172-0000</u>                    | REVENUES-CREDIT                                                 | 382,105.00                 |
| <u>020-000-180-2000</u>                    | DEFERRED OUTFLOW- OkMRF                                         | 5,354.00                   |
| <u>020-000-191-0000</u>                    | LAND AND OTHER NON DEPRECIABLE                                  | 1,875,565.00               |
|                                            | <b>Total Assets:</b>                                            | <b><u>8,587,938.86</u></b> |
|                                            |                                                                 | <b><u>8,587,938.86</u></b> |
| <b>Liability</b>                           |                                                                 |                            |
| <u>020-000-203-0000</u>                    | ACCOUNTS PAYABLE                                                | -19,894.08                 |
| <u>020-000-205-0700</u>                    | ACCRUED COMP. ABSENCES PYBL                                     | 2,375.00                   |
| <u>020-000-206-1500</u>                    | NOTE PAYABLE ODOC CDBG CMP                                      | 22,500.00                  |
| <u>020-000-206-1600</u>                    | NOTE PAYABLE ODOC CDBG BL                                       | 60,415.90                  |
| <u>020-000-206-1700</u>                    | NOTE PAYABLE ODOC CDBG CFG                                      | 68,332.98                  |
| <u>020-000-206-1800</u>                    | CDBG ED 05 NOTE PAYABLE                                         | 276,333.07                 |
| <u>020-000-206-1900</u>                    | CDBG ED 06 NOTE PAYABLE                                         | 123,319.68                 |
| <u>020-000-207-1200</u>                    | DUE TO EDC (F110)                                               | 2,850,000.00               |
| <u>020-000-207-1800</u>                    | A/P PENDING                                                     | 776.60                     |
| <u>020-000-207-5000</u>                    | ACCRUED INTEREST PAYABLE                                        | 140.75                     |
| <u>020-000-210-1100</u>                    | CAPITAL LEASE OBLIG. (C.GLASS)                                  | 91,821.72                  |
| <u>020-000-219-0000</u>                    | DEFERRED INFLOW- OKMRF                                          | 4,130.00                   |
|                                            | <b>Total Liability:</b>                                         | <b><u>3,480,251.62</u></b> |
| <b>Equity</b>                              |                                                                 |                            |
| <u>020-000-271-0000</u>                    | FUND BALANCE                                                    | 3,599,234.91               |
| <u>020-000-271-0100</u>                    | INVESTED IN CAPITAL ASSETS                                      | 1,798,903.14               |
|                                            | <b>Total Beginning Equity:</b>                                  | <b><u>5,398,138.05</u></b> |
| Total Revenue                              |                                                                 | 473,776.26                 |
| Total Expense                              |                                                                 | 764,227.07                 |
| Revenues Over/Under Expenses               |                                                                 | <u>-290,450.81</u>         |
|                                            | <b>Total Equity and Current Surplus (Deficit):</b>              | <b>5,107,687.24</b>        |
|                                            | <b>Total Liabilities, Equity and Current Surplus (Deficit):</b> | <b><u>8,587,938.86</u></b> |

Balance Sheet

As Of 04/30/2023

| Account                                     | Name                                                            | Balance                                        |
|---------------------------------------------|-----------------------------------------------------------------|------------------------------------------------|
| <b>Fund: 110 - 1/4 % ECONOMIC DEV. FUND</b> |                                                                 |                                                |
| <b>Assets</b>                               |                                                                 |                                                |
| <u>110-000-102-0000</u>                     | CLAIM ON POOLED CASH                                            | 3,421,461.09                                   |
| <u>110-000-132-0000</u>                     | DUE FROM DIA                                                    | 2,850,000.00                                   |
| <u>110-000-171-1000</u>                     | SALES TAX RECEIVABLE (.25%)                                     | 153,555.66                                     |
| <u>110-000-171-3000</u>                     | ACCOUNTS RECEIVABLE                                             | 4,333.62                                       |
|                                             | <b>Total Assets:</b>                                            | <u>6,429,350.37</u> <u><u>6,429,350.37</u></u> |
| <b>Liability</b>                            |                                                                 |                                                |
|                                             | <b>Total Liability:</b>                                         | <u>0.00</u>                                    |
| <b>Equity</b>                               |                                                                 |                                                |
| <u>110-000-271-0000</u>                     | FUND BALANCE                                                    | 5,433,235.85                                   |
|                                             | <b>Total Beginning Equity:</b>                                  | <u>5,433,235.85</u>                            |
| Total Revenue                               |                                                                 | 1,071,967.02                                   |
| Total Expense                               |                                                                 | <u>75,852.50</u>                               |
| Revenues Over/Under Expenses                |                                                                 | 996,114.52                                     |
|                                             | <b>Total Equity and Current Surplus (Deficit):</b>              | 6,429,350.37                                   |
|                                             | <b>Total Liabilities, Equity and Current Surplus (Deficit):</b> | <u><u>6,429,350.37</u></u>                     |

Income Statement

For Fiscal: 2022-2023 Period Ending: 04/30/2023

|                                                             |                                                                    | Original<br>Total Budget | Current<br>Total Budget | MTD Activity     | YTD Activity      | YTD Activity +<br>Encumbrances | Budget<br>Remaining |
|-------------------------------------------------------------|--------------------------------------------------------------------|--------------------------|-------------------------|------------------|-------------------|--------------------------------|---------------------|
| <b>Fund: 020 - DURANT INDUSTRIAL AUTH.</b>                  |                                                                    |                          |                         |                  |                   |                                |                     |
| <b>RevDepartment: 000 - 000</b>                             |                                                                    |                          |                         |                  |                   |                                |                     |
| 020-000-301-1000                                            | BEGINNING BALANCE                                                  | 869,425.00               | 1,037,706.00            | 0.00             | 0.00              | 0.00                           | 1,037,706.00        |
| 020-000-361-1000                                            | INTEREST EARNINGS                                                  | 500.00                   | 500.00                  | 0.00             | 0.00              | 0.00                           | 500.00              |
| 020-000-361-2000                                            | INDUSTRIAL BLDG. LEASE REVENUE                                     | 0.00                     | 15,919.00               | 1,500.00         | 12,919.41         | 12,919.41                      | 2,999.59            |
| 020-000-361-4000                                            | MISC. REVENUE                                                      | 0.00                     | 1,450.00                | 0.00             | 1,450.00          | 1,450.00                       | 0.00                |
| 020-000-361-4011                                            | DIA GRANT REVENUE                                                  | 0.00                     | 35,900.00               | 0.00             | 7,500.00          | 7,500.00                       | 28,400.00           |
| 020-000-364-2800                                            | TRANSFER FROM ECONOMIC-DEBT                                        | 91,023.00                | 91,023.00               | 7,585.25         | 75,852.50         | 75,852.50                      | 15,170.50           |
| 020-000-375-0501                                            | CG - CDBG LOAN PMT. REIMB.                                         | 20,000.00                | 20,000.00               | 1,666.67         | 16,666.70         | 16,666.70                      | 3,333.30            |
| 020-000-375-0505                                            | ES - CDBG LOAN PMT. REIMB.                                         | 20,000.00                | 20,000.00               | 1,666.48         | 16,664.80         | 16,664.80                      | 3,335.20            |
| 020-000-375-0602                                            | TIF#3-19 TUBACEX TAX REFND REV                                     | 0.00                     | 332,949.00              | 6,347.27         | 339,295.63        | 339,295.63                     | -6,346.63           |
| 020-000-375-0605                                            | TIF#3-DIA 1% TAX REFND REV                                         | 0.00                     | 3,363.00                | 64.11            | 3,427.22          | 3,427.22                       | -64.22              |
|                                                             | <b>RevDepartment: 000 - 000 Total:</b>                             | <b>1,000,948.00</b>      | <b>1,558,810.00</b>     | <b>18,829.78</b> | <b>473,776.26</b> | <b>473,776.26</b>              | <b>1,085,033.74</b> |
| <b>Department: 017 - ECON. DEV. ADMINISTRATION</b>          |                                                                    |                          |                         |                  |                   |                                |                     |
| <b>ExpCategory: 520 - PROFESSIONAL SERVICES</b>             |                                                                    |                          |                         |                  |                   |                                |                     |
| 020-017-520-2130                                            | PRORATED AUDIT FEES                                                | 8,117.00                 | 8,117.00                | 776.60           | 5,620.22          | 7,130.60                       | 986.40              |
|                                                             | <b>ExpCategory: 520 - PROFESSIONAL SERVICES Total:</b>             | <b>8,117.00</b>          | <b>8,117.00</b>         | <b>776.60</b>    | <b>5,620.22</b>   | <b>7,130.60</b>                | <b>986.40</b>       |
| <b>ExpCategory: 530 - CONTRACTUAL</b>                       |                                                                    |                          |                         |                  |                   |                                |                     |
| 020-017-530-3031                                            | PHONE & TELECOMMUNICATION                                          | 200.00                   | 200.00                  | 0.00             | 0.00              | 0.00                           | 200.00              |
| 020-017-530-3032                                            | POSTAGE                                                            | 200.00                   | 200.00                  | 0.00             | 0.00              | 0.00                           | 200.00              |
| 020-017-530-3033                                            | UTILITIES                                                          | 0.00                     | 1,500.00                | 108.40           | 840.45            | 840.45                         | 659.55              |
| 020-017-530-3036                                            | CONSULTING FEES                                                    | 5,000.00                 | 25,991.00               | 0.00             | 12,500.00         | 25,990.98                      | 0.02                |
| 020-017-530-3038                                            | PUBLICATIONS & ADVERTISING                                         | 24,600.00                | 24,600.00               | 0.00             | 7,520.00          | 7,520.00                       | 17,080.00           |
| 020-017-530-3051                                            | CONTRACT LABOR                                                     | 5,000.00                 | 125,900.00              | 3,874.00         | 102,873.00        | 137,739.00                     | -11,839.00          |
| 020-017-530-3332                                            | LEGAL FEES                                                         | 10,000.00                | 10,000.00               | 0.00             | 1,872.50          | 1,872.50                       | 8,127.50            |
|                                                             | <b>ExpCategory: 530 - CONTRACTUAL Total:</b>                       | <b>45,000.00</b>         | <b>188,391.00</b>       | <b>3,982.40</b>  | <b>125,605.95</b> | <b>173,962.93</b>              | <b>14,428.07</b>    |
| <b>ExpCategory: 550 - MATERIALS/SUPPLIES/MAINT/SM TOOLS</b> |                                                                    |                          |                         |                  |                   |                                |                     |
| 020-017-550-5051                                            | OFFICE SUPPLIES                                                    | 600.00                   | 600.00                  | 0.00             | 184.27            | 184.27                         | 415.73              |
| 020-017-550-5849                                            | COMP. SOFTWARE & ACCESSORIES                                       | 9,400.00                 | 10,850.00               | 0.00             | 8,583.00          | 8,583.00                       | 2,267.00            |
| 020-017-550-5857                                            | MMBRSHIP/LCNSE/CRTFCATION/ECT                                      | 2,305.00                 | 2,305.00                | 0.00             | 1,600.00          | 1,600.00                       | 705.00              |
|                                                             | <b>ExpCategory: 550 - MATERIALS/SUPPLIES/MAINT/SM TOOLS Total:</b> | <b>12,305.00</b>         | <b>13,755.00</b>        | <b>0.00</b>      | <b>10,367.27</b>  | <b>10,367.27</b>               | <b>3,387.73</b>     |
| <b>ExpCategory: 570 - MISCELLANEOUS</b>                     |                                                                    |                          |                         |                  |                   |                                |                     |
| 020-017-570-7010                                            | MEETING EXPENSES                                                   | 1,500.00                 | 1,500.00                | 649.32           | 776.96            | 776.96                         | 723.04              |
| 020-017-570-7015                                            | PHOTOCOPIES                                                        | 500.00                   | 500.00                  | 0.00             | 0.00              | 0.00                           | 500.00              |
| 020-017-570-7130                                            | MISC. EXPENDITURES                                                 | 500.00                   | 500.00                  | 0.00             | 0.00              | 0.00                           | 500.00              |
| 020-017-570-7200                                            | TRAINING AND TRAVEL                                                | 10,900.00                | 10,900.00               | 0.00             | 3,521.36          | 4,405.82                       | 6,494.18            |
| 020-017-570-7220                                            | I.T. SERVICE FEES                                                  | 7,190.00                 | 7,190.00                | 599.17           | 5,991.70          | 5,991.70                       | 1,198.30            |
|                                                             | <b>ExpCategory: 570 - MISCELLANEOUS Total:</b>                     | <b>20,590.00</b>         | <b>20,590.00</b>        | <b>1,248.49</b>  | <b>10,290.02</b>  | <b>11,174.48</b>               | <b>9,415.52</b>     |
|                                                             | <b>Department: 017 - ECON. DEV. ADMINISTRATION Total:</b>          | <b>86,012.00</b>         | <b>230,853.00</b>       | <b>6,007.49</b>  | <b>151,883.46</b> | <b>202,635.28</b>              | <b>28,217.72</b>    |
| <b>Department: 067 - INDUSTRIAL PROJECTS</b>                |                                                                    |                          |                         |                  |                   |                                |                     |
| <b>ExpCategory: 530 - CONTRACTUAL</b>                       |                                                                    |                          |                         |                  |                   |                                |                     |
| 020-067-530-3502                                            | TIF#3 19 TUBACEX REIMB PYMNT                                       | 0.00                     | 332,949.00              | 6,347.27         | 310,066.27        | 310,066.27                     | 22,882.73           |
|                                                             | <b>ExpCategory: 530 - CONTRACTUAL Total:</b>                       | <b>0.00</b>              | <b>332,949.00</b>       | <b>6,347.27</b>  | <b>310,066.27</b> | <b>310,066.27</b>              | <b>22,882.73</b>    |
| <b>ExpCategory: 560 - CAPITAL - GENERAL</b>                 |                                                                    |                          |                         |                  |                   |                                |                     |
| 020-067-560-6003                                            | DIA LANDS PURCHASE                                                 | 0.00                     | 586,203.00              | 0.00             | 95,468.60         | 129,058.80                     | 457,144.20          |
|                                                             | <b>ExpCategory: 560 - CAPITAL - GENERAL Total:</b>                 | <b>0.00</b>              | <b>586,203.00</b>       | <b>0.00</b>      | <b>95,468.60</b>  | <b>129,058.80</b>              | <b>457,144.20</b>   |
| <b>ExpCategory: 570 - MISCELLANEOUS</b>                     |                                                                    |                          |                         |                  |                   |                                |                     |
| 020-067-570-7009                                            | SMALL BUSINESS TECHNOLOGY                                          | 0.00                     | 60,000.00               | 8,450.00         | 50,450.00         | 52,950.00                      | 7,050.00            |
| 020-067-570-7011                                            | SMALL BUSINESS GRANT                                               | 0.00                     | 200,000.00              | 0.00             | 40,755.00         | 41,055.00                      | 158,945.00          |
| 020-067-570-7400                                            | CONTINGENCY RESERVE                                                | 783,913.00               | 17,782.00               | 0.00             | 0.00              | 0.00                           | 17,782.00           |
|                                                             | <b>ExpCategory: 570 - MISCELLANEOUS Total:</b>                     | <b>783,913.00</b>        | <b>277,782.00</b>       | <b>8,450.00</b>  | <b>91,205.00</b>  | <b>94,005.00</b>               | <b>183,777.00</b>   |
| <b>ExpCategory: 580 - DEBT SERVICE</b>                      |                                                                    |                          |                         |                  |                   |                                |                     |
| 020-067-580-8630                                            | BL - CDBG LOAN PMT. EXP.                                           | 25,000.00                | 25,000.00               | 2,083.34         | 20,833.40         | 20,833.40                      | 4,166.60            |
| 020-067-580-8631                                            | CG - CDBG LOAN PMT. EXP.                                           | 20,000.00                | 20,000.00               | 1,666.67         | 16,666.70         | 16,666.70                      | 3,333.30            |
| 020-067-580-8633                                            | CMP - CDBG LOAN PMT. EXP.                                          | 7,500.00                 | 7,500.00                | 0.00             | 6,250.00          | 6,250.00                       | 1,250.00            |
| 020-067-580-8634                                            | EB - CDBG LOAN PMT. EXP.                                           | 20,000.00                | 20,000.00               | 1,666.67         | 16,666.70         | 16,666.70                      | 3,333.30            |

Income Statement

For Fiscal: 2022-2023 Period Ending: 04/30/2023

|                                                               |                           | Original<br>Total Budget | Current<br>Total Budget | MTD Activity     | YTD Activity       | YTD Activity +<br>Encumbrances | Budget<br>Remaining |
|---------------------------------------------------------------|---------------------------|--------------------------|-------------------------|------------------|--------------------|--------------------------------|---------------------|
| 020-067-580-8635                                              | ES - CDBG LOAN PMT. EXP.  | 20,000.00                | 20,000.00               | 1,666.48         | 16,664.80          | 16,664.80                      | 3,335.20            |
| 020-067-580-8770                                              | CG LAND ACQUISITION COSTS | 38,523.00                | 38,523.00               | 0.00             | 38,522.14          | 38,522.14                      | 0.86                |
| <b>ExpCategory: 580 - DEBT SERVICE Total:</b>                 |                           | <b>131,023.00</b>        | <b>131,023.00</b>       | <b>7,083.16</b>  | <b>115,603.74</b>  | <b>115,603.74</b>              | <b>15,419.26</b>    |
| <b>Department: 067 - INDUSTRIAL PROJECTS Total:</b>           |                           | <b>914,936.00</b>        | <b>1,327,957.00</b>     | <b>21,880.43</b> | <b>612,343.61</b>  | <b>648,733.81</b>              | <b>679,223.19</b>   |
| <b>Fund: 020 - DURANT INDUSTRIAL AUTH. Surplus (Deficit):</b> |                           | <b>0.00</b>              | <b>0.00</b>             | <b>-9,058.14</b> | <b>-290,450.81</b> | <b>-377,592.83</b>             | <b>377,592.83</b>   |

Income Statement

For Fiscal: 2022-2023 Period Ending: 04/30/2023

|                                                    |                                                                | Original<br>Total Budget | Current<br>Total Budget | MTD Activity      | YTD Activity        | YTD Activity +<br>Encumbrances | Budget<br>Remaining |
|----------------------------------------------------|----------------------------------------------------------------|--------------------------|-------------------------|-------------------|---------------------|--------------------------------|---------------------|
| <b>Fund: 110 - 1/4 % ECONOMIC DEV. FUND</b>        |                                                                |                          |                         |                   |                     |                                |                     |
| <b>RevDepartment: 000 - 000</b>                    |                                                                |                          |                         |                   |                     |                                |                     |
| 110-000-301-1000                                   | BEGINNING BALANCE                                              | 2,185,389.00             | 2,185,389.00            | 0.00              | 0.00                | 0.00                           | 2,185,389.00        |
| 110-000-311-1000                                   | SALES TAX REVENUE (.25%)                                       | 1,044,454.50             | 1,044,454.50            | 101,508.92        | 1,037,147.78        | 1,037,147.78                   | 7,306.72            |
| 110-000-361-1000                                   | INTEREST EARNINGS REVENUE                                      | 5,000.00                 | 5,000.00                | 0.00              | 8,819.26            | 8,819.26                       | -3,819.26           |
| 110-000-361-1208                                   | FY13 PHARMCARE LOAN REPAYMENT                                  | 52,000.00                | 52,000.00               | 0.00              | 25,999.98           | 25,999.98                      | 26,000.02           |
|                                                    | <b>RevDepartment: 000 - 000 Total:</b>                         | <b>3,286,843.50</b>      | <b>3,286,843.50</b>     | <b>101,508.92</b> | <b>1,071,967.02</b> | <b>1,071,967.02</b>            | <b>2,214,876.48</b> |
| <b>Department: 017 - ECON. DEV. ADMINISTRATION</b> |                                                                |                          |                         |                   |                     |                                |                     |
| <b>ExpCategory: 560 - CAPITAL - GENERAL</b>        |                                                                |                          |                         |                   |                     |                                |                     |
| 110-017-560-6021                                   | FUTURE PROJECTS                                                | 3,195,821.00             | 3,195,821.00            | 0.00              | 0.00                | 0.00                           | 3,195,821.00        |
|                                                    | <b>ExpCategory: 560 - CAPITAL - GENERAL Total:</b>             | <b>3,195,821.00</b>      | <b>3,195,821.00</b>     | <b>0.00</b>       | <b>0.00</b>         | <b>0.00</b>                    | <b>3,195,821.00</b> |
| <b>ExpCategory: 599 - TRANSFER</b>                 |                                                                |                          |                         |                   |                     |                                |                     |
| 110-017-599-0201                                   | TRANSFER TO DIA - DEBT PMTS                                    | 91,023.00                | 91,023.00               | 7,585.25          | 75,852.50           | 75,852.50                      | 15,170.50           |
|                                                    | <b>ExpCategory: 599 - TRANSFER Total:</b>                      | <b>91,023.00</b>         | <b>91,023.00</b>        | <b>7,585.25</b>   | <b>75,852.50</b>    | <b>75,852.50</b>               | <b>15,170.50</b>    |
|                                                    | <b>Department: 017 - ECON. DEV. ADMINISTRATION Total:</b>      | <b>3,286,844.00</b>      | <b>3,286,844.00</b>     | <b>7,585.25</b>   | <b>75,852.50</b>    | <b>75,852.50</b>               | <b>3,210,991.50</b> |
|                                                    | <b>Fund: 110 - 1/4 % ECONOMIC DEV. FUND Surplus (Deficit):</b> | <b>-0.50</b>             | <b>-0.50</b>            | <b>93,923.67</b>  | <b>996,114.52</b>   | <b>996,114.52</b>              | <b>-996,115.02</b>  |



PO Box 130  
 Durant OK 74702  
 RETURN SERVICE REQUESTED

www.firstunitedbank.com  
 First United - 20  
 1400 W Main, PO Box 130  
 Durant OK 74702-0130

Customer Service (800) 924-4427

Account XXXXXX

Page 1 of 3

0005843

6302FUBT

5983800X.002

DnpAndE P=EW

\*0005843 S2  
 CITY OF DURANT  
 DURANT INDUSTRIAL AUTHORITY DIA  
 PO BOX 578  
 DURANT OK 74702-0578



**CHECKING ACCOUNTS**

**Advantage Business Free PF**

|                    |              |                          |                      |
|--------------------|--------------|--------------------------|----------------------|
| Account Number     | XXXXXX       | Number of Enclosures     | 9                    |
| Previous Balance   | \$349,422.55 | Statement Dates          | 4/03/23 thru 4/30/23 |
| 1 Deposits/Credits | \$27,397.39  | Days in Statement Period | 28                   |
| 9 Checks/Debits    | \$16,614.21  | Average Ledger           | \$343,886.42         |
| Service Charge     | \$0.00       | Average Collected        | \$343,886.42         |
| Interest Paid      | \$0.00       |                          |                      |
| Current Balance    | \$360,205.73 |                          |                      |

**Credit Transactions**

| Date | Description                                                  | Amount      |
|------|--------------------------------------------------------------|-------------|
| 4/28 | Transfer from 0445 to 0243 002 023 COVR DIA CHECKING ACCT FM | \$27,397.39 |

**Checks**

| Date | Check Number | Amount     | Date | Check Number | Amount     |
|------|--------------|------------|------|--------------|------------|
| 4/03 | 1124         | \$2,000.00 | 4/19 | 1133         | \$1,666.67 |
| 4/21 | 1129*        | \$2,000.00 | 4/19 | 1134         | \$1,666.48 |
| 4/18 | 1130         | \$1,550.00 | 4/14 | 1135         | \$107.05   |
| 4/19 | 1131         | \$1,666.67 | 4/17 | 1137*        | \$3,874.00 |
| 4/19 | 1132         | \$2,083.34 |      |              |            |

(\* Denotes skip in check numbers)

**Daily Balance Summary**

| Date | Balance      | Date | Balance      | Date | Balance      |
|------|--------------|------|--------------|------|--------------|
| 4/03 | \$347,422.55 | 4/18 | \$341,891.50 | 4/21 | \$332,808.34 |
| 4/14 | \$347,315.50 | 4/19 | \$334,808.34 | 4/28 | \$360,205.73 |
| 4/17 | \$343,441.50 |      |              |      |              |



Account: XXXXX9243

CITY OF DURANT - DURANT INDUSTRIAL AUTH  
300 WEST EVERGREEN  
P.O. BOX 578  
DURANT, OKLAHOMA 74702-0578

First United  
1400 W Main  
Durant, OK 74701

CHECK # 1124

03/24/2023 \$2,000.00

PAY —Two Thousand Dollars and 00/100 Cents—

TO THE ORDER OF TWICE BAK'D BISTRO LLC  
1301 N 1ST AVE  
DURANT, OK 74701

Number: 1124 Date: 4/3/2023 Amount: \$2000.00

CITY OF DURANT - DURANT INDUSTRIAL AUTH  
300 WEST EVERGREEN  
P.O. BOX 578  
DURANT, OKLAHOMA 74702-0578

First United  
1400 W Main  
Durant, OK 74701

CHECK # 1129

03/24/2023 \$2,000.00

PAY —Two Thousand Dollars and 00/100 Cents—

TO THE ORDER OF TWICE BAK'D BISTRO LLC  
1301 N 1ST AVE  
DURANT, OK 74701

Number: 1129 Date: 4/21/2023 Amount: \$2000.00

CITY OF DURANT - DURANT INDUSTRIAL AUTH  
300 WEST EVERGREEN  
P.O. BOX 578  
DURANT, OKLAHOMA 74702-0578

First United  
1400 W Main  
Durant, OK 74701

CHECK # 1130

04/07/2023 \$1,550.00

PAY —One Thousand Five Hundred Fifty Dollars and 00/100 Cents—

TO THE ORDER OF MEAD & HUNT INC  
2440 DEMING WAY  
MIDDLETON, WI 53562

Number: 1130 Date: 4/18/2023 Amount: \$1550.00

CITY OF DURANT - DURANT INDUSTRIAL AUTH  
300 WEST EVERGREEN  
P.O. BOX 578  
DURANT, OKLAHOMA 74702-0578

First United  
1400 W Main  
Durant, OK 74701

CHECK # 1131

04/07/2023 \$1,666.67

PAY —One Thousand Six Hundred Sixty Six Dollars and 67/100 Cents—

TO THE ORDER OF OKLAHOMA DEPARTMENT OF COMMERCE  
ATTN: ADMINISTRATIVE SERVICES  
900 NORTH STILES  
OKLAHOMA CITY, OK 73104-3334

Number: 1131 Date: 4/19/2023 Amount: \$1666.67

CITY OF DURANT - DURANT INDUSTRIAL AUTH  
300 WEST EVERGREEN  
P.O. BOX 578  
DURANT, OKLAHOMA 74702-0578

First United  
1400 W Main  
Durant, OK 74701

CHECK # 1132

04/07/2023 \$2,083.34

PAY —Two Thousand Eighty Three Dollars and 34/100 Cents—

TO THE ORDER OF OKLAHOMA DEPARTMENT OF COMMERCE  
ATTN: ADMINISTRATIVE SERVICES  
900 NORTH STILES  
OKLAHOMA CITY, OK 73104-3334

Number: 1132 Date: 4/19/2023 Amount: \$2083.34

CITY OF DURANT - DURANT INDUSTRIAL AUTH  
300 WEST EVERGREEN  
P.O. BOX 578  
DURANT, OKLAHOMA 74702-0578

First United  
1400 W Main  
Durant, OK 74701

CHECK # 1133

04/07/2023 \$1,666.67

PAY —One Thousand Six Hundred Sixty Six Dollars and 67/100 Cents—

TO THE ORDER OF OKLAHOMA DEPARTMENT OF COMMERCE  
ATTN: ADMINISTRATIVE SERVICES  
900 NORTH STILES  
OKLAHOMA CITY, OK 73104-3334

Number: 1133 Date: 4/19/2023 Amount: \$1666.67

CITY OF DURANT - DURANT INDUSTRIAL AUTH  
300 WEST EVERGREEN  
P.O. BOX 578  
DURANT, OKLAHOMA 74702-0578

First United  
1400 W Main  
Durant, OK 74701

CHECK # 1134

04/07/2023 \$1,666.48

PAY —One Thousand Six Hundred Sixty Six Dollars and 48/100 Cents—

TO THE ORDER OF OKLAHOMA DEPARTMENT OF COMMERCE  
ATTN: ADMINISTRATIVE SERVICES  
900 NORTH STILES  
OKLAHOMA CITY, OK 73104-3334

Number: 1134 Date: 4/19/2023 Amount: \$1666.48

CITY OF DURANT - DURANT INDUSTRIAL AUTH  
300 WEST EVERGREEN  
P.O. BOX 578  
DURANT, OKLAHOMA 74702-0578

First United  
1400 W Main  
Durant, OK 74701

CHECK # 1135

04/07/2023 \$107.05

PAY —One Hundred Seven Dollars and 05/100 Cents—

TO THE ORDER OF OKLAHOMA GAS AND ELECTRIC  
PO BOX 24990  
OKLAHOMA CITY, OK 73124-0990

Number: 1135 Date: 4/14/2023 Amount: \$107.05

CITY OF DURANT - DURANT INDUSTRIAL AUTH  
300 WEST EVERGREEN  
P.O. BOX 578  
DURANT, OKLAHOMA 74702-0578

First United  
1400 W Main  
Durant, OK 74701

CHECK # 1137

04/14/2023 \$3,874.00

PAY —Three Thousand Eight Hundred Seventy Four Dollars and 00/100 Cents—

TO THE ORDER OF UNITED MANUFACTURING & DISTRIBUTION  
2801 RICHMOND RD #195  
TEXARKANA, TX 75753

Number: 1137 Date: 4/17/2023 Amount: \$3874.00

0005843

6302FUBT

5985E00X.002

26FDP

Dnp&ndE P=EW,



# The City of Durant

## Memorandum

**Date:** 6/6/2023  
**To:** Mayor and City Council  
**From:**  
**Re:** Administration

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**Council Information / Action Requested**

**City Staff Information / Action Follow-up, if Council authorizes this action:**

**ATTACHMENTS:**





# The City of Durant

## Memorandum

**Date:** 6/6/2023  
**To:** Mayor and City Council  
**From:** Tamme Collins, Administrative Assistant  
**Re:** Consider Approval of Small Business Grant Applications- 2K

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### Council Information / Action Requested

### City Staff Information / Action Follow-up, if Council authorizes this action:

#### ATTACHMENTS:

1. Amber Foster Durant Mercantile Grant 2000
2. Wrights Drive In LLC 2000

**Durant Industrial Authority  
Small Business Technology Grant Program  
Application Package**

Amber Foster

(Name of Applicant)

5.19.23

(Date Submitted)

Amber Foster

(Signature of Applicant)

\$2,000

(Grant Amount Requested)

Application Submission:  
The application must be signed by the business owner.

Mail to:  
Durant Industrial Authority  
ATTN: Lisa Taylor  
PO Box 578  
Durant, OK 74701

Or, Deliver to:  
Durant Industrial Authority  
10 Waldron Road  
Durant, OK 74701

Please call (580) 924-7254 with questions.

Completed applications can also be submitted electronically as a PDF to [econdev@durant.org](mailto:econdev@durant.org).

# Small Business Technology Grant Program Application

## I. INFORMATION ABOUT THE BUSINESS

Have you previously received a Durant Small Business Grant? Yes  No

Legal Name of Business: Amber Foster

Trade Name/DBA Durant Mercantile

Legal Entity Structure (Sole Proprietor, LLC, Corporation etc.): SP

Is the Business a non-profit? Yes  No

Business Address: 124 N. 2nd Ave

City: Durant Zip Code: 94701

Mailing Address (if different from physical address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Year Business Established: \_\_\_\_\_

Current number of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Federal ID # 61-1577361 NAICS Code 44-45

Business Website: www.durant-mercantile.com

Preferred Method of Contact (business, mobile or email): email/text

Please provide a description of the business and services/products offered:

Retail Gift Shop

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. BUSINESS OWNER INFORMATION**

Please list below business owner (s) information (Please attach additional sheet if more space is needed).

Owner's Name: Amber Foster Title: Owner

Percentage of Ownership: 100%

Home Address: 1712 Mason St. City: Durant State: OK Zip Code: 74701

Telephone: 580-920-3854 E-Mail: durantmerchants@gmail.com

Owner's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please describe how this grant will help your business:

WE WILL BE ABLE TO SWITCH TO A NEWER MORE EFFICIENT POS SYSTEM + ALLOW OUR VENDORS EASIER ENTRY TO THE STORE.

Please describe assets (hardware, software, technology infrastructure and upgrade, etc.) to be acquired with grant funding and why they are needed for the business:

IPAD POS SYSTEM - ~~\$1500~~ \$1530 - SO WE CAN UPDATE SOFTWARE  
KAPAD ALARM LOCKS - 393.75 - SO VENDORS CAN ENTER ANYTIME  
BLUETOOTH SCANNER - \$75 - SO WE CAN SCAN BARCODES

**IV. USE OF FUNDS**

Please list how the funds will be utilized. All expenditures must be reasonable, allowable and necessary for the activities of the business requesting the funding. Due to limited funding, applicants are advised to prioritize grant requests to one or more related items that will significantly impact the business (Please attach additional sheet if more space is needed).

see previous \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Total \$ \_\_\_\_\_

**V. SIGNATURES**

All property/business owners, partners, etc. must sign this application form. If there are any questions, please call Economic Development staff at (580) 924-7254.

I certify that I have read and understand the Durant Small Business Technology Grant program guidelines and that the information contained herein is true, complete and correct to the best of my knowledge. I certify that I have authority to apply for this grant on behalf of the business described herein. I understand that this information may be made available for public review and is subject to the Oklahoma Freedom of Information Act. In the event of grant approval, I grant permission to the Durant Industrial Authority and its designees to release publicity articles regarding the financing of the project. A personal credit check of the principal owner and/or key individuals, as well as a background check, may be made. By signing below, I agree that the grant will be used for business purposes only and not for household, personal or consumer usage. I understand that any willful misrepresentation on this application and any other grant related documents could result in a requirement to repay grant funds and/or a violation of Local, State and/or Federal code.

Name (Print) Amber Foster Name (Print) \_\_\_\_\_  
Signature Amber Foster Signature \_\_\_\_\_  
Date 5.19.23 Date \_\_\_\_\_  
E-mail durantmemorand@ gmail.com E-mail \_\_\_\_\_

**VI. REQUIRED ATTACHMENTS FOR ALL APPLICATIONS**

- Copy of Certificate of Occupancy from the City of Durant
- Completed Current W-9
- Copy of Certificate of Good Standing from the Oklahoma Secretary of State
- Unexpired Government Issued Identification (Passport, Drivers' License etc.)
- Any Other Information That Will Assist Our Review Committee in Evaluating Your Grant Request.

# Durant Fire Department

Occupancy: **Durant Mercantile**

Occupancy ID: **124N2ND**

Address: **124 N 2nd Durant OK 74701**



Inspection Type: **CO/TCO**

Inspection Date: **5/22/2023**

Time In: **10:48**

Authorized Date: **05/22/2023**

By: Brooks , Brandon (38)

Time Out: **10:51**

By: Brooks , Brandon (38)

Form: .Inspection Form  
V22.2

## Inspection Description:

New and existing construction shall comply with all City of Durant Fire Codes and Ordinances, the 2018 International Fire Code (IFC), the 2018 International Building Code (IBC), and the National Fire Codes. Items not addressed in the following inspection are still enforceable by the above mentioned Codes and Ordinances.  
General Authority and Responsibilities - Section 104.1 IFC (2018)

## Inspection Topics:

### Inspection Type

Certificate of Occupancy  
Certificate of Occupancy Inspection  
**Status: Approved**  
**Notes:**

### Building Services/Housekeeping

Address Identification - Section 505.1 IFC (2018)  
All building shall have a posted address. Each character shall be not less than 4 inches high with a minimum stroke width of 1/2 inch. These numbers shall be posted high enough so as not to be obstructed in a position that is visible from the street or road fronting the property.  
**Status: Approved**  
**Notes:**

Fire Apparatus Access Roads (Lanes) - Section 503.2.1 IFC (2018)  
Fire apparatus access roads shall have an unobstructed width of not less than 20 feet, exclusive of shoulders, except for approved security gates in accordance with Section 503.6, and an unobstructed vertical clearance of not less than 13 feet 6 inches. Fire lanes shall extend to within 150 of all portions of the facility and shall be posted or marked FIRE LANE-NO PARKING every 30'. This shall be maintained clean and legible.  
**Status: Approved**  
**Notes:**

Electrical Equipment, Wiring and Hazards - Section 604 IFC (2018)  
(1) Electrical wiring, devices, appliances and other equipment that is modified or damaged and constitutes an electrical shock or fire hazard shall not be used. Section 604.1 IFC (2018) (2) A working space of not less than 30 inches in width, 36 inches in depth and 78 inches in height shall be provided in front of electrical service equipment. Section 604.3 IFC (2018) (3) Multipurpose adapters, such as cube adapters, unfused plug strips or any other device not complying with NFPA 70 shall be prohibited. Section 604.4 IFC (2018) (4) Extension cords and flexible cords shall not be a substitute for permanent wiring. Section 604.5 IFC (2018) (5) Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. Section 605.6 IFC (2015)  
**Status: Approved**  
**Notes:**

### Maintenance of Exitways

Maintenance of the Means of Egress: Reliability - Section 1031 IFC (2018)  
1031.2 Required exit accesses, exits, and exit discharges shall be continuously maintained free from obstructions or impediments to full instant use in the case of fire or other emergency where the building area served by the means of egress is occupied. An exit or exit passageway shall not be used for any purpose that interferes with a means of egress. 1031.3 A means of egress shall be free from obstructions that would prevent its use, including the accumulation of snow and ice.  
**Status: Approved**  
**Notes:**

Means of Egress Illumination - Section 1008 IFC (2018)

Where required by code exit and emergency light shall function properly.

Status: **Approved**

Notes:

**Fire Extinguishers**

Portable Fire Extinguishers: General Requirements - Section 906 IFC (2018)

(1) Where required: New and Existing A, B, E, F, H, I, M, R-1, R-2, R-4, and S occupancies. - 906.1 (1) (2) Within 30 feet of cooking of commercial cooking equipment. - 906.1 (2) (3) In areas where flammable or combustible liquids are stored, used, dispensed. - 906.1 (3) (4) Portable fire extinguishers shall be selected, installed, and maintained in accordance with this section and NFPA 10. - 906.2 (5) 75 feet total travel distance - Table 906.3(1)

Status: **Approved**

Notes:

Unobstructed and Unobscured - Section 906.6 IFC (2018)

(1) Portable fire extinguishers shall not be obstructed or obscured from view. In rooms or areas in which visual obstruction cannot be completely avoided, means shall be provided to indicate the locations of extinguishers. (2) Extinguishers weighing 40 pounds or less shall be installed so that their tops are not more than 5 feet above the floor. 906.9.1 (3) The clearance between the floor and the bottom of installed hand-held portable fire extinguishers shall be not less than 4 inches. 906.9.3

Status: **Approved**

Notes:

Extinguisher Maintenance - Section 7.3 (NFPA 10, (2013))

(1) Fire extinguishers shall be internally examined at intervals not exceeding those specified in Table 7.3.3.1. (NFPA 10) (2) Dry chemical - annually, Wetting agent - annually - Table 7.3.3.1 (NFPA 10)

Status: **Approved**

Notes:

**Additional Time Spent on Inspection:**

| Category | Start Date / Time | End Date / Time |
|----------|-------------------|-----------------|
|----------|-------------------|-----------------|

Notes: No Additional time recorded

**Total Additional Time: 0 minutes**

**Inspection Time: 3 minutes**

**Total Time: 3 minutes**

**Summary:**

**Overall Result:** Approved

**Inspector Notes:**

**Inspector:**

Name: Brooks , Brandon  
Work Phone(s): None on file  
Email(s): None on file

**Representative Signature:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Print or type.<br>See Specific instructions on page 3. | <p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br/><b>AMBER FOSTER</b></p> <p>2 Business name/disregarded entity name, if different from above<br/><b>DURANT MERCHANTILE</b></p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> |
|                                                        | <p>5 Address (number, street, and apt. or suite no.) See instructions.<br/><b>124 W. 2nd AVE</b></p> <p>6 City, state, and ZIP code<br/><b>DURANT, OK 74701</b></p> <p>7 List account number(s) here (optional)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>Requester's name and address (optional)</p>                                                                                                                                                                                                                                     |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                                                                                                                                                                                             |          |          |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|--|--|
| Social security number                                                                                                                                                                                      |          |          |  |  |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>           |          |          |  |  |
|                                                                                                                                                                                                             |          |          |  |  |
| or                                                                                                                                                                                                          |          |          |  |  |
| Employer identification number                                                                                                                                                                              |          |          |  |  |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">01</td> <td style="width: 25%;">-1597361</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | 01       | -1597361 |  |  |
| 01                                                                                                                                                                                                          | -1597361 |          |  |  |

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                                                |                       |
|------------------|------------------------------------------------|-----------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ <b>Amber Foster</b> | Date ▶ <b>5.22.23</b> |
|------------------|------------------------------------------------|-----------------------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

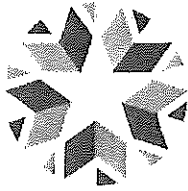
- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*







# OKLAHOMA Tax Commission



AMBER FOSTER  
124 N 2ND AVE  
DURANT OK 74701-4704

Date Issued: May 10, 2023  
Letter ID: L0080401344  
Taxpayer ID: \*\*\*-\*\*-5563

TRO

## Licenses/Permits at this Location SALES TAX PERMIT

### County BRYAN COUNTY

Holders of an Oklahoma Sales Tax Permit will find notice of penalties for violation of the Oklahoma Sales Tax code at tax.ok.gov

If the sales tax permit at this location becomes invalid then all associated permits will become invalid. If the business changes location or ownership or is discontinued for any reason, this permit must be returned to the Oklahoma Tax Commission for cancellation WITH AN EXPLANATION ON THE REVERSE SIDE.

|                           |
|---------------------------|
| <b>Sales Account ID</b>   |
| STS-10273647-09           |
| <b>Site Permit Number</b> |
| 720723968                 |

| Business Location                                          | Industry Code    | City Code | Site Effective | Expires       |
|------------------------------------------------------------|------------------|-----------|----------------|---------------|
| DURANT MERCANTILE<br>124 N 2ND AVE<br>DURANT OK 74701-4704 | 442299<br>339999 | 0721      | July 19, 2016  | July 18, 2025 |

PLEASE POST IN CONSPICUOUS PLACE

Mark Wood, Chairman  
Shelly Paulk, Vice-Chairman  
Charles Prater, Secretary Member

**Non-Transferable**





OKLAHOMA  
DRIVER LICENSE

NOT FOR  
REAL ID  
PURPOSES



4d Lic No. M081206077  
3 DOB 11/21/1982

4b Exp 07/31/2026

1 FOSTER  
2 AMBER NICOLE  
8 1712 MASON ST  
DURANT, OK 74701-5476

9 Class D  
9a End NONE  
12 Restr NONE

4a Iss 10/27/2022

*Amber Nicole Foster*

15 Sex F  
18 Eyes BRO  
17 Wgt 160 lb  
16 Hgt 5'-06"  
5 DM081206077112182102722R







## DURANT INDUSTRIAL AUTHORITY

PO Box 578 • Durant, OK 74701  
(580) 924-7254 | (580) 916-1512  
Email: [ltaylor@durant.org](mailto:ltaylor@durant.org)  
[www.ok-durant.org](http://www.ok-durant.org)



### **Durant Small Business Technology Grant Program Guidelines**

#### **Overview**

The Durant Industrial Authority of the City of Durant, Oklahoma (the “DIA”) recognizes that the success of small businesses is essential to a diverse and successful economy. The Durant Small Business Grant Program was created to assist in the growth and retention of viable small businesses in the City of Durant, Oklahoma. The objective of this pilot program is to assist small business owners (for-profit business with fifteen (15) or fewer employees) in the acquisition of information technology hardware and/ or software to be used for their small business.

This grant is a one-time, monetary award given to a small business and shall not exceed \$2,000. The grants will be committed and funded on a first-come, first-served basis contingent upon availability of funds. There is a limit of one Durant Small Business Technology Grant per tax identification number. Grants are awarded to applicants who have provided a complete application package and have met all eligibility requirements.

#### **Grant Eligibility**

A business may qualify for consideration provided it meets all of the following:

- Must be a for-profit small business. For the purpose of this grant, a small business is defined as a business entity with fifteen (15) or fewer employees. Employees include the owner, part-time, and full-time employees. Not-for-profit businesses, organizations and entities are not eligible for this program.
- The business must be located in a Low to Moderate Income Area/ New Markets Tax Credit census tract at the time of application. To determine if your business is located in an eligible area, review our “Determining If a Business Is located in an Eligible Area” instructions.
- The business must pay every employee a minimum of 1.5 times federally mandated Minimum Wage, unless exempted by a 2/3 vote of the DIA Trustees.
- The business and business owner(s) must be current on all local taxes or fees (real estate, personal property, business license, stormwater etc.).
- The business owner must be enrolled in the Durant Small Business Bootcamp.

*Members of the Durant Industrial Authority and/ or of the Durant City Council, and their immediate family members (Mother, Father, Spouse, Siblings and Children) are not eligible for participation in the Durant Small Business Grant Program.*

#### **Eligible Use of Funds**

Funds must be used for an existing small business located within the designated area. Examples of eligible uses include:



## DURANT INDUSTRIAL AUTHORITY

PO Box 578 • Durant, OK 74701  
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www.ok-durant.org



- Computer Hardware such as a laptop/ desktop computer, Point of Sale equipment and printers.
- Software such as that used for point of sale, word processing, database, spreadsheet, application suites, cyber security, etc.
- Hardware used for establishing internet inside the business, such as a modem or router.
- Other Expenses as Approved by the DIA

Please note that expenses must not be incurred until after the application has been approved and all applicable parties have signed the grant agreement.

### **Ineligible Use of Funds**

Examples of ineligible uses include but are not limited to the following:

- Purchase of Inventory
- Personal Expenses
- Purchase of Construction Equipment
- Salaries and/or Payroll
- Cellular devices, such as cell phones, tablets, etc.

### **Terms**

The applicant must comply with all Federal, State and/or Local requirements for operating the business. Some requirements are:

- Business License Tax
- Codes Compliance Regulations
- Local, State and Federal taxes
- Health and Safety Regulations

The applicant must also:

- Sign a grant agreement and return within 30 days of the agreement date.
- Maintain a business location in the defined geographic area of Durant, OK for at least one (1) year after receiving Durant Small Business Technology Grant funds. Failure to do so may result in a requirement to repay grant funds.
- Submit a Grant Expenditure Report form and receipts for eligible expenses within thirty (30) days of purchase. Grant expenses must not be incurred until after the application has been approved and all applicable parties have signed the grant agreement. Failure to do so may result in a requirement to repay grant funds.

### **Grant Application Process**

Completed applications and any required supporting documentation must be submitted to the DIA by mail, hand delivery or email. Applicant must submit a valid government issued identification (i.e. Passport, Drivers' License etc.) and a completed Request for Taxpayer



## DURANT INDUSTRIAL AUTHORITY

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[www.ok-durant.org](http://www.ok-durant.org)



Identification Number and Certification (IRS Form W-9) with the application.

Following review, the applicant will be sent a notification of decision by mail or email. If approved, the applicant will be provided the amount of the grant funding they are eligible to receive and advised of the next steps in the process (grant agreement, reporting requirements, etc.).

Grant payments will not be issued until the application has been approved by the DIA, and the signed grant agreement has been processed. The fully executed grant agreement must be returned within 30 days of the agreement date.

*The DIA reserves the right to deny approval of any application for reasons including, but not limited to, using funds to meet an equity investment requirement of other available business assistance programs, competitiveness of applications received, modifications to grant criteria, etc.*

### **Program Administration**

Interested individuals should contact the Executive Director of the DIA (580) 924-7254 or [econdev@durant.org](mailto:econdev@durant.org) regarding the application process or questions.

DIA staff will review all grant applications for eligibility and will make recommendations for funding to the DIA and the Durant City Council. To ensure that projected expenses are reasonable, each grant will be evaluated on the amount of funding requested and the identified use of the funds. Every effort will be made to maximize resources to support as many small businesses as possible.

If the application is not approved, the applicant may reapply for a Durant Small Business Grant after six (6) months. All issues identified by the staff must be addressed prior to resubmission. No more than two (2) resubmissions are permitted within a two (2) year period. There is no application fee. Lifetime limit of one grant per business and/or individual.



## Durant Small Business Grant Program LMI Determination Procedures

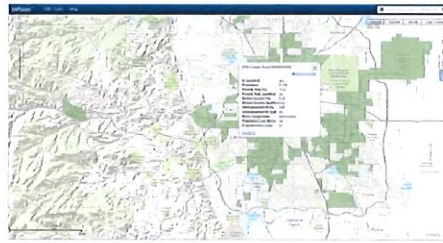
In order to qualify for the Micro Enterprise Grant, the business must be located in a low to moderate income area at the time of application. To determine if your business is located in a low to moderate income/ NMTC area follow the instructions provided below.

1. Go to the US Department of the Treasury CDFI Fund website at <https://www.cdfifund.gov/cims3>



Home » Welcome to the CDFI Fund CIMS Mapping Tool

### WELCOME TO THE CDFI FUND CIMS MAPPING TOOL



This mapping tool was created to provide prospective applicants with the ability to search by address, census tract, and other geographic areas of interest to determine program eligibility for the BEA, CDFI, CMF, NACA, and NMTC programs. To get started, choose one of the programs below. Use the search bar to type an address and view eligibility information on the map.

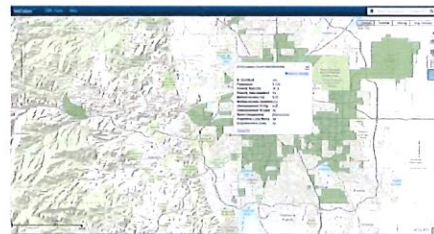


2. Click on "NMTC"



Home » Welcome to the CDFI Fund CIMS Mapping Tool

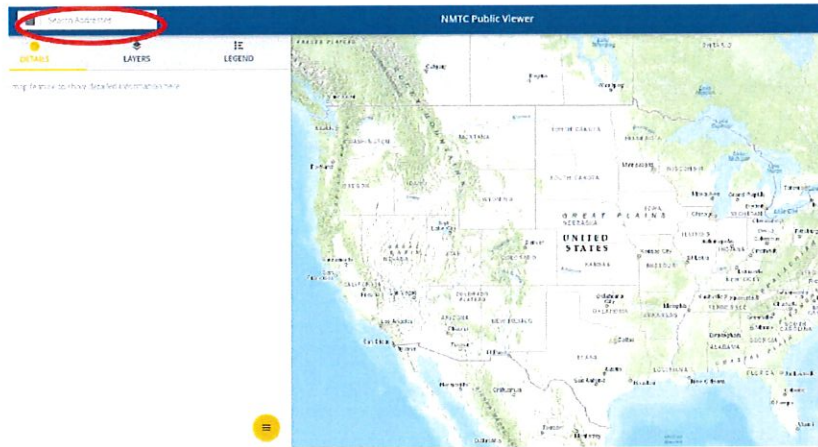
### WELCOME TO THE CDFI FUND CIMS MAPPING TOOL



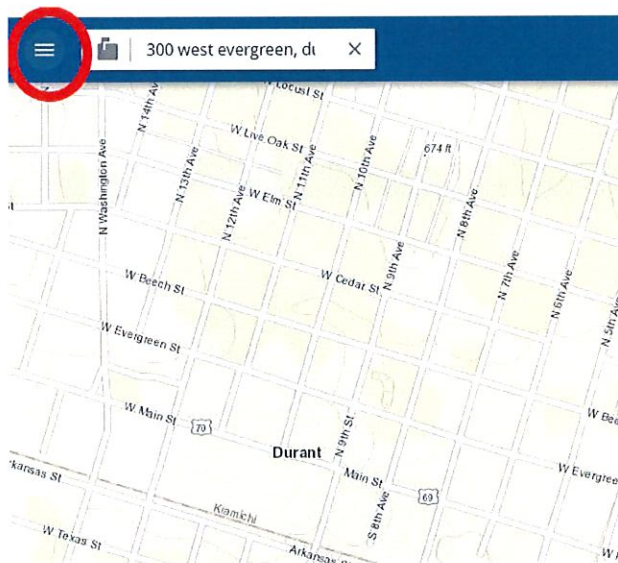
This mapping tool was created to provide prospective applicants with the ability to search by address, census tract, and other geographic areas of interest to determine program eligibility for the BEA, CDFI, CMF, NACA, and NMTC programs. To get started, choose one of the programs below. Use the search bar to type an address and view eligibility information on the map.



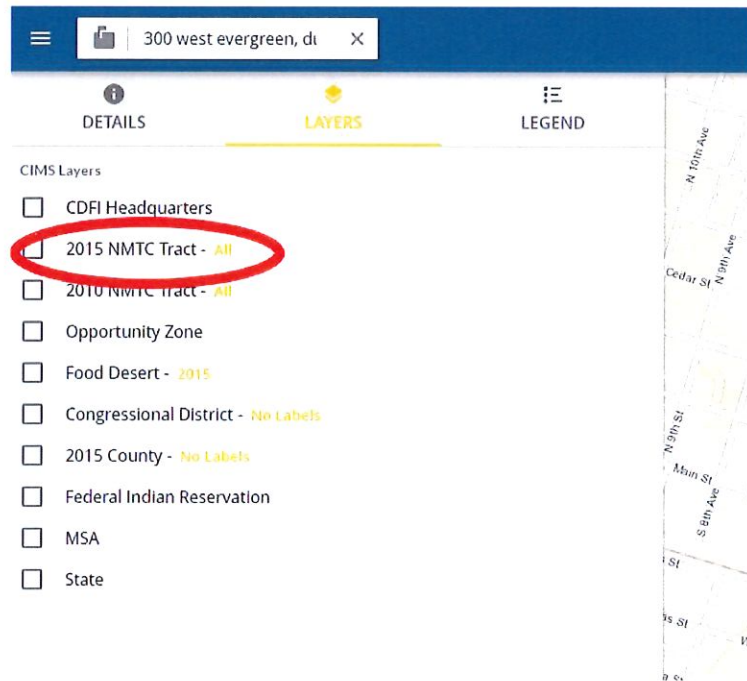
3. Enter the complete physical address of the applicant business (street address, city, state, and zip code).



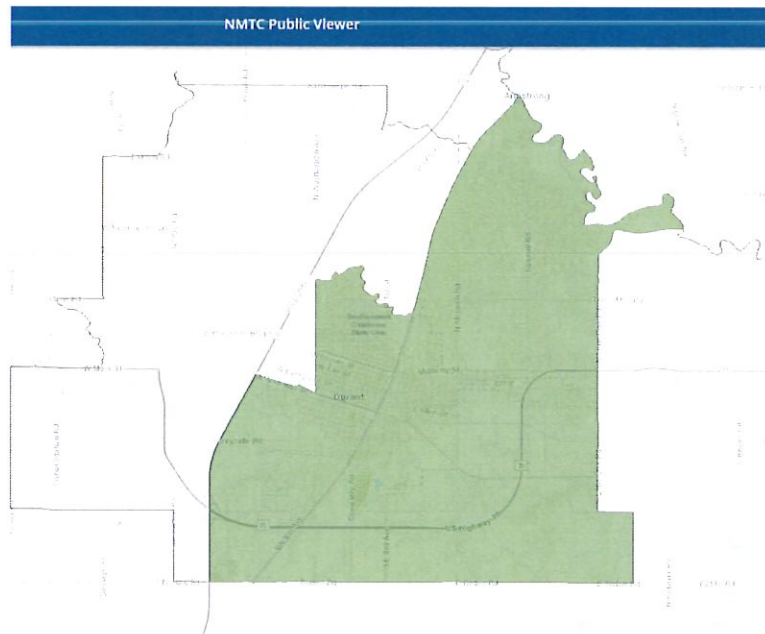
4. Click on the menu to reveal a list of available layers.



5. Select "2015 NMTC Tract".



6. If your business is located within the GREEN shaded area on the map, you are located within an eligible area for the Durant Small Business Grant Program.



**Durant Industrial Authority  
Small Business Technology Grant Program  
Application Package**

Courtney Epps  
(Name of Applicant)

5-1-23  
(Date Submitted)

Courtney Epps  
(Signature of Applicant)

\$2000.00  
(Grant Amount Requested)

**Application Submission:**  
The application must be signed by the business owner.

**Mail to:**  
Durant Industrial Authority  
ATTN: Lisa Taylor  
PO Box 578  
Durant, OK 74701

**Or, Deliver to:**  
Durant Industrial Authority  
10 Waldron Road  
Durant, OK 74701

Please call (580) 924-7254 with questions.

Completed applications can also be submitted electronically as a PDF to [econdev@durant.org](mailto:econdev@durant.org).

## Small Business Technology Grant Program Application

### I. INFORMATION ABOUT THE BUSINESS

Have you previously received a Durant Small Business Grant? Yes  No

Legal Name of Business: Wright's Drive In, LLC

Trade Name/DBA Wright's Drive In

Legal Entity Structure (Sole Proprietor, LLC, Corporation etc.): LLC

Is the Business a non-profit? Yes  No

Business Address: 319 S. 9<sup>th</sup> Ave

City: Durant Zip Code: 74701

Mailing Address (if different from physical address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: Wrightsdriivein@gmail.com

Business Phone: 580 924 4793 Mobile Number: 580 931 6039

Year Business Established: 2015

Current number of employees: Full-time 10 Part-time 3

Federal ID # 47-5472648 NAICS Code 722511

Business Website: —

Preferred Method of Contact (business, mobile or email): mobile, email

Please provide a description of the business and services/products offered:

We are a full service restaurant providing quality food & stellar service to the Durant community for decades. While known for burgers, we serve a varied menu from chicken fried steak + homemade meatloaf to delicious shakes + floats. We are truly an old fashioned drive in, car hops + all! We offer dine in, drive in, or call in.

**II. BUSINESS OWNER INFORMATION**

Please list below business owner (s) information (Please attach additional sheet if more space is needed).

Owner's Name: Courtney Epps Title: Owner / President

Percentage of Ownership: 100 %

Home Address: 827 S. 3<sup>rd</sup> Street City: Calera State: OK Zip Code: 74730

Telephone: 5809316039 E-Mail: wrightsdivein@gmail.com

Owner's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please describe how this grant will help your business:

Our hometown drive in doesn't yet have the technology that most other restaurants have. This grant will help purchase computers and software that will set us up for some larger upgrades + meet our goal of installing a POS system within a year.

Please describe assets (hardware, software, technology infrastructure and upgrade, etc.) to be acquired with grant funding and why they are needed for the business:

This grant will allow the purchase of two laptop computers + associated software. This will allow ease of access to important documents such as vendor information, order guides, + HR information + documents. The benefit will be that owner + managers will all have access in one convenient location + shared drive for a cohesive way to store + access documents.

**IV. USE OF FUNDS**

Please list how the funds will be utilized. All expenditures must be reasonable, allowable and necessary for the activities of the business requesting the funding. Due to limited funding, applicants are advised to prioritize grant requests to one or more related items that will significantly impact the business (Please attach additional sheet if more space is needed).

|                                                                     |                              |
|---------------------------------------------------------------------|------------------------------|
| <u>HP Envy 17.3" Laptop - Best Buy</u>                              | \$ <u>1100.<sup>00</sup></u> |
| <u>HP 15.6" Laptop - Best Buy</u>                                   | \$ <u>700.<sup>00</sup></u>  |
| <u>Microsoft Office - Family for up to 6 people</u>                 | \$ <u>100.<sup>00</sup></u>  |
| <u>Webrat Internet Security w/ Antivirus Protection - 3 devices</u> | \$ <u>110.<sup>00</sup></u>  |
| Total \$ <u>2010.<sup>00</sup></u>                                  |                              |

**V. SIGNATURES**

All property/business owners, partners, etc. must sign this application form. If there are any questions, please call Economic Development staff at (580) 924-7254.

I certify that I have read and understand the Durant Small Business Technology Grant program guidelines and that the information contained herein is true, complete and correct to the best of my knowledge. I certify that I have authority to apply for this grant on behalf of the business described herein. I understand that this information may be made available for public review and is subject to the Oklahoma Freedom of Information Act. In the event of grant approval, I grant permission to the Durant Industrial Authority and its designees to release publicity articles regarding the financing of the project. A personal credit check of the principal owner and/or key individuals, as well as a background check, may be made. By signing below, I agree that the grant will be used for business purposes only and not for household, personal or consumer usage. I understand that any willful misrepresentation on this application and any other grant related documents could result in a requirement to repay grant funds and/or a violation of Local, State and/or Federal code.

|                                        |                    |
|----------------------------------------|--------------------|
| Name (Print) <u>Courtney Epps</u>      | Name (Print) _____ |
| Signature <u>Courtney Epps</u>         | Signature _____    |
| Date _____                             | Date _____         |
| E-mail <u>wrightsdrivein@gmail.com</u> | E-mail _____       |

**VI. REQUIRED ATTACHMENTS FOR ALL APPLICATIONS**

- Copy of Certificate of Occupancy from the City of Durant
- Completed Current W-9
- Copy of Certificate of Good Standing from the Oklahoma Secretary of State
- Unexpired Government Issued Identification (Passport, Drivers' License etc.)
- Any Other Information That Will Assist Our Review Committee in Evaluating Your Grant Request.

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br/> <span style="font-size: 1.2em; color: blue;">Wrights Drive In, LLC</span></p> <p><b>2</b> Business name/disregarded entity name, if different from above<br/> <span style="font-size: 1.2em; color: blue;">Wrights Drive In</span></p> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC           <input type="checkbox"/> C Corporation           <input type="checkbox"/> S Corporation           <input type="checkbox"/> Partnership           <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> | <p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> |
| <p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.<br/> <span style="font-size: 1.2em; color: blue;">827 S. 3rd Street</span></p> <p><b>6</b> City, state, and ZIP code<br/> <span style="font-size: 1.2em; color: blue;">Calera OK 74730</span></p> <p><b>7</b> List account number(s) here (optional)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>Requester's name and address (optional)</p>                                                                                                                                                                                                                                            |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |   |   |   |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|
| <b>Social security number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |   |   |   |   |   |   |   |   |   |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td colspan="2"></td> </tr> </table>                                                                                                                                                                                                                                                      |   |   |   |   | - | - |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |   |   |   |   |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - |   |   |   |   |   |   |   |   |   |
| <b>or</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |   |   |   |   |   |   |   |   |
| <b>Employer identification number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |   |   |   |   |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black;">4</td> <td style="width: 12.5%; border: 1px solid black;">7</td> <td style="width: 12.5%; border: 1px solid black;">-</td> <td style="width: 12.5%; border: 1px solid black;">5</td> <td style="width: 12.5%; border: 1px solid black;">4</td> <td style="width: 12.5%; border: 1px solid black;">7</td> <td style="width: 12.5%; border: 1px solid black;">2</td> <td style="width: 12.5%; border: 1px solid black;">6</td> <td style="width: 12.5%; border: 1px solid black;">4</td> <td style="width: 12.5%; border: 1px solid black;">8</td> </tr> </table> | 4 | 7 | - | 5 | 4 | 7 | 2 | 6 | 4 | 8 |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7 | - | 5 | 4 | 7 | 2 | 6 | 4 | 8 |   |

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                                                                                              |                                                                    |
|------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ <span style="font-size: 1.5em; color: blue;">Courtney Epps</span> | Date ▶ <span style="font-size: 1.5em; color: blue;">2-24-23</span> |
|------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



Date of this notice: 11-02-2015

Employer Identification Number:  
47-5472648

Form: SS-4

Number of this notice: CP 575 A

WRIGHTS DRIVE IN LLC  
COURTNEY BURNETT MBR  
511 W MAIN ST  
CALERA, OK 74730

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-5472648. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

|           |            |
|-----------|------------|
| Form 941  | 01/31/2016 |
| Form 940  | 01/31/2016 |
| Form 1065 | 04/15/2016 |

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.



**OKLAHOMA**  
**DRIVER LICENSE**

NOT FOR  
REAL ID  
PURPOSES



44 License No. **L718871565**  
45 Exp. **06/25/1979**

46 Exp. **06/30/2026**

1 Name **EPPS**  
2 Surname **COURTNEY BELLE**  
3 Address **827 S 3RD ST**  
4 City **CALERA, OK 74730-2033**

6 Sex **D**  
7 Race **NONE**  
8 Hair **NONE**  
9 Eyes **NONE**  
10 Date of Birth **04/19/2022**

11 Sex **F**  
12 Eyes **HAZ**  
13 Hair **125 lb**  
14 Height **5'-03"**

*Courtney Epps*

5 ID **L718871565062579041922R**

319 s 9th Ave, Durant OK **NMTC Public Viewer**

**MS Address**

- CDFI Headquarters
- All
- 2015 NMTC Tract - All
- 2015 NMTC Tract - All
- Opportunity Zone
- Food Desert - 2015 Congressional District
- Congressional District - 2015 County
- 2015 County - No Lab...
- State Federal Indian Reserv...
- MSA
- State



OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE  
OF  
LIMITED LIABILITY COMPANY**

*WHEREAS, the Articles of Organization of*

**WRIGHT'S DRIVE IN, LLC**

*an Oklahoma limited liability company has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.*

*NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.*

*IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.*



*Filed in the city of Oklahoma City this  
1st day of November, 2015.*

A handwritten signature in cursive script, appearing to read "Chris Benz".

*Secretary of State*

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING  
DOMESTIC LIMITED LIABILITY COMPANY**

*I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.*

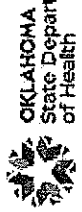
*I FURTHER CERTIFY that WRIGHT'S DRIVE IN, LLC whose registered agent is COURTNEY BELLE EPPS, with its registered office at 827 S 3RD STREET CALERA 74730 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.*



*IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 3rd, day of March, 2023.*

*Brian T. Jorgensen*

*Secretary Of State*



OKLAHOMA  
State Department  
of Health

**PERMIT**

OKLAHOMA STATE DEPARTMENT OF HEALTH  
123 Robert S. Kerr Ave. Ste. 1702  
OKLAHOMA CITY, OKLAHOMA 73102-6406  
(405) 426-8250

FACILITY NUMBER  
**7 - 98250**

**ISSUED FOR:**

45 F FOOD SERVICES - ESTABLISHMENT  
WRIGHTS DRIVE IN LLC  
319 S 9TH  
DURANT, OK 74701

| RECEIPT NUMBER | FEE      |
|----------------|----------|
| 4615015        | \$335.00 |

**PERMIT MUST BE POSTED**

DATE ISSUED 2/18/2023  
EXPIRATION DATE: 2/18/2024

**PERMIT NOT TRANSFERABLE**

OWNER/LESSEE NAME:  
WRIGHTS DRIVE IN LLC

WRIGHTS DRIVE IN LLC  
319 S 9TH  
DURANT, OK 74701

Keith Reed, MPH, CPH  
Commissioner of Health



# The City of Durant

## Memorandum

**Date:** 6/6/2023  
**To:** Mayor and City Council  
**From:** Tamme Collins, Administrative Assistant  
**Re:** Consider Approval of Small Business Grant Applications-5K

---

### Council Information / Action Requested

### City Staff Information / Action Follow-up, if Council authorizes this action:

#### ATTACHMENTS:

1. Amber Foster Durant Mercantile Grant 5000
2. Blakes Coffee (1)
3. Shear Maddness Grant 5000
4. Wholesale Equipment 5000
5. Parish

**Durant Industrial Authority  
Small Business Grant Program  
Application Package**

Amber Foster

(Name of Applicant)

5.19.23

(Date Submitted)

Amber Foster

(Signature of Applicant)

\$5,000

(Grant Amount Requested)

Application Submission:  
The application must be signed by the business owner.

Mail to:  
Durant Industrial Authority  
ATTN: Lisa Taylor  
PO Box 578  
Durant, OK 74701

Or, Deliver to:  
Durant Industrial Authority  
10 Waldron Road  
Durant, OK 74701

Please call (580) 924-7254 with questions.

Completed applications can also be submitted electronically as a PDF to [econdev@durant.org](mailto:econdev@durant.org).



## Small Business Grant Program Application

### I. INFORMATION ABOUT THE BUSINESS

Have you previously received a Durant Small Business Grant? Yes  No

Legal Name of Business: Amber Foster

Trade Name/DBA Durant Mercantile

Legal Entity Structure (Sole Proprietor, LLC, Corporation etc.): SP

Is the Business a non-profit? Yes  No

Business Address: 124 N. 2nd Ave

City: Durant Zip Code: 74701

Mailing Address (if different from physical address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Business Phone: 580-745-8208 Mobile Number: 580-920-3854

Year Business Established: 2015

Current number of employees: Full-time 0 Part-time 3

Federal ID # \_\_\_\_\_ NAICS Code \_\_\_\_\_

Business Website: www.durantmercantile.com

Preferred Method of Contact (business, mobile or email): email/text

Please provide a description of the business and services/products offered:

Retail sales, gifts, clothing etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe how this grant will help your business:

It will allow me to produce a new product that isn't currently offered locally

Please describe how the business will continue operating once the grant funds have been spent:

We will be able to expand to produce freeze dried goods.

Please describe assets (equipment, tools, technology infrastructure and upgrade, professional services) to be acquired with grant funding (if applicable) and why they are needed for the business:

Freeze Dryer - needed for new product line

**IV. USE OF FUNDS**

Please list how the funds will be utilized. All expenditures must be reasonable, allowable and necessary for the activities of the business requesting the funding. Due to limited funding, applicants are advised to prioritize grant requests to one or more related items that will significantly impact the business (Please attach additional sheet if more space is needed).

|              |                |
|--------------|----------------|
| Freeze Dryer | \$ 5135.16     |
| _____        | \$ _____       |
| _____        | \$ _____       |
| _____        | \$ _____       |
|              | Total \$ _____ |

Use this space to add any other relevant information about you and/or your business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. BUSINESS OWNER INFORMATION**

Please list below business owner (s) information (Please attach additional sheet if more space is needed).

Owner's Name: Amber Foster Title: Owner

Percentage of Ownership: 100%

Home Address: 1712 Mason St. City: Durant State: OK Zip Code: 74701

Telephone: 580-920-3854 E-Mail: durantmementhe@gmail.com

Owner's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**III. GRANT INFORMATION**

Amount of Grant Funding Request: \$ 5,000

List Other Funding Sources (if any) and Identify Amounts (Attach additional sheet if more space is needed).

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

Total Project Estimate: \$ \_\_\_\_\_

# BUSINESS EDUCATION

| Module               | Hours | Completion Date | Organization (OKSBDC, REI, or CN Business Dev) | Advisor Signature | Notes |
|----------------------|-------|-----------------|------------------------------------------------|-------------------|-------|
| Business Plan*       |       |                 |                                                |                   |       |
| Financial Plan*      |       |                 |                                                |                   |       |
| Human Resources*     |       |                 |                                                |                   |       |
| Marketing*           |       |                 |                                                |                   |       |
| Business Continuity* |       |                 |                                                |                   |       |
| Ecommerce*           |       |                 |                                                |                   |       |
|                      |       |                 |                                                |                   |       |
|                      |       |                 |                                                |                   |       |
|                      |       |                 |                                                |                   |       |
|                      |       |                 |                                                |                   |       |
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|                      |       |                 |                                                |                   |       |
|                      |       |                 |                                                |                   |       |
|                      |       |                 |                                                |                   |       |
|                      |       |                 |                                                |                   |       |

\* Indicates a required module

**V. SIGNATURES**

All property/business owners, partners, etc. must sign this application form. If there are any questions, please call Economic Development staff at (580) 924-7254.

I certify that I have read and understand the Durant Small Business Grant program guidelines and that the information contained herein is true, complete and correct to the best of my knowledge. I certify that I have authority to apply for this grant on behalf of the business described herein. I understand that this information may be made available for public review and is subject to the Oklahoma Freedom of Information Act. In the event of grant approval, I grant permission to the Durant Industrial Authority and its designees to release publicity articles regarding the financing of the project. A personal credit check of the principal owner and/or key individuals, as well as a background check, may be made. By signing below, I agree that the grant will be used for business purposes only and not for household, personal or consumer usage. I understand that any willful misrepresentation on this application and any other grant related documents could result in a requirement to repay grant funds and/or a violation of Local, State and/or Federal code.

Name (Print) Amber Foster Name (Print) \_\_\_\_\_  
Signature Amber Foster Signature \_\_\_\_\_  
Date 5.19.23 Date \_\_\_\_\_  
E-mail durantmercantile@gmail.com E-mail \_\_\_\_\_

Name (Print) \_\_\_\_\_ Name (Print) \_\_\_\_\_  
Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_  
E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

**VI. REQUIRED ATTACHMENTS FOR ALL APPLICATIONS**

- Company's Business Plan
- Copy of Certificate of Occupancy from the City of Durant
- Completed Current W-9
- Copy of Certificate of Good Standing from the Oklahoma Secretary of State
- Certification of Completion from Business Training or Bootcamp, as listed in Guidelines
- Unexpired Government Issued Identification (Passport, Drivers' License etc.)
- Any Other Information That Will Assist Our Review Committee in Evaluating Your Grant Request.

# Business Plan

**Amber Foster Durant Mercantile 124 N 2nd  
Ave Durant, OK 74701 580-920-  
3854 www.durantmercantile.com DurantMer  
cantile@gmail.com**

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## Executive Summary

*Durant Mercantile is a sole proprietorship owned by Amber Foster. It is a 100% women owned business in Durant, OK. The business is a vendor boutique and DIY studio housing other small businesses just starting out or looking for an affordable option to obtain a storefront. It is mostly a retail store likened to a gift shop and also has a classroom for DIY workshops.*

*The store has been successful due to the fact that expenses of the business are spread among many smaller businesses. After 7 years of growth, the business will continue to thrive as time goes on.*



## Products and Services

Our business model is different than most as we provide a service in 3 different ways. First, we provide a service to other small businesses that either can't obtain a physical store front or don't want to maintain one. We do this by offering them a section of our store for rent at a flat rate that includes everything they need including staffing so all they have to do is bring in their products. This is perfect for businesses just starting out or busy entrepreneurs that just don't have the time to put in to maintaining a physical storefront. We also provide unique goods and gift items to our community, that they likely can't find elsewhere without leaving town. Thirdly, we also house a DIY workshop in the back of our store.

## Location and Operation

### Operations

Our hours of operation vary by season to accommodate the times people like to shop and be downtown. We are generally open 40 hours a week but those hours change about twice a year.

## Business Plan

### Management and Staff

*Seventy-five percent of business failures are attributed to poor management! This is not the time to be egotistical or overly modest, but to state your abilities.*

*List specific accomplishments rather than making general statements. If additional skills are needed, tell how those needs will be met—employees, outside professionals, etc.*

## Management (Owner)

Amber Foster

## Key Positions

There are no “key” positions as I do all of the management myself.

## Staff

We have 3 cashiers.

## Management and Staff

### External Advisors

I am in charge of all the business operations, while my degree is in Education, I quickly learned to have a business skill set. I have ran my own business for over 10 years starting in my home and continuously growing. We currently have 3 part time employees to cover all shifts.

## Business Plan

### Summary of Risk

This is my first business venture but we are still going strong over 10 years in. At this point I feel I am the most qualified person in this particular industry and my product is well-established. As rent prices increase our popularity increases with vendors needing a space. And our customer base continues to increase with each new vendor.



# Market Analysis and Strategy

## The Competition

We don't have a lot of competition. When other businesses similar to ours pop up, they generally do not last long due to not having a full understanding of everything it takes to run a vendor boutique. They also do not usually have the reputation we have built over the last 7 years. It takes a lot of trust to leave all your inventory in a store and trust the owner to pay you out at the end of month. As far as our products go we do not consider other boutiques in our downtown district as competition but instead complimentary. We often send customers to each others stores for a day of shopping in the district.

## Location and Operation

*Be sure to check with city, country, and state governments for any licenses, permits, and regulatory agencies. Also check with the city for zoning restrictions*

### Location

My business is located in Historic Downtown Durant with my back door entering into market square. I love my location. Being in downtown allows me to attract the clientele that loves to shop local and being on market square allows for additional parking and additional foot traffic when events are being held there. I currently own my space and we have outgrown it. I hope to be able to purchase the two buildings next to me in the future for expansion.

# Market Analysis and Strategy

## Market Profile

Our primary customers are women and children. Women of any age, profession and income can be found in our shop. We also see a lot of children that love to frequent our location. Most are found locally, but have had people travel specifically to the area for the purpose of visiting our location.

Our present market size is mainly Durant and the surrounding communities. We continue to grow based on the uniqueness of our store and we hope to cultivate a larger following as we find ways to engage more of the tourist population and continue to search for a POS system that allows us to ship our products properly.



# Market Analysis and Strategy

## Promotions

We attract our customers by having a low cost reliable way for them to have a store front location while also providing an already existing clientele of shoppers. We plan to expand our market by continuing to cultivate shoppers from the nearby tourist attractions and searching for a POS system that allows us to ship our products. Nearly all of our advertising is done via social media and our following continues to grow on all platforms.

## Sales

We plan to continue selling our profit in store to local buyers but hope to begin shipping eventually. Our profit margin is the same or better as similar businesses in our industry. Our employees and social media are responsible for all of our sales and our point of sale system automatically calculates how many sales each vendor makes and we pay them out minus their rent each month.

## Market Analysis and Strategy

We price our service based on our value and the fact that we are a reliable trustworthy business. Small businesses are willing to rent from us, even if our prices may be a little higher than the competition, although usually it is not, because they can trust us with their products and that they will receive their payouts at the end of the month. We are always updating our systems to the latest software to give our renters the most bang for their buck. As far as products we sale, we try to remain priced competitively as well as offer things that just aren't easily found locally or otherwise.



# Durant Fire Department

Occupancy: Durant Mercantile

Occupancy ID: 124N2ND

Address: 124 N 2nd Durant OK 74701



Form: .Inspection Form  
V22.2

Inspection Type: CO/TCO

Inspection Date: 5/22/2023

Time In: 10:48

Authorized Date: 05/22/2023

By: Brooks , Brandon (38)

Time Out: 10:51

By: Brooks , Brandon (38)

## Inspection Description:

New and existing construction shall comply with all City of Durant Fire Codes and Ordinances, the 2018 International Fire Code (IFC), the 2018 International Building Code (IBC), and the National Fire Codes. Items not addressed in the following inspection are still enforceable by the above mentioned Codes and Ordinances.  
General Authority and Responsibilities - Section 104.1 IFC (2018)

## Inspection Topics:

### Inspection Type

Certificate of Occupancy  
Certificate of Occupancy Inspection  
**Status:** Approved  
**Notes:**

### Building Services/Housekeeping

#### Address Identification - Section 505.1 IFC (2018)

All building shall have a posted address. Each character shall be not less than 4 inches high with a minimum stroke width of 1/2 inch. These numbers shall be posted high enough so as not to be obstructed in a position that is visible from the street or road fronting the property.

**Status:** Approved  
**Notes:**

#### Fire Apparatus Access Roads (Lanes) - Section 503.2.1 IFC (2018)

Fire apparatus access roads shall have an unobstructed width of not less than 20 feet, exclusive of shoulders, except for approved security gates in accordance with Section 503.6, and an unobstructed vertical clearance of not less than 13 feet 6 inches. Fire lanes shall extend to within 150 of all portions of the facility and shall be posted or marked FIRE LANE-NO PARKING every 30'. This shall be maintained clean and legible.

**Status:** Approved  
**Notes:**

#### Electrical Equipment, Wiring and Hazards - Section 604 IFC (2018)

(1) Electrical wiring, devices, appliances and other equipment that is modified or damaged and constitutes an electrical shock or fire hazard shall not be used. Section 604.1 IFC (2018) (2) A working space of not less than 30 inches in width, 36 inches in depth and 78 inches in height shall be provided in front of electrical service equipment. Section 604.3 IFC (2018) (3) Multiplug adapters, such as cube adapters, unfused plug strips or any other device not complying with NFPA 70 shall be prohibited. Section 604.4 IFC (2018) (4) Extension cords and flexible cords shall not be a substitute for permanent wiring. Section 604.5 IFC (2018) (5) Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. Section 605.6 IFC (2015)

**Status:** Approved  
**Notes:**

### Maintenance of Exitways

#### Maintenance of the Means of Egress: Reliability - Section 1031 IFC (2018)

1031.2 Required exit accesses, exits, and exit discharges shall be continuously maintained free from obstructions or impediments to full instant use in the case of fire or other emergency where the building area served by the means of egress is occupied. An exit or exit passageway shall not be used for any purpose that interferes with a means of egress. 1031.3 A means of egress shall be free from obstructions that would prevent its use, including the accumulation of snow and ice.

**Status:** Approved  
**Notes:**



**Means of Egress Illumination - Section 1008 IFC (2018)**

Where required by code exit and emergency light shall function properly.

**Status:** Approved

**Notes:**

**Fire Extinguishers**

**Portable Fire Extinguishers: General Requirements - Section 906 IFC (2018)**

(1) Where required: New and Existing A, B, E, F, H, I, M, R-1, R-2, R-4, and S occupancies. - 906.1 (1) (2) Within 30 feet of cooking of commercial cooking equipment. - 906.1 (2) (3) In areas where flammable or combustible liquids are stored, used, dispensed. - 906.1 (3) (4) Portable fire extinguishers shall be selected, installed, and maintained in accordance with this section and NFPA 10. - 906.2 (5) 75 feet total travel distance - Table 906.3(1)

**Status:** Approved

**Notes:**

**Unobstructed and Unobscured - Section 906.6 IFC (2018)**

(1) Portable fire extinguishers shall not be obstructed or obscured from view. In rooms or areas in which visual obstruction cannot be completely avoided, means shall be provided to indicate the locations of extinguishers. (2) Extinguishers weighing 40 pounds or less shall be installed so that their tops are not more than 5 feet above the floor. 906.9.1 (3) The clearance between the floor and the bottom of installed hand-held portable fire extinguishers shall be not less than 4 inches. 906.9.3

**Status:** Approved

**Notes:**

**Extinguisher Maintenance - Section 7.3 (NFPA 10, (2013))**

(1) Fire extinguishers shall be internally examined at intervals not exceeding those specified in Table 7.3.3.1. (NFPA 10) (2) Dry chemical - annually, Wetting agent - annually - Table 7.3.3.1 (NFPA 10)

**Status:** Approved

**Notes:**

**Additional Time Spent on Inspection:**

| Category                           | Start Date / Time | End Date / Time |
|------------------------------------|-------------------|-----------------|
| Notes: No Additional time recorded |                   |                 |

**Total Additional Time: 0 minutes**

**Inspection Time: 3 minutes**

**Total Time: 3 minutes**

**Summary:**

**Overall Result:** Approved

**Inspector Notes:**

**Inspector:**

Name: Brooks , Brandon  
Work Phone(s): None on file  
Email(s): None on file

**Representative Signature:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



# Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                              |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|
| Print or type.<br>See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><b>AMBER FOSTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                              |
|                                                        | 2 Business name/disregarded entity name, if different from above<br><b>DURANT MERCHANTILE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                              |
|                                                        | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                              |
|                                                        | <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                              |
|                                                        | <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____<br>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. |  |                                                                                              |
|                                                        | <input type="checkbox"/> Other (see instructions) ▶ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                              |
|                                                        | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><i>(Applies to accounts maintained outside the U.S.)</i>                                                                                                                                                                                                                                                                                                                                                     |  | 5 Address (number, street, and apt. or suite no.) See instructions.<br><b>124 W. 2nd AVE</b> |
| 6 City, state, and ZIP code<br><b>DURANT, OK 74701</b> | 7 List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Requester's name and address (optional)                                                      |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                                                                                                                                                                                   |  |  |  |  |                                                                                                                                                                                                   |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Social security number                                                                                                                                                                            |  |  |  |  |                                                                                                                                                                                                   |  |  |  |  |
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|                                                                                                                                                                                                   |  |  |  |  |                                                                                                                                                                                                   |  |  |  |  |
| or                                                                                                                                                                                                |  |  |  |  |                                                                                                                                                                                                   |  |  |  |  |
| Employer identification number                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                   |  |  |  |  |
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|                                                                                                                                                                                                   |  |  |  |  |                                                                                                                                                                                                   |  |  |  |  |
|                                                                                                                                                                                                   |  |  |  |  |                                                                                                                                                                                                   |  |  |  |  |

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|           |                                                |                       |
|-----------|------------------------------------------------|-----------------------|
| Sign Here | Signature of U.S. person ▶ <b>Amber Foster</b> | Date ▶ <b>5-22-23</b> |
|-----------|------------------------------------------------|-----------------------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

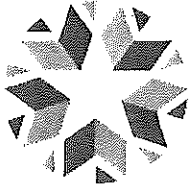
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*







# OKLAHOMA Tax Commission



AMBER FOSTER  
124 N 2ND AVE  
DURANT OK 74701-4704

Date Issued: May 10, 2023  
Letter ID: L0080401344  
Taxpayer ID: \*\*\*-\*\*-5563

TRO

## Licenses/Permits at this Location SALES TAX PERMIT

### County BRYAN COUNTY

Holders of an Oklahoma Sales Tax Permit will find notice of penalties for violation of the Oklahoma Sales Tax code at tax.ok.gov

If the sales tax permit at this location becomes invalid then all associated permits will become invalid. If the business changes location or ownership or is discontinued for any reason, this permit must be returned to the Oklahoma Tax Commission for cancellation WITH AN EXPLANATION ON THE REVERSE SIDE.

**Sales Account ID**  
STS-10273647-09  
**Site Permit Number**  
720723968

| Business Location                                          | Industry Code    | City Code | Site Effective | Expires       |
|------------------------------------------------------------|------------------|-----------|----------------|---------------|
| DURANT MERCANTILE<br>124 N 2ND AVE<br>DURANT OK 74701-4704 | 442299<br>339999 | 0721      | July 19, 2016  | July 18, 2025 |

PLEASE POST IN CONSPICUOUS PLACE

Mark Wood, Chairman  
Shelly Paulk, Vice-Chairman  
Charles Prater, Secretary Member

**Non-Transferable**





Amber Foster <durantmercantile@gmail.com>

---

## Bootcamp Audit Results

---

Stephanie Swicker <SSwicker@reiok.org>  
To: durantmercantile@gmail.com <durantmercantile@gmail.com>

Thu, May 18 at 8:59 AM

Congratulations!

We have officially verified that you have reviewed and completed the required 30-hour business education bootcamp sessions. We will forward this documentation to the DIA board to be included in your \$5,000.00 grant application. If you have any questions, please let us know.

It has been a pleasure to have your presence in the 2023 Small Business Bootcamp. Thank you for your participation and sharing your insight.

All the best,

Stephanie

**Stephanie Swicker**

Training Coordinator

800.658.2823, ext.249

[www.reiok.org](http://www.reiok.org)

[sswicker@reiok.org](mailto:sswicker@reiok.org)

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OKLAHOMA  
DRIVER LICENSE

NOT FOR  
REAL ID  
PURPOSES

4d Lic No. M081206077

4b Exp 07/31/2026

3 DOB 11/21/1982



1 FOSTER  
2 AMBER NICOLE  
8 1712 MASON ST  
DURANT, OK 74701-5476

9 Class D

9a End NONE

12 Resk NONE

4a Iss 10/27/2022

*Amber Nicole Foster*

15 Sex F

17 Wgt 160 lb

18 Eyes BRO

16 Hgt 5'-06"

5 DO M081206077112182102722R







## DURANT INDUSTRIAL AUTHORITY

PO Box 578 • Durant, OK 74701  
(580) 924-7254 | (580) 916-1512  
Email: econdev@durant.org  
www.ok-durant.org



### Durant Small Business Grant Program Guidelines

#### Overview

The Durant Industrial Authority of the City of Durant, Oklahoma (the “DIA”) recognizes that the success of small businesses is essential to a diverse and successful economy. The Durant Small Business Grant Program was created to assist in the growth and retention of viable small businesses in the City of Durant, Oklahoma. The objective of this pilot program is to support small business owners (for-profit business with fifteen (15) or fewer employees) in the expansion and maintenance of their small business located in the designated area.

This grant is a one-time, monetary award given to a small business and shall not exceed \$5,000. The minimum grant award is \$500. The grants will be committed and funded on a first-come, first-served basis contingent upon availability of funds. There is a limit of one grant per tax identification number. Grants are awarded to applicants who have provided a complete application package and have met all eligibility requirements.

#### Grant Eligibility

A business may qualify for consideration provided it meets all of the following:

- Must be a for-profit small business. For the purpose of this grant, a small business is defined as a business entity with fifteen (15) or fewer employees. Employees include the owner, part-time, and full-time employees. Not-for-profit businesses, organizations and entities are not eligible for this program.
- The business must be located in a Low to Moderate Income Area/ New Markets Tax Credit census tract at the time of application. To determine if your business is located in an eligible area, review our “Determining If a Business Is located in an Eligible Area” instructions.
- Business must be located in a permanent structure, and applicant must be the owner or leaseholder of the property as a whole. Funds will not be granted to mobile businesses (such as food trucks), consignment vendors, or other businesses who rent/ lease space inside an existing business.
- The business and business owner(s) must be current on all local taxes or fees (real estate, personal property, business license, etc.).
- The business owner must submit an acceptable business plan. A sample business plan and list of components required to be included in the plan are included with the application packet.
- The business owner must complete *one* of the following:
  - Completion of 30 hours of small business training (combination of small business courses and one-on-one counseling, provided by the Oklahoma Small Business Development Center, REI Women’s Business Center or Choctaw Small Business Development.)





## DURANT INDUSTRIAL AUTHORITY

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Email: [econdev@durant.org](mailto:econdev@durant.org)  
[www.ok-durant.org](http://www.ok-durant.org)



- Successfully complete the Durant Small Business Bootcamp, as conducted by the Oklahoma Small Business Development Center. (Certificate of Completion is required).

*Members of the Durant Industrial Authority and/ or of the Durant City Council, and their immediate family members (Mother, Father, Spouse, Siblings and Children) are not eligible for participation in the Durant Small Business Grant Program.*

### Eligible Use of Funds

Funds must be used to improve an existing small business. Examples of eligible uses include:

- Marketing and Advertising Expenses
- Signage
- Equipment (New or Used)
- Computer Hardware or Software
- Development of Online or Mobile Presence
- Consultant Services
- Training and Certifications
- Capital Improvements such as building renovations
- Other Expenses as Approved by the DIA

Please note that expenses must not be incurred until after the application has been approved and all applicable parties have signed the grant agreement.

### Ineligible Use of Funds

Examples of ineligible uses include but are not limited to the following:

- Purchase of Inventory
- Personal Expenses
- Purchase of Construction Equipment
- Salaries and/or Payroll (to include benefits such as insurance, retirement, etc.)

### Terms

The applicant must comply with all Federal, State and/or Local requirements for operating the business. Some requirements are:

- Business License Tax
- Codes Compliance Regulations
- Local, State and Federal taxes
- Health and Safety Regulations

The applicant must also:

- Provide a business plan, information on the target market, list of any other financial sources and an itemized list of the proposed use of funds to include the cost of each expense.
- Sign a grant agreement and return within 30 days of the agreement date.
- Maintain a business location in the defined geographic area of Durant, OK for at least one (1) year after receiving DIA Small Business Grant funds. Failure to do

## Durant Small Business Grant Program LMI Determination Procedures

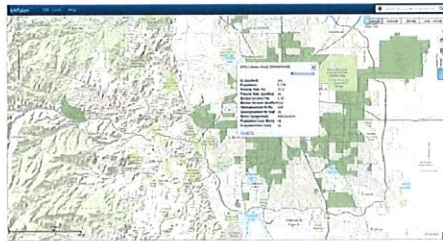
In order to qualify for the Micro Enterprise Grant, the business must be located in a low to moderate income area at the time of application. To determine if your business is located in a low to moderate income/ NMTC area follow the instructions provided below.

1. Go to the US Department of the Treasury CDFI Fund website at <https://www.cdfifund.gov/cims3>



Home » Welcome to the CDFI Fund CIMS Mapping Tool

### WELCOME TO THE CDFI FUND CIMS MAPPING TOOL



This mapping tool was created to provide prospective applicants with the ability to search by address, census tract, and other geographic areas of interest to determine program eligibility for the BEA, CDFI, CMF, NACA, and NMTC programs. To get started, choose one of the programs below. Use the search bar to type an address and view eligibility information on the map.

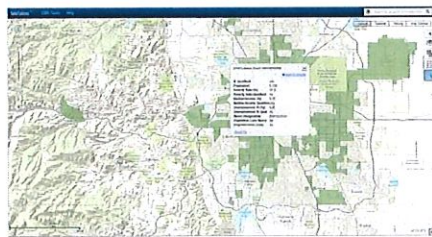


2. Click on "NMTC"



Home » Welcome to the CDFI Fund CIMS Mapping Tool

### WELCOME TO THE CDFI FUND CIMS MAPPING TOOL



This mapping tool was created to provide prospective applicants with the ability to search by address, census tract, and other geographic areas of interest to determine program eligibility for the BEA, CDFI, CMF, NACA, and NMTC programs. To get started, choose one of the programs below. Use the search bar to type an address and view eligibility information on the map.





## DURANT INDUSTRIAL AUTHORITY

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Email: [econdev@durant.org](mailto:econdev@durant.org)  
[www.ok-durant.org](http://www.ok-durant.org)



so may result in a requirement to repay grant funds.

- Submit a Grant Expenditure Report form and receipts for eligible expenses no later than the 20<sup>th</sup> of each month. Grant expenses must not be incurred until after the application has been approved and all applicable parties have signed the grant agreement. Failure to do so may result in a requirement to repay grant funds.

### Grant Application Process

Completed applications and any required supporting documentation must be submitted to the DIA by mail, hand delivery or email. Applicant must submit a valid government issued identification (i.e. Passport, Drivers' License etc.) and a completed Request for Taxpayer Identification Number and Certification (IRS Form W-9) with the application.

Following review, the applicant will be sent a notification of decision by mail or email. If approved, the applicant will be provided the amount of the grant funding they are eligible to receive and advised of the next steps in the process (grant agreement, reporting requirements, etc.).

Grant payments will not be issued until the application has been approved by the DIA, and the signed grant agreement has been processed. The fully executed grant agreement must be returned within 30 days of the agreement date.

*The DIA reserves the right to deny approval of any application for reasons including, but not limited to, using funds to meet an equity investment requirement of other available business assistance programs, competitiveness of applications received, modifications to grant criteria, etc.*

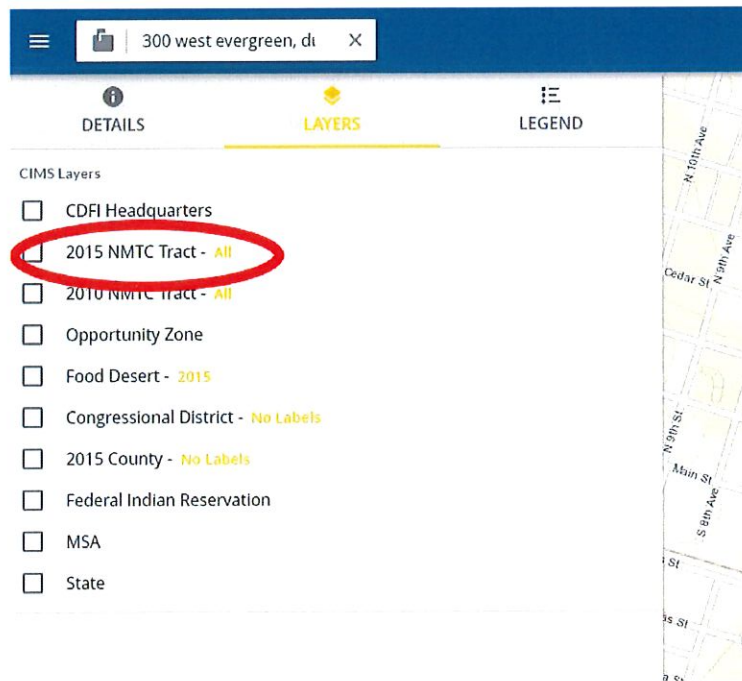
### Program Administration

Interested individuals should contact the Durant Industrial Authority at (580) 924-7254 or [econdev@durant.org](mailto:econdev@durant.org) regarding the application process or questions.

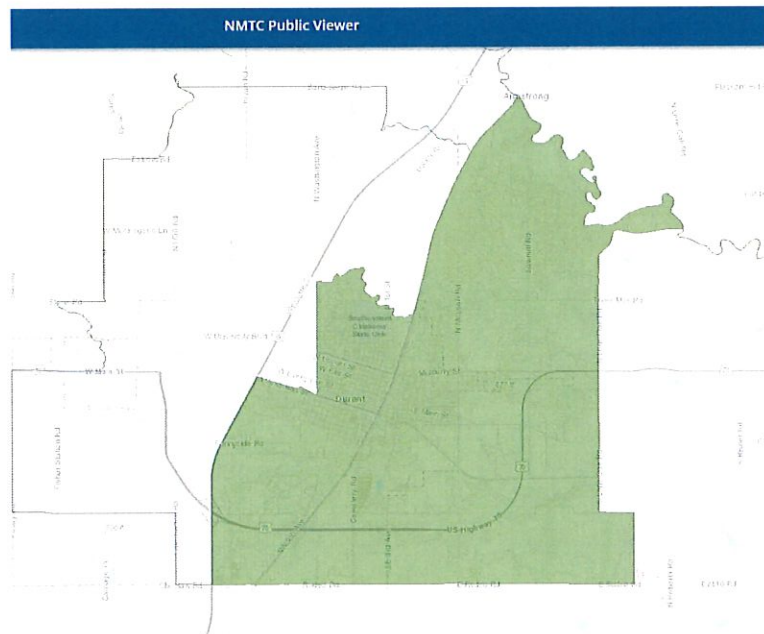
DIA staff will review all grant applications for eligibility and will make recommendations for funding to the DIA and the Durant City Council. To ensure that projected expenses are reasonable, each grant will be evaluated on the amount of funding requested and the identified use of the funds. Every effort will be made to maximize resources to support as many small businesses as possible.

If the application is not approved, the applicant may reapply for a Durant Small Business Grant after six (6) months. All issues identified by the staff must be addressed prior to resubmission. No more than two (2) resubmissions are permitted within a two (2) year period. There is no application fee. Lifetime limit of one grant per business and/or individual.

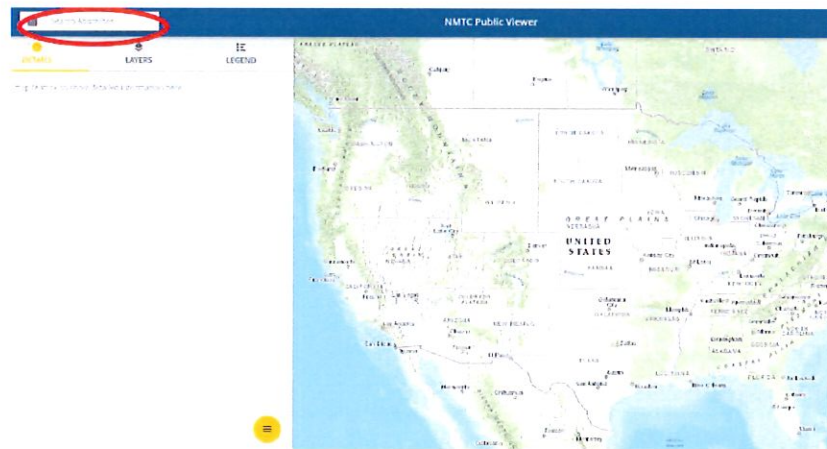
5. Select "2015 NMTC Tract".



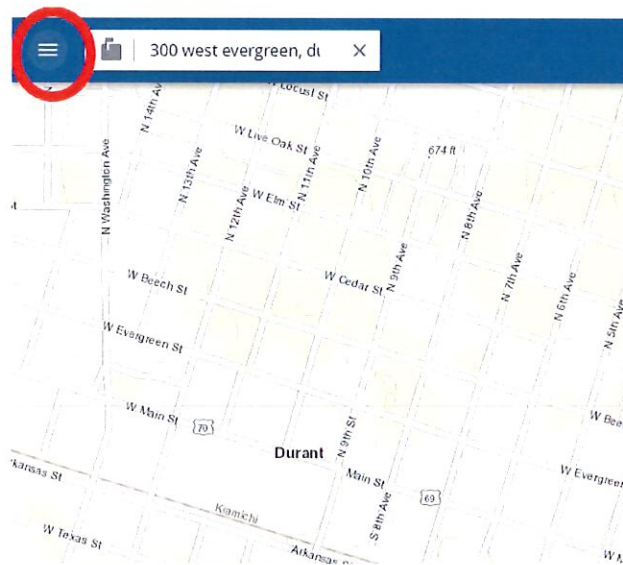
6. If your business is located within the GREEN shaded area on the map, you are located within an eligible area for the Durant Small Business Grant Program.



3. Enter the complete physical address of the applicant business (street address, city, state, and zip code).



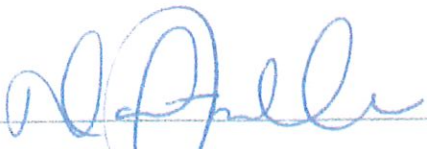
4. Click on the menu to reveal a list of available layers.



Durant Industrial Authority  
Small Business Grant Program  
Application Package

Parish 1807 Grill  
(Name of Applicant)

4/23/23  
(Date Submitted)

  
(Signature of Applicant)

5k  
(Grant Amount Requested)

Application Submission:  
The application must be signed by the business owner.

Mail to:  
Durant Industrial Authority  
ATTN: Lisa Taylor  
PO Box 578  
Durant, OK 74701

Or, Deliver to:  
Durant Industrial Authority  
10 Waldron Road  
Durant, OK 74701

Please call (580) 924-7254 with questions.

Completed applications can also be submitted electronically as a PDF to

## Small Business Grant Program Application

### I. INFORMATION ABOUT THE BUSINESS

Have you previously received a Durant Small Business Grant? Yes  No

Legal Name of Business: Parish 1807 Grill

Trade Name/DBA \_\_\_\_\_

Legal Entity Structure (Sole Proprietor, LLC, Corporation etc.): LLC

Is the Business a non-profit? Yes  No

Business Address: 127 W. Main St.

City: Durant Zip Code: 74701

Mailing Address (if different from physical address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: david@parish1807grill.com

Business Phone: 580-745-8030 Mobile Number: 501-600-0514

Year Business Established: 2

Current number of employees: Full-time 10 Part-time \_\_\_\_\_

Federal ID # 97-337075 NAICS Code 722500

Business Website: parish1807grill.com

Preferred Method of Contact (business, mobile or email): mobile

Please provide a description of the business and services/products offered:

Restaurant, Bar, Catering and soon to be branded products from the restaurant

Use this space to add any other relevant information about you and/or your business:

I started my business after being furloughed from my career job.  
Ever since I stepped out on faith to make it happen, God has blessed  
me to serve people all over OK and Texas. I am determined and resilient  
no matter what my business faces, I am determined to push forward.

**II. BUSINESS OWNER INFORMATION**

Please list below business owner (s) information (Please attach additional sheet if more space is needed).

Owner's Name: David Franklin Title: Operations Mgr.

Percentage of Ownership: 100%

Home Address: 841 Annas Way City: Durant State: OK Zip Code: 74701

Telephone: 504-600-0514 E-Mail: david@penish1007grill.com

Owner's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**III. GRANT INFORMATION**

Amount of Grant Funding Request: \$ 5,000

List Other Funding Sources (if any) and Identify Amounts (Attach additional sheet if more space is needed).

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

Total Project Estimate: \$ \_\_\_\_\_



Please describe how this grant will help your business:

This grant will greatly help my business in the most recent areas approved to operate. We have been approved for our ABLE Commission licenses and desperately need bar equipment and furniture to open the bar on July 1<sup>st</sup>. It will take alot of assistance for us to do this task. All customers come in ask "Is your bar open?"

Please describe how the business will continue operating once the grant funds have been spent:

We will continue business as usual with adding the Bar to the equation will help with revenue in order for the business to stay afloat. I plan on purchasing Bar equipment and furniture to get prepared for our opening on July 1<sup>st</sup>.

Please describe assets (equipment, tools, technology infrastructure and upgrade, professional services) to be acquired with grant funding (if applicable) and why they are needed for the business:

Margarita Machines - needed for the enhancement of Bar menu  
Misc. Bar stools for liquor stands, Bar stools, Beer and drink coolers needed to operate the bar effectively and efficiently.

#### IV. USE OF FUNDS

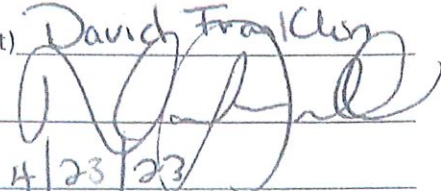
Please list how the funds will be utilized. All expenditures must be reasonable, allowable and necessary for the activities of the business requesting the funding. Due to limited funding, applicants are advised to prioritize grant requests to one or more related items that will significantly impact the business (Please attach additional sheet if more space is needed).

|                                     |          |
|-------------------------------------|----------|
| Margarita Machine                   | \$ 1,800 |
| Bar stools and Bar stands and Decor | \$ 2,740 |
| Beer Cooler and Drink Cooler        | \$ 1,999 |
| Lighting Enhancement                | \$ 450   |
| Total                               | \$ 6,989 |

**V. SIGNATURES**

All property/business owners, partners, etc. must sign this application form. If there are any questions, please call Economic Development staff at (580) 924-7254.

I certify that I have read and understand the Durant Small Business Grant program guidelines and that the information contained herein is true, complete and correct to the best of my knowledge. I certify that I have authority to apply for this grant on behalf of the business described herein. I understand that this information may be made available for public review and is subject to the Oklahoma Freedom of Information Act. In the event of grant approval, I grant permission to the Durant Industrial Authority and its designees to release publicity articles regarding the financing of the project. A personal credit check of the principal owner and/or key individuals, as well as a background check, may be made. By signing below, I agree that the grant will be used for business purposes only and not for household, personal or consumer usage. I understand that any willful misrepresentation on this application and any other grant related documents could result in a requirement to repay grant funds and/or a violation of Local, State and/or Federal code.

|                                                                                             |                    |
|---------------------------------------------------------------------------------------------|--------------------|
| Name (Print) <u>David Franklin</u>                                                          | Name (Print) _____ |
| Signature  | Signature _____    |
| Date <u>4/23/23</u>                                                                         | Date _____         |
| E-mail <u>clavid.franklin@</u><br><u>clavid@parish1807gyll.com</u>                          | E-mail _____       |
| Name (Print) _____                                                                          | Name (Print) _____ |
| Signature _____                                                                             | Signature _____    |
| Date _____                                                                                  | Date _____         |
| E-mail _____                                                                                | E-mail _____       |

**VI. REQUIRED ATTACHMENTS FOR ALL APPLICATIONS**

- Company's Business Plan
- Copy of Certificate of Occupancy from the City of Durant
- Completed Current W-9
- Copy of Certificate of Good Standing from the Oklahoma Secretary of State
- Certification of Completion from Business Training or Bootcamp, as listed in Guidelines
- Unexpired Government Issued Identification (Passport, Drivers' License etc.)
- Any Other Information That Will Assist Our Review Committee in Evaluating Your Grant Request.

**Texas** USA  
 DRIVER LICENSE  
 Director: *Glenn D. Tipton*

**DRIVER LICENSE**

4d. DL: **25132737** 9. Class: **C**  
 4b. Exp: **12/27/2024**  
 3. DOB: **12/27/1980** 4a. Iss: **12/22/2021**

1. **FRANKLIN**  
 2. **DAVID L JR**

8. **704 S CLINTON AVE**  
**DALLAS, TX 75208**

12. Rest: **NONE** 9a. End: **NONE**  
 16. Hgt: **6'-01"** 15. Sex: **M** 18. Eyes: **BRO**  
 5. DD: **09629181222232515534**

*David L Franklin*

12/27/1980

Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
FAX: 512/463-5709



**Certificate of Formation  
Limited Liability Company**

**Filed in the Office of the  
Secretary of State of Texas  
Filing #: 804284040 10/22/2021  
Document #: 1088608670005  
Image Generated Electronically  
for Web Filing**

Filing Fee: \$300

**Article 1 - Entity Name and Type**

The filing entity being formed is a limited liability company. The name of the entity is:

**Parish 1807 Grill, LLC**

**Article 2 - Registered Agent and Registered Office**

A. The initial registered agent is an organization (cannot be company named above) by the name of:

**Registered Agents, Inc.**

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

C. The business address of the registered agent and the registered office address is:

Street Address:

**5900 Balcones Drive Suite 100 Austin TX 78731**

**Consent of Registered Agent**

A. A copy of the consent of registered agent is attached.

OR

B. The consent of the registered agent is maintained by the entity.

**Article 3 - Governing Authority**

A. The limited liability company is to be managed by managers.

OR

B. The limited liability company will not have managers. Management of the company is reserved to the members.

The names and addresses of the governing persons are set forth below:

Managing Member 1: (Business Name) **AWD Enterprises, LLC**

Address: **704 S. Clinton Ave Dallas TX, USA 75208**

**Article 4 - Purpose**

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

**Supplemental Provisions / Information**

[The attached addendum, if any, is incorporated herein by reference.]

**Organizer**

The name and address of the organizer are set forth below.

**Lorraine Birabil, Esq.      1808 S. Good Latimer Expy, Dallas, TX 75226**

**Effectiveness of Filing**

A. This document becomes effective when the document is filed by the secretary of state.

**OR**

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

**Execution**

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

**Lorraine Birabil**

Signature of Organizer

FILING OFFICE COPY

**Durant Industrial Authority  
Small Business Grant Program  
Application Package**

Tabatha Smith

(Name of Applicant)

April 18<sup>th</sup> 2023

(Date Submitted)

Tabatha Smith

(Signature of Applicant)

\$5,000.00

(Grant Amount Requested)

Application Submission:  
The application must be signed by the business owner.

Mail to:  
Durant Industrial Authority  
ATTN: Lisa Taylor  
PO Box 578  
Durant, OK 74701

Or, Deliver to:  
Durant Industrial Authority  
10 Waldron Road  
Durant, OK 74701

Please call (580) 924-7254 with questions.

Completed applications can also be submitted electronically as a PDF to [condev@durant.org](mailto:condev@durant.org).

## Small Business Grant Program Application

### I. INFORMATION ABOUT THE BUSINESS

Have you previously received a Durant Small Business Grant? Yes  No

Legal Name of Business: Shear madness Hair & nail salon

Trade Name/DBA Tabatha Smith / DBA Shear madness Hair & nail salon

Legal Entity Structure (Sole Proprietor, LLC, Corporation etc.): Sole proprietor

Is the Business a non-profit? Yes  No

Business Address: 211 N. 2nd Ave.

City: Durant Zip Code: 74701

Mailing Address (if different from physical address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: tabathaleigh72@yahoo.com

Business Phone: 580-745-9399 Mobile Number: 580-916-0181

Year Business Established: 2010

Current number of employees: Full-time 7 Part-time \_\_\_\_\_

Federal ID # 45-2970147 NAICS Code 812112

Business Website: \_\_\_\_\_

Preferred Method of Contact (business, mobile or email): any

Please provide a description of the business and services/products offered:

Shear Madness is a hair & nail salon established in 2010. We have 7 full time stylist offering hair cuts, hair color, facial waxing, pedicures, nails, eyelash extensions & hair extensions.

Use this space to add any other relevant information about you and/or your business:

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**II. BUSINESS OWNER INFORMATION**

Please list below business owner (s) information (Please attach additional sheet if more space is needed).

Owner's Name: Tabatha Smith Title: Cosmetologist/owner

Percentage of Ownership: 100%

Home Address: 522 N. Church St City: Mead State: OK Zip Code: 73449

Telephone: 580-916-0181 E-Mail: tabathaleigh72@yahoo.com

Owner's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**III. GRANT INFORMATION**

Amount of Grant Funding Request: \$ 5,000<sup>00</sup>

List Other Funding Sources (if any) and Identify Amounts (Attach additional sheet if more space is needed).

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Total Project Estimate: \$ \_\_\_\_\_



Please describe how this grant will help your business:

This will help the salon to run efficient & up to State Board of Cosmetology standards.

Please describe how the business will continue operating once the grant funds have been spent:

Shear Madness will continue to operate more efficiently with chairs that are more comfortable for the client, more light for the stylist and all the equipment to stay in compliance with Oklahoma state board of cosmetology & barbering standards.

Please describe assets (equipment, tools, technology infrastructure and upgrade, professional services) to be acquired with grant funding (if applicable) and why they are needed for the business:

1- Salon chairs + waxing station & storage  
2- manicure chairs - long back extension chair  
lights - garbage cans & laundry basket with lids  
laptop - TV - Salon towels - Client capes. These are things needed to be up to standards & further our education.

**IV. USE OF FUNDS**

Please list how the funds will be utilized. All expenditures must be reasonable, allowable and necessary for the activities of the business requesting the funding. Due to limited funding, applicants are advised to prioritize grant requests to one or more related items that will significantly impact the business (Please attach additional sheet if more space is needed).

|                                                    |                              |
|----------------------------------------------------|------------------------------|
| 1- Salon chairs 1- wax station 3- hydraulic chairs | \$ 3,387                     |
| lights - laptop - TV                               | \$ 1,150                     |
| garbage cans - laundry basket - towels - capes     | \$ 463 <sup>00</sup>         |
|                                                    | \$                           |
|                                                    | Total \$ 5,000 <sup>00</sup> |

**V. SIGNATURES**

All property/business owners, partners, etc. must sign this application form. If there are any questions, please call Economic Development staff at (580) 924-7254.

I certify that I have read and understand the Durant Small Business Grant program guidelines and that the information contained herein is true, complete and correct to the best of my knowledge. I certify that I have authority to apply for this grant on behalf of the business described herein. I understand that this information may be made available for public review and is subject to the Oklahoma Freedom of Information Act. In the event of grant approval, I grant permission to the Durant Industrial Authority and its designees to release publicity articles regarding the financing of the project. A personal credit check of the principal owner and/or key individuals, as well as a background check, may be made. By signing below, I agree that the grant will be used for business purposes only and not for household, personal or consumer usage. I understand that any willful misrepresentation on this application and any other grant related documents could result in a requirement to repay grant funds and/or a violation of Local, State and/or Federal code.

Name (Print) Tabatha Smith

Name (Print) \_\_\_\_\_

Signature Tabatha Smith

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

E-mail tabathaleigh72@yahoo.com

E-mail \_\_\_\_\_

Name (Print) \_\_\_\_\_

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

**VI. REQUIRED ATTACHMENTS FOR ALL APPLICATIONS**

- Company's Business Plan
- Copy of Certificate of Occupancy from the City of Durant ✓
- Completed Current W-9 ✓
- Copy of Certificate of Good Standing from the Oklahoma Secretary of State ✓
- Certification of Completion from Business Training or Bootcamp, as listed in Guidelines
- Unexpired Government Issued Identification (Passport, Drivers' License etc.) ✓
- Any Other Information That Will Assist Our Review Committee in Evaluating Your Grant Request. ✓

# BUSINESS EDUCATION

| Module               | Hours | Completion Date | Organization (OKSBDC, REI, or CN Business Dev) | Advisor Signature | Notes |
|----------------------|-------|-----------------|------------------------------------------------|-------------------|-------|
| Business Plan*       |       |                 |                                                |                   |       |
| Financial Plan*      |       |                 |                                                |                   |       |
| Human Resources*     |       |                 |                                                |                   |       |
| Marketing*           |       |                 |                                                |                   |       |
| Business Continuity* |       |                 |                                                |                   |       |
| Ecommerce*           |       |                 |                                                |                   |       |
|                      |       |                 |                                                |                   |       |
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|                      |       |                 |                                                |                   |       |
|                      |       |                 |                                                |                   |       |
|                      |       |                 |                                                |                   |       |

\* Indicates a required module



# THE CITY OF DURANT CERTIFICATE OF OCCUPANCY Application

|                                                                       |                    |
|-----------------------------------------------------------------------|--------------------|
| Project Address: <u>211 N. 2<sup>nd</sup> Avenue Durant, ok 74701</u> | Date <u>4-2-23</u> |
| Legal Description:                                                    |                    |

**Property Owner's Information:**

|                                     |                              |                                    |
|-------------------------------------|------------------------------|------------------------------------|
| Name: <u>Shawn Rawlins</u>          | Home # <u>1-530-300-0288</u> | Cell # <u>530-300-0288</u>         |
| Address: <u>202 W. Evergreen St</u> | City: <u>Durant</u>          | State: <u>Ok</u> Zip: <u>74701</u> |

**Business Information:**

|                                             |                                                |                                        |
|---------------------------------------------|------------------------------------------------|----------------------------------------|
| Business Name: <u>Shear Madness Salon</u>   | Office # <u>580-745-9399</u>                   | Email: <u>tabathaleigh72@yahoo.com</u> |
| Contact Person: <u>Tabatha Smith</u>        | Title: <u>owner</u>                            | Cell # <u>580-916-0181</u>             |
| Address: <u>211 N. 2nd Avenue,</u>          | City: <u>Durant</u>                            | State: <u>Ok</u> Zip: <u>74701</u>     |
| Business type: <u>Hair &amp; nail salon</u> | Size of building: <u>1000 sq ft.</u>           |                                        |
| # of Employees: <u>6</u>                    | # of Customers: <u>could be 6 at one time.</u> |                                        |

I understand that I am responsible for ensuring that all applicable sales and use taxes are paid for all materials purchased. I also understand that I will be required to submit documentation to the Community Development Department showing proof of payment, either to the vender or directly to the Oklahoma Tax Commission. Certificate of Occupancies will not be issued until such documentation has been received and verified.

I hereby certify that statements in this application and the attachments hereto are true and correct and that the property owner has given permission for this work to proceed. I further certify that all construction work done under this permit will conform to the attached plans, specifications and drawings and to the Code of Ordinances of the City of Durant and that all electrical, plumbing, mechanical, fence, sign and driveway construction shall be performed by contractors licensed by the state of Oklahoma and City of Durant (if applicable)

Owner or Agents Signature: Tabatha Smith Community Development Director: D. Oneal  
Signature certifies that the above address meets all zoning and other code requirements.

Inspector: [Signature]

Fire Marshal: [Signature]

**FEE \$150**

Building Official: 580-931-6612

Fire Marshall: 580-924-2358

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Print or type.<br>See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><b>Tabatha Smith</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                     |
|                                                        | 2 Business name/disregarded entity name, if different from above<br><b>Shear Madness Hair &amp; nail Salon</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                     |
|                                                        | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><i>(Applies to accounts maintained outside the U.S.)</i> |
|                                                        | <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                     |
|                                                        | <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____<br><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. |  |                                                                                                                                                                                                                                                                     |
|                                                        | <input type="checkbox"/> Other (see instructions) ► _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                     |
|                                                        | 5 Address (number, street, and apt. or suite no.) See instructions.<br><b>211 N. 2nd Avenue</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Requester's name and address (optional)                                                                                                                                                                                                                             |
| 6 City, state, and ZIP code<br><b>Durant, OK 74701</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                     |
| 7 List account number(s) here (optional)               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                     |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|
| Social security number         |   |   |   |   |   |   |   |   |   |   |
| 4                              | 4 | 4 | - | 9 | 2 | - | 3 | 0 | 0 | 6 |
| or                             |   |   |   |   |   |   |   |   |   |   |
| Employer identification number |   |   |   |   |   |   |   |   |   |   |
|                                |   |   | - |   |   |   |   |   |   |   |

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of U.S. person ► **Tabatha Smith**

Date ► **4-11-2023**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding, later.*

DISPLAY THIS LICENSE PROMINENTLY

# Oklahoma State Board of Cosmetology and Barbering

2401 NW 23RD ST SUITE 84 • OKLAHOMA CITY OK 73107-2453 • 405.521.2441 • www.cosmo.ok.gov

ATTACH  
CURRENT  
FULL-FACE  
PHOTOGRAPH

The person, firm, or corporation whose name appears on this license has complied with the provisions of the Oklahoma Statutes and/or Rules and Regulations, and is hereby authorized to engage in the activity as listed below.



818571  
056011

FILE NO: 88988 - 002

ESTABLISHMENT RENEWAL

SHEAR MADNESS  
TABATHA L SMITH  
211 N 2ND AVE  
DURANT OK 74701-4307

*Madina Curtininger*  
EXECUTIVE DIRECTOR

EXPIRES: 09/30/23 **KEEP LICENSE POSTED**

FOLD TO BACK

REMOVE AT RENEWAL TIME

FOLD TO BACK

NOT FOR REAL ID PURPOSES

**Oklahoma** USA  
**Driver License**

Class: D Lic No: S081522586  
Iss: 09/11/2020 DOB: 09/17/1972  
Restr: NONE End: M

SMITH, TABATHA TRENT  
2303 BRYAN RD  
DURANT, OK 74701-0000

*Tabatha Smith* S081522586

Sex Hgt Wgt Eyes  
F 5'02" 112 lb GRN

DL



# COMMERCIAL LEASE AGREEMENT

**THE PARTIES.** This Lease Agreement agreed on September 15, 2021 is between:

The **Lessor** is a business entity known as "HRJ ENTERPRISES, LLC" with a mailing address of PO Box 595, Durant, Oklahoma, 74702, hereinafter referred to as the "Lessor."

**AND**

The **Lessee** is a business entity known as "SHEAR MADNESS", with a mailing address of 211 N. 2nd Ave., Durant, Oklahoma, 74701, hereinafter referred to as the "Lessee."

The Lessor and Lessee hereby agree as follows:

**DESCRIPTION OF LEASED PREMISES.** The Lessor agrees to lease to the Lessee the following described 1000 square feet (SF) of retail space located at 211 N. 2nd Ave., Durant, Oklahoma, 74701.

Additional Description: Downstairs Only.

Hereinafter referred to as the "Premises".

**USE OF LEASED PREMISES.** The Lessor is leasing the Premises to the Lessee and the Lessee is hereby agreeing to lease the Premises for "Hair Salon".

Any change in use or purpose of the Premises other than as described above shall be upon prior written consent of Lessor only otherwise the Lessee will be considered in default of this Lease Agreement.

**EXCLUSIVE USE.** The Lessee shall not hold exclusive rights on the Premises. The Lessor shall hold the rights to lease other areas of the Property to any same or like use as the Lessee.

**TERM OF LEASE.** This Lease shall commence on November 1, 2021 and expire at Midnight on October 31, 2023 ("Initial Term").

**RENT AMOUNT.** Payment shall be made by the Lessee to the Lessor in the amount of \$1,000.00 (One thousand dollars) for the Initial Term of this Lease Agreement hereinafter referred to as the "Rent."

**RENT PAYMENT.** The Rent shall be paid under the following instructions:

The Rent shall be paid by the Lessee to the Lessor on a per month basis with payment due no later than the 1st of every month.

The Rent shall be paid by mail or given in person and by Business Check, Cashier's Check or Cash.



**RETURNED CHECKS (NSF).** If the Lessee attempts to pay Rent with a check that is not deemed valid by a financial institution due to non-sufficient funds, or any other reason for it to be returned, the Lessee will be subject to a fee of \$50.00 in addition to any late fee.

**LATE FEE.** The Lessor shall charge a late payment fee if rent is not paid on time in the following amount:

The Lessee shall be charged a late fee in the amount of \$3.00 daily until the rent is fully satisfied, including any late payment fees, if the rent is not paid after the 10th day payment is due.

**OPTION TO RENEW.** The Lessee shall have the right to renew this Agreement under the following conditions:

Lessee shall have the right to renew this Lease Agreement, along with any renewal period, and be required to exercise such renewal period(s) by giving written notice via certified mail to the Lessor no less than 60 days prior to the expiration of the Initial Term or any subsequent renewal period. The Lessee shall have a total of 1 renewal periods which will continue to abide by the same covenants, conditions and provisions as provided in this Lease Agreement as described:

#### RENEWAL PERIODS

The first (1st) renewal period shall begin on November 1, 2023 and end on October 31, 2025 with the Rent to be paid per month with the Rent for the renewal period to be negotiated in good faith upon the Lessee providing notice of their intention to renew.

Upon agreeing to renew, the Lessor reserves the option to increase the rent amount of the renewed period by up to 15%.

**EXPENSES.** In accordance with a Gross Lease the responsibility of the expenses shall be attributed to the following:

It is the intention of the Parties, and they hereby agree, that the above mentioned Rent is the entirety of the payment due per month and expenses payable by Lessee to Lessor and Lessee is not obligated to pay any additional expenses including real estate taxes, insurance (other than on the Lessee's personal property) liens, charges or expenses of any nature whatsoever in connection with the ownership and operation of the Premises. The Lessor shall be obligated to maintain the general exterior structure of the Premises and, in addition, shall maintain all major systems such as the heating, plumbing and electrical, and shall maintain the parking area and shall also provide snow removal and ground maintenance of the grounds and lands surrounding the Premises, except as hereinafter set forth. The Lessee will maintain, at their expense, casualty insurance insuring the leased Premises against loss by fire and negligence. The Lessee shall provide and maintain personal liability and property damage insurance as a lessee and will designate the Lessor as an "also named insured". The Lessee shall provide the Lessor with a copy of such insurance certification or policy prior to the effective date of this Lease, at least to the limits of \$1,000,000.00.

**UTILITIES.** The Lessor shall be responsible for the following utilities on the Premises: Water/Sewer

The Lessee shall be responsible for all other utilities (electricity, internet, cable, phone, etc...).

**SECURITY DEPOSIT.** A security deposit in the amount of \$600.00 (Six hundred dollars), shall be due and payable in advance or at the signing of this Lease, hereinafter referred to as the "Security Deposit", and shall be held in escrow by the Lessor in a separate, interest-bearing savings account as security for the faithful performance of the terms and conditions of the Lease. The Security Deposit may not be used to pay the last month's rent unless written permission is granted by the Lessor.

**FURNISHINGS.** The Lessor will not provide any furnishings to the Lessee under this Lease.

**PARKING.** There shall not be any parking provided to the Lessee.

**LEASEHOLD IMPROVEMENTS.** The Lessee agrees that no leasehold improvements, alterations or changes of any nature, (except for those listed on any attached addenda) shall be made to the leasehold Premises or the exterior of the building without first obtaining the consent of the Lessor in writing, which consent shall not be unreasonably withheld, and thereafter, any and all leasehold improvements made to the Premises which become affixed or attached to the leasehold Premises shall remain the property of the Lessor at the expiration or termination of this Lease Agreement. Furthermore, any leasehold improvements shall be made only in accordance with applicable federal, state or local codes, ordinances or regulations, having due regard for the type of construction of the building housing the subject leasehold Premises. If the Lessee makes any improvements to the Premises the Lessee shall be responsible for payment.

Nothing in the Lease shall be construed to authorize the Lessee or any other person acting for the Lessee to encumber the rents of the Premises or the interest of the Lessee in the Premises or any person under and through whom the Lessee has acquired its interest in the Premises with a mechanic's lien or any other type of encumbrance. Under no circumstance shall the Lessee be construed to be the agent, employee or representative of Lessor. In the event a lien is placed against the Premises, through actions of the Lessee, Lessee will promptly pay the same or bond against the same and take steps immediately to have such lien removed. If the Lessee fails to have the Lien removed, the Lessor shall take steps to remove the lien and the Lessee shall pay Lessor for all expenses related to the Lien and removal thereof and shall be in default of this Lease.

**LICENSES AND PERMITS.** A copy of any and all local, state or federal permits acquired by the Lessee which are required for the use of the Premises shall be kept on-site at all times and shall be readily accessible and produced to the Lessor and/or their agents or any local, state, or federal officials upon demand.

**MAINTENANCE.** The Lessee shall be responsible for all repairs and maintenance on the Premises due to normal wear and tear on the Premises. Particularly items which need immediate attention including but not limited to, the replacement of light bulbs, normal repair and cleaning of windows, cleaning of bathrooms, clearing of toilets, etc. The Lessee shall properly maintain the premises in a good, safe and clean condition and shall properly and promptly remove all rubbish and hazardous wastes and see that the same are properly disposed of according to all local, state or federal laws, rules, regulations or ordinances.

In the event the Premises is damaged as a result of any neglect or negligence of Lessee, his employees, agents, business invitees, or any independent contractors serving the Lessee or in any way as a result of Lessee's use and occupancy of the premises, then the Lessee shall be primarily responsible for seeing that the proper claims are placed with the Lessee's insurance company, or the damaging party's insurance company, and shall furthermore be responsible for seeing that the building is safeguarded with respect to said damage and that all proper notices with respect to said damage, are made in a timely fashion, including notice to the Lessor, and the party or parties causing said damage.

**SALE OF PROPERTY.** Lessee shall, in the event of the sale or assignment of Lessor's interest in the building of which the premises form a part, or in the event of any proceedings brought for the foreclosure of, or in the event of exercise of the power of sale under any mortgage made by Lessor covering the premises, attorn to the purchaser and recognize such purchaser as Lessor under this Lease.

**INSURANCE.** In the event Lessee shall fail to obtain insurance required hereunder and fails to maintain the same in force continuously during the term, Lessor may, but shall not be required to, obtain the same and charge the Lessee for same as additional rent. Furthermore, Lessee agrees not to keep upon the premises any articles or goods which may be prohibited by the standard form of fire insurance policy, and in the event the insurance rates applicable to fire and extended coverage covering the premises shall be increased by reason of any use of the premises made by Lessee, then Lessee shall pay to Lessor, upon demand, such increase in insurance premium as shall be caused by said use or Lessee's proportionate share of any such increase.

**SUBLET/ASSIGNMENT.** The Lessee may not transfer or assign this Lease, or any right or interest hereunder or sublet said leased premises or any part thereof.

**DAMAGE TO LEASED PREMISES.** In the event the building housing the leased premises shall be destroyed or damaged as a result of any fire or other casualty which is not the result of the intentional acts or neglect of Lessee and which precludes or adversely affects the Lessee's occupancy of the leased premises, then in every such cause, the rent herein set forth shall be abated or adjusted according to the extent to which the Premises have been rendered unfit for use and occupation by the Lessee and until the demised premises have been put in a condition at the expense of the Lessor, at least to the extent of the value and as nearly as possible to the condition of the premises existing immediately prior to such damage. It is understood, however, in the event of total or substantial destruction to the Premises that in no event shall the Lessor's obligation to restore, replace or rebuild exceed an amount equal to the sum of the insurance proceeds available for reconstruction with respect to said damage.

The Lessee shall, during the term of this Lease, and in the renewal thereof, at its sole expense, keep the interior of the leased premises in as good a condition and repair as it is at the date of this Lease, reasonable wear and use excepted. This obligation would include the obligation to replace any plate glass damaged as a result of the neglect or acts of Lessee or her guests or invitees. Furthermore, the Lessee shall not knowingly commit nor permit to be committed any act or thing contrary to the rules and regulations prescribed from time to time by any federal, state or local authorities and shall expressly not be allowed to keep or maintain any hazardous waste materials or contaminants on the premises. Lessee shall also be responsible for the cost, if any, which would be incurred to bring her contemplated operation and business activity into compliance with any law or regulation of a federal, state or local authority.

**HAZARDOUS MATERIALS LAWS.** Shall mean any and all federal, state, or local laws, ordinances, rules, decrees, orders, regulations, or court decisions relating to hazardous substances, hazardous materials, hazardous waste, toxic substances, environmental conditions on, under, or about the Premises, the Building, or the Property, or soil and ground water conditions, including, but not limited to, the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), the Resource Conservation and Recovery Act (RCRA), the Hazardous Materials Transportation Act, any other law or legal requirement concerning hazardous or toxic substances, and any amendments to the foregoing.

**LESSEE'S DEFAULT AND POSSESSION.** In the event that the Lessee shall fail to pay said rent and expenses as set forth herein, or any part thereof, when the same are due and payable, or shall otherwise be in default of any other terms of said Lease for a period of more than 20 days, after receiving notice of said default, then the parties hereto expressly agree and covenant that the Lessor may declare the Lease terminated and may immediately re-enter said premises and take possession of the same together with any of Lessee's personal property, equipment or fixtures left on the premises which items may be held by the Lessor as security for the Lessee's eventual payment and/or satisfaction of rental defaults or other defaults of Lessee under the Lease. It is further agreed, that if the Lessee is in default, that the Lessor shall be entitled to take any and all action to protect its interest in the personal property and equipment, to prevent the unauthorized removal of said property or equipment which threatened action would be deemed to constitute irreparable harm and injury to the Lessor in violation of its security interest in said items of personal property. Furthermore, in the event of default, the Lessor may expressly undertake all reasonable preparations and efforts to release the Premises including, but not limited to, the removal of all inventory, equipment or leasehold improvements of the Lessee's, at the Lessee's expense, without the need to first procure an order of any court to do so, although obligated in the interim to undertake reasonable steps and procedures to safeguard the value of Lessee's property, including the storage of the same, under reasonable terms and conditions at Lessee's expense, and, in addition, it is understood that the Lessor may sue the Lessee for any damages or past rents due and owing and may undertake all and additional legal remedies then available.

**LESSOR'S DEFAULT.** The Lessee may send written notice to the Lessor stating duties or obligations that have not been fulfilled under the full performance of this Lease Agreement. If said duties or obligations have not been cured within 60 days from receiving such notice, unless the Lessor needs to more time to cure or remedy such issue in accordance with standard industry protocol, then the Lessor shall be in default of this Lease Agreement.

If the Lessor should be in default the Lessee shall have the option to terminate this Lease Agreement and be held harmless against any of its terms or obligations.

**DISPUTES.** If any dispute should arise in relation to this Lease Agreement the Lessor and Lessee shall first negotiate amongst themselves in "good faith." Afterwards, if the dispute is not resolved then the Lessor and Lessee shall seek mediation in accordance with the laws in the State of Oklahoma. If the Lessor and Lessee fail to resolve the dispute through mediation then the parties shall be allowed to submit their cases in accordance with the local court system.

**INDEMNIFICATION.** The Lessee hereby covenants and agrees to indemnify, defend and hold the Lessor harmless from any and all claims or liabilities which may arise from any cause whatsoever as a result of Lessee's use and occupancy of the premises, and further shall indemnify the Lessor for any losses which the Lessor may suffer in connection with the Lessee's use and occupancy or care, custody and control of the premises. The Lessee also hereby covenants and agrees to indemnify and hold harmless the Lessor from any and all claims or liabilities which may arise from any latent defects in the subject premises that the Lessor is not aware of at the signing of the lease or at any time during the lease term.

**BANKRUPTCY - INSOLVENCY.** The Lessee agrees that in the event all or a substantial portion of the Lessee's assets are placed in the hands of a receiver or a Trustee, and such status continues for a period of 30 days, or should the Lessee make an assignment for the benefit of creditors or be adjudicated bankrupt, or should the Lessee institute any proceedings under the bankruptcy act or any amendment thereto, then such Lease or interest in and to the leased premises shall not become an asset in any such proceedings and, in such event, and in addition to any and all other remedies of the Lessor hereunder or by law provided, it shall be lawful for the Lessor to declare the term hereof ended and to re-enter the leased land and take possession thereof and all improvements thereon and to remove all persons therefrom and the Lessee shall have no further claim thereon.

**SUBORDINATION AND ATTORNMENT.** Upon request of the Lessor, Lessee will subordinate its rights hereunder to the lien of any mortgage now or hereafter in force against the property or any portion thereof, and to all advances made or hereafter to be made upon the security thereof, and to any ground or underlying lease of the property provided, however, that in such case the holder of such mortgage, or the Lessor under such Lease shall agree that this Lease shall not be divested or in any way affected by foreclosure, or other default proceedings under said mortgage, obligation secured thereby, or Lease, so long as the Lessee shall not be in default under the terms of this Lease. Lessee agrees that this Lease shall remain in full force and effect notwithstanding any such default proceedings under said mortgage or obligation secured thereby.

Lessee shall, in the event of the sale or assignment of Lessor's interest in the building of which the Premises form a part, or in the event of any proceedings brought for the foreclosure of, or in the event of exercise of the power of sale under any mortgage made by Lessor covering the Premises, attorn to the purchaser and recognize such purchaser as Lessor under this Lease.

**USAGE BY LESSEE.** Lessee shall comply with all rules, regulations and laws of any governmental authority with respect to use and occupancy. Lessee shall not conduct or permit to be conducted upon the premises any business or permit any act which is contrary to or in violation of any law, rules or regulations and requirements that may be imposed by any authority or any insurance company with which the premises is insured, nor will the Lessee allow the premises to be used in any way which will invalidate or be in conflict with any insurance policies applicable to the building. In no event shall explosives or extra hazardous materials be taken onto or retained on the premises. Furthermore, Lessee shall not install or use any equipment that will cause undue interference with the peaceable and quiet enjoyment of the premises by other Lessees of the building.

**SIGNAGE.** Lessee shall not place on any exterior door, wall or window of the premises any sign or advertising matter without Lessor's prior written consent and the approval of the local municipality. Thereafter, Lessee agrees to maintain such sign or advertising matter as first approved by Lessor in good condition and repair. Furthermore, Lessee shall conform to any uniform reasonable sign plan or policy that the Lessor may introduce with respect to the building. Upon vacating the premises, Lessee agrees to remove all signs and to repair all damages caused or resulting from such removal.

**PETS.** No pets shall be allowed on the premises without the prior written permission of Lessor unless said pet is required for reasons of disability under the Americans with Disability Act.

**CONDITION OF PREMISES/INSPECTION BY LESSEE.** The Lessee acknowledges they have had the opportunity to inspect the Premises and acknowledges with its signature on this Lease that the Premises are in good condition and comply in all respects with the requirements of this Lease. The Lessor makes no representation or warranty with respect to the condition of the premises or its fitness or availability for any particular use, and the Lessor shall not be liable for any latent or patent defect therein. The Lessee represents that Lessee has inspected the premises and is leasing and will take possession of the premises with all current fixtures present in their "as is" condition as of the date hereof.

**AMERICANS WITH DISABILITY ACT.** Per 42 U.S. Code § 12183 if the Lessee is using the Premises as a public accommodation (e.g. restaurants, shopping centers, office buildings) or there are more than 15 employees the Premises must provide accommodations and access to persons with disabilities that is equal or similar to that available to the general public. Owners, operators, lessors, and lessees of commercial properties are all responsible for ADA compliance. If the Premises is not in compliance with the Americans with Disability Act any modifications or construction will be the responsibility of the Lessee.

**RIGHT OF ENTRY.** It is agreed and understood that the Lessor and its agents shall have the complete and unencumbered right of entry to the Premises at any time or times for purposes of inspecting or showing the Premises and for the purpose of making any necessary repairs to the building or equipment as may be required of the Lessor under the terms of this Lease or as may be deemed necessary with respect to the inspection, maintenance or repair of the building. In accordance with State and local laws, the Lessor shall have the right to enter the Premises without the consent of the Lessee in the event of an emergency.

**ESTOPPEL CERTIFICATE.** Lessee at any time and from time to time, upon at least ten (10) days prior notice by Lessor, shall execute, acknowledge and deliver to Lessor, and/or to any other person, firm or corporation specified by Lessor, a statement certifying that the Lease is unmodified and in full force and effect, or if the Lease has been modified, then that the same is in full force and effect except as modified and stating the modifications, stating the dates to which the fixed rent and additional rent have been paid, and stating whether or not there exists any default by Lessor under this Lease and, if so, specifying each such default.

**HOLDOVER PERIOD.** Should the Lessee remain in possession of the Premises after the cancellation, expiration or sooner termination of the Lease, or any renewal thereof, without the execution of a new Lease or addendum, such holding over in the absence of a written agreement to the contrary shall be deemed to have created and be construed to be a tenancy from month to month with

the Rent to be due and payable in the same amount as the previous month, terminable upon 30 days' notice by either party.

**WAIVER.** Waiver by Lessor of a default under this Lease shall not constitute a waiver of a subsequent default of any nature.

**GOVERNING LAW.** This Lease shall be governed by the laws of the State of Oklahoma.

**NOTICES.** Notices shall be addressed to the following:

**Lessor**

HRJ Enterprises, LLC  
PO Box 595, Durant, Oklahoma, 74702

**Lessee**

Shear Madness  
211 N. 2nd Ave., Durant, Oklahoma, 74701

**PERSONAL GUARANTEE BY LESSEE.** This Lease Agreement shall be personally guaranteed by Tabatha Smith, referred to as the "Guarantor(s)", and shall unconditionally guarantee the payment of the rent along with any other financial duties or obligations.

**AMENDMENT(S).** No amendment of this Lease shall be effective unless reduced to writing and subscribed by the parties with all the formality of the original.

**SEVERABILITY.** If any term or provision of this Lease Agreement is illegal, invalid or unenforceable, such term shall be limited to the extent necessary to make it legal and enforceable, and, if necessary, severed from this Lease. All other terms and provisions of this Lease Agreement shall remain in full force and effect.

**BINDING EFFECT.** This Lease and any amendments thereto shall be binding upon the Lessor and the Lessees and/or their respective successors, heirs, assigns, executors and administrators.

**LESSOR SIGNATURE**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Robert Shaun Rawlings, Owner of HRJ Enterprises, LLC

**LESSEE SIGNATURE**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Tabatha Smith, Owner of Shear Madness

# ACKNOWLEDGMENT OF NOTARY PUBLIC

State of \_\_\_\_\_

County of \_\_\_\_\_, ss.

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me appeared \_\_\_\_\_, as the **LESSOR(S)** of this Commercial Lease Agreement who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that they executed the same as their free act and deed.

Notary Public Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_

(Seal)

# ACKNOWLEDGMENT OF NOTARY PUBLIC

State of \_\_\_\_\_

County of \_\_\_\_\_, ss.

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me appeared \_\_\_\_\_, as the **LESSEE(S)** of this Commercial Lease Agreement who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that they executed the same as their free act and deed.

Notary Public Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_

(Seal)



**Durant Industrial Authority  
Small Business Grant Program  
Application Package**

Wholesale Equipment  
Andrew Bishop Miriam Bishop 1-23-23  
\_\_\_\_\_  
(Name of Applicant) (Date Submitted)

*Andrew Bishop Miriam Bishop* \$5000.00  
\_\_\_\_\_  
(Signature of Applicant) (Grant Amount Requested)  
*maximum*

Application Submission:  
The application must be signed by the business owner.

Mail to:  
Durant Industrial Authority  
ATTN: Lisa Taylor  
PO Box 578  
Durant, OK 74701

Or, Deliver to:  
Durant Industrial Authority  
10 Waldron Road  
Durant, OK 74701

Please call (580) 924-7254 with questions.

Completed applications can also be submitted electronically as a PDF to [econdev@durant.org](mailto:econdev@durant.org).

## Small Business Grant Program Application

### I. INFORMATION ABOUT THE BUSINESS

Have you previously received a Durant Small Business Grant? Yes  No

Legal Name of Business: Wholesale Equipment

Trade Name/DBA \_\_\_\_\_

Legal Entity Structure (Sole Proprietor, LLC, Corporation etc.): LLC

Is the Business a non-profit? Yes  No

Business Address: 1119 S. 9th Ave

City: Durant Zip Code: 74701

Mailing Address (if different from physical address): P.O. Box 36

City: Durant State: OK Zip Code: 74702

E-Mail: bishopstev76@yahoo.com

Business Phone: 580-920-1420 Mobile Number: 580-916-2294

Year Business Established: 1990 1990

Current number of employees: Full-time 5 Part-time 1

Federal ID # 81-1712470 NAICS Code 423840 + 424690

Business Website: Facebook at this time. Looking to get one built

Preferred Method of Contact (business, mobile or email): email or phone

Please provide a description of the business and services/products offered:

welding + industrial supplies retailer  
industrial gasses pump facility

Use this space to add any other relevant information about you and/or your business:

we sell welding supplies (gases, rods, filler metals) Safety Supplies  
weld on steel products, steel by the stick/shect  
equipment repairs, propane

**II. BUSINESS OWNER INFORMATION**

Please list below business owner (s) information (Please attach additional sheet if more space is needed).

Owner's Name: Steve Bishop Title: Owner

Percentage of Ownership: 100%

Home Address: 304 East Texas City: Durant State: OK Zip Code: 74701

Telephone: 580 916-2297 E-Mail: bishopsteve76@yahoo.com

Owner's Name: Miriam Bishop Title: Owner

Percentage of Ownership: 100%

Home Address: 304 East Texas City: Durant State: OK Zip Code: 74701

Telephone: 916-2296 E-Mail: miriambishop@hotmail.com

**III. GRANT INFORMATION**

Amount of Grant Funding Request: \$ 5000.00

List Other Funding Sources (if any) and Identify Amounts (Attach additional sheet if more space is needed).

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

Total Project Estimate: \$ \_\_\_\_\_

Please describe how this grant will help your business:

We are in the process of expanding our showroom and back work area of the shop. Putting a new face on the business. We are going to add a bulk argon tank to begin filling our own cylinders in this gas.

Please describe how the business will continue operating once the grant funds have been spent:

Our business is growing in revenue and our sphere of influence is growing. We are attracting customer from further away than before. This grant will allow us to make better 1st impressions on prospective customers or lower our costs on products we sell.

Please describe assets (equipment, tools, technology infrastructure and upgrade, professional services) to be acquired with grant funding (if applicable) and why they are needed for the business:

A 3000 or 6000 gallon bulk argon tank and cryogenic pump will lower our costs and reduce our dependence on our competitors. Lots of businesses & citizens of Durant buy our Argon and we will be able to save them money and also be more competitive on pricing for our larger customers.

#### IV. USE OF FUNDS

Please list how the funds will be utilized. All expenditures must be reasonable, allowable and necessary for the activities of the business requesting the funding. Due to limited funding, applicants are advised to prioritize grant requests to one or more related items that will significantly impact the business (Please attach additional sheet if more space is needed).

|                                                              |                |
|--------------------------------------------------------------|----------------|
| 3000 gallon <del>vacuum</del> insulated bulk Argon tank/pump | \$ 80,000.00   |
| Remodeling Front of Store                                    | \$ 12,000.00   |
| Vinyl advertising banners for our fence                      | \$ 1,000.00    |
|                                                              | \$ _____       |
|                                                              | Total \$ _____ |

**V. SIGNATURES**

All property/business owners, partners, etc. must sign this application form. If there are any questions, please call Economic Development staff at (580) 924-7254.

I certify that I have read and understand the Durant Small Business Grant program guidelines and that the information contained herein is true, complete and correct to the best of my knowledge. I certify that I have authority to apply for this grant on behalf of the business described herein. I understand that this information may be made available for public review and is subject to the Oklahoma Freedom of Information Act. In the event of grant approval, I grant permission to the Durant Industrial Authority and its designees to release publicity articles regarding the financing of the project. A personal credit check of the principal owner and/or key individuals, as well as a background check, may be made. By signing below, I agree that the grant will be used for business purposes only and not for household, personal or consumer usage. I understand that any willful misrepresentation on this application and any other grant related documents could result in a requirement to repay grant funds and/or a violation of Local, State and/or Federal code.

Name (Print) Andrew Bishop  
Signature *AB*  
Date 1-25-23  
E-mail bishop.steve76@yahoo.com

Name (Print) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
E-mail \_\_\_\_\_

Name (Print) Miriam Bishop  
Signature *Miriam Bishop*  
Date 1/25/23  
E-mail miriambishop@hotmail.com

Name (Print) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
E-mail \_\_\_\_\_

**VI. REQUIRED ATTACHMENTS FOR ALL APPLICATIONS**

- Company's Business Plan
- Copy of Certificate of Occupancy from the City of Durant
- Completed Current W-9
- Copy of Certificate of Good Standing from the Oklahoma Secretary of State
- Certification of Completion from Business Training or Bootcamp, as listed in Guidelines
- Unexpired Government Issued Identification (Passport, Drivers' License etc.)
- Any Other Information That Will Assist Our Review Committee in Evaluating Your Grant Request.



# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><b>Steve Bishop</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |
| 2 Business name/disregarded entity name, if different from above<br><b>Wholesale Equipment, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |
| 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.<br><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____<br><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.<br><input type="checkbox"/> Other (see instructions) ▶ _____ |                                                                                                           |
| 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><small>(Applies to accounts maintained outside the U.S.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |
| 5 Address (number, street, and apt. or suite no.) See instructions.<br><b>1119 S. 9th Ave</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Requester's name and address (optional)<br><b>Wholesale Equipment<br/>1119 S 9th<br/>Durant, OK 74701</b> |
| 6 City, state, and ZIP code<br><b>Durant, OK 74701</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |
| 7 List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

| Social security number |  |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|
|                        |  |  |  |  |  |  |  |  |

or

| Employer identification number |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|
| 8                              | 1 | - | 1 | 7 | 1 | 2 | 4 | 7 |

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                            |                       |
|------------------|----------------------------|-----------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ <b>1-20-23</b> |
|------------------|----------------------------|-----------------------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



USA **OKLAHOMA**  
NON-DRIVER IDENTIFICATION CARD

NOT FOR  
REAL ID  
PURPOSES



4 ID No. **P999797621**  
3 DOB **12/02/1988** 4b Exp. **02/28/2026**

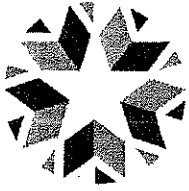
1 **BISHOP**  
2 **ANDREW STEVEN**  
8 **1119 S 9TH AVE**  
**DURANT, OK 74701-6807**

4c Exp. **03/07/2022**

**AB**

15 Sex **M** 17 Wgt **160 lb**  
18 Eyes **BRO** 16 Hgt **5'-06"**  
5 DO **P999797621120288030722R**





# OKLAHOMA Tax Commission



|||||  
STEVE BISHOP  
PO BOX 36  
DURANT OK 74702-0036

Date Issued: December 13, 2021  
Letter ID: L1352768832  
Taxpayer ID: \*\*\*-\*\*-9815

TRO

## Licenses/Permits at this Location SALES TAX PERMIT

### County BRYAN COUNTY

Holders of an Oklahoma Sales Tax Permit will find notice of penalties for violation of the Oklahoma Sales Tax code at [tax.ok.gov](http://tax.ok.gov)

If the sales tax permit at this location becomes invalid then all associated permits will become invalid. If the business changes location or ownership or is discontinued for any reason, this permit must be returned to the Oklahoma Tax Commission for cancellation WITH AN EXPLANATION ON THE REVERSE SIDE.

**Sales Account ID**

STS-10360362-04

**Site Permit Number**

1549148160

| Business Location                                             | Industry Code | City Code | Site Effective    | Expires           |
|---------------------------------------------------------------|---------------|-----------|-------------------|-------------------|
| WHOLESALE EQUIPMENT<br>1119 S 9TH AVE<br>DURANT OK 74701-6807 | 423840        | 0721      | February 15, 1992 | February 25, 2025 |

PLEASE POST IN CONSPICUOUS PLACE

Shelly Paulk, Chairman  
Mark Wood, Vice-Chairman  
Charles Prater, Secretary Member

**Non-Transferable**

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING  
DOMESTIC LIMITED LIABILITY COMPANY**

*I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.*

*I FURTHER CERTIFY that WHOLESALE EQUIPMENT, LLC. whose registered agent is STEVE BISHOP, with its registered office at 1119 S 9TH AVE DURANT 74701 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.*



*IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 25th, day of January, 2023.*

*Barbara P. Blanton*

Secretary Of State

# **Wholesale Equipment**

Welding Supplies, Industrial Gasses, PPE, Propane, Steel Products

## *Business Plan*

**Andrew Bishop, Manager**  
**Created on January 23, 2023**



## DURANT INDUSTRIAL AUTHORITY

PO Box 578 • Durant, OK 74701  
(580) 924-7254 | (580) 916-1512  
Email: econdev@durant.org  
www.ok-durant.org



### Durant Small Business Grant Program Guidelines

#### Overview

The Durant Industrial Authority of the City of Durant, Oklahoma (the “DIA”) recognizes that the success of small businesses is essential to a diverse and successful economy. The Durant Small Business Grant Program was created to assist in the growth and retention of viable small businesses in the City of Durant, Oklahoma. The objective of this pilot program is to support small business owners (for-profit business with fifteen (15) or fewer employees) in the expansion and maintenance of their small business located in the designated area.

This grant is a one-time, monetary award given to a small business and shall not exceed \$5,000. The minimum grant award is \$500. The grants will be committed and funded on a first-come, first-served basis contingent upon availability of funds. There is a limit of one grant per tax identification number. Grants are awarded to applicants who have provided a complete application package and have met all eligibility requirements.

#### Grant Eligibility

A business may qualify for consideration provided it meets all of the following:

- Must be a for-profit small business. For the purpose of this grant, a small business is defined as a business entity with fifteen (15) or fewer employees. Employees include the owner, part-time, and full-time employees. Not-for-profit businesses, organizations and entities are not eligible for this program.
- The business must be located in a Low to Moderate Income Area/ New Markets Tax Credit census tract at the time of application. To determine if your business is located in an eligible area, review our “Determining If a Business Is located in an Eligible Area” instructions.
- Business must be located in a permanent structure, and applicant must be the owner or leaseholder of the property as a whole. Funds will not be granted to mobile businesses (such as food trucks), consignment vendors, or other businesses who rent/ lease space inside an existing business.
- The business and business owner(s) must be current on all local taxes or fees (real estate, personal property, business license, etc.).
- The business owner must submit an acceptable business plan. A sample business plan and list of components required to be included in the plan are included with the application packet.
- The business owner must complete *one* of the following:
  - Completion of 30 hours of small business training (combination of small business courses and one-on-one counseling, provided by the Oklahoma Small Business Development Center, REI Women’s Business Center or Choctaw Small Business Development.)



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- Successfully complete the Durant Small Business Bootcamp, as conducted by the Oklahoma Small Business Development Center. (Certificate of Completion is required).

*Members of the Durant Industrial Authority and/ or of the Durant City Council, and their immediate family members (Mother, Father, Spouse, Siblings and Children) are not eligible for participation in the Durant Small Business Grant Program.*

### Eligible Use of Funds

Funds must be used to improve an existing small business. Examples of eligible uses include:

- Marketing and Advertising Expenses
- Signage
- Equipment (New or Used)
- Computer Hardware or Software
- Development of Online or Mobile Presence
- Consultant Services
- Training and Certifications
- Capital Improvements such as building renovations
- Other Expenses as Approved by the DIA

Please note that expenses must not be incurred until after the application has been approved and all applicable parties have signed the grant agreement.

### Ineligible Use of Funds

Examples of ineligible uses include but are not limited to the following:

- Purchase of Inventory
- Personal Expenses
- Purchase of Construction Equipment
- Salaries and/or Payroll (to include benefits such as insurance, retirement, etc.)

### Terms

The applicant must comply with all Federal, State and/or Local requirements for operating the business. Some requirements are:

- Business License Tax
- Codes Compliance Regulations
- Local, State and Federal taxes
- Health and Safety Regulations

The applicant must also:

- Provide a business plan, information on the target market, list of any other financial sources and an itemized list of the proposed use of funds to include the cost of each expense.
- Sign a grant agreement and return within 30 days of the agreement date.
- Maintain a business location in the defined geographic area of Durant, OK for at least one (1) year after receiving DIA Small Business Grant funds. Failure to do



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[www.ok-durant.org](http://www.ok-durant.org)



- so may result in a requirement to repay grant funds.
- Submit a Grant Expenditure Report form and receipts for eligible expenses no later than the 20<sup>th</sup> of each month. Grant expenses must not be incurred until after the application has been approved and all applicable parties have signed the grant agreement. Failure to do so may result in a requirement to repay grant funds.

### Grant Application Process

Completed applications and any required supporting documentation must be submitted to the DIA by mail, hand delivery or email. Applicant must submit a valid government issued identification (i.e. Passport, Drivers' License etc.) and a completed Request for Taxpayer Identification Number and Certification (IRS Form W-9) with the application.

Following review, the applicant will be sent a notification of decision by mail or email. If approved, the applicant will be provided the amount of the grant funding they are eligible to receive and advised of the next steps in the process (grant agreement, reporting requirements, etc.).

Grant payments will not be issued until the application has been approved by the DIA, and the signed grant agreement has been processed. The fully executed grant agreement must be returned within 30 days of the agreement date.

*The DIA reserves the right to deny approval of any application for reasons including, but not limited to, using funds to meet an equity investment requirement of other available business assistance programs, competitiveness of applications received, modifications to grant criteria, etc.*

### Program Administration

Interested individuals should contact the Durant Industrial Authority at (580) 924-7254 or [econdev@durant.org](mailto:econdev@durant.org) regarding the application process or questions.

DIA staff will review all grant applications for eligibility and will make recommendations for funding to the DIA and the Durant City Council. To ensure that projected expenses are reasonable, each grant will be evaluated on the amount of funding requested and the identified use of the funds. Every effort will be made to maximize resources to support as many small businesses as possible.

If the application is not approved, the applicant may reapply for a Durant Small Business Grant after six (6) months. All issues identified by the staff must be addressed prior to resubmission. No more than two (2) resubmissions are permitted within a two (2) year period. There is no application fee. Lifetime limit of one grant per business and/or individual.

## Durant Small Business Grant Program LMI Determination Procedures

In order to qualify for the Micro Enterprise Grant, the business must be located in a low to moderate income area at the time of application. To determine if your business is located in a low to moderate income/ NMTC area follow the instructions provided below.

1. Go to the US Department of the Treasury CDFI Fund website at <https://www.cdfifund.gov/cims3>

U.S. DEPARTMENT OF THE TREASURY  
COMMUNITY DEVELOPMENT  
FINANCIAL INSTITUTIONS FUND

CONTACT | TOOLS & RESOURCES | SUBSCRIBE | SIGN IN

Enter keywords

ABOUT | PROGRAMS & TRAINING | RESEARCH & DATA | AWARDS | IMPACT BLOG | NEWS & EVENTS

Home » Welcome to the CDFI Fund CIMS Mapping Tool

### WELCOME TO THE CDFI FUND CIMS MAPPING TOOL

This mapping tool was created to provide prospective applicants with the ability to search by address, census tract, and other geographic areas of interest to determine program eligibility for the BEA, CDFI, CMF, NACA, and NMTC programs. To get started, choose one of the programs below. Use the search bar to type an address and view eligibility information on the map.

BEA | CDFI | CMF | NACA | NMTC

2. Click on “NMTC”

U.S. DEPARTMENT OF THE TREASURY  
COMMUNITY DEVELOPMENT  
FINANCIAL INSTITUTIONS FUND

CONTACT | TOOLS & RESOURCES | SUBSCRIBE | SIGN IN

Enter keywords

ABOUT | PROGRAMS & TRAINING | RESEARCH & DATA | AWARDS | IMPACT BLOG | NEWS & EVENTS

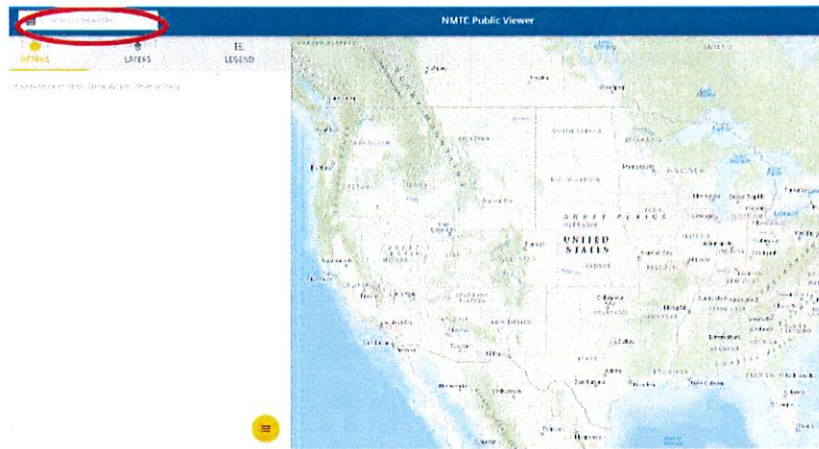
Home » Welcome to the CDFI Fund CIMS Mapping Tool

### WELCOME TO THE CDFI FUND CIMS MAPPING TOOL

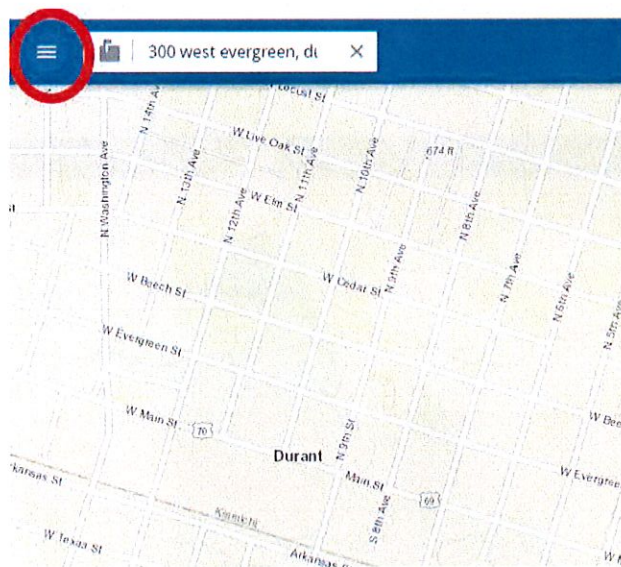
This mapping tool was created to provide prospective applicants with the ability to search by address, census tract, and other geographic areas of interest to determine program eligibility for the BEA, CDFI, CMF, NACA, and NMTC programs. To get started, choose one of the programs below. Use the search bar to type an address and view eligibility information on the map.

BEA | CDFI | CMF | NACA | NMTC

3. Enter the complete physical address of the applicant business (street address, city, state, and zip code).

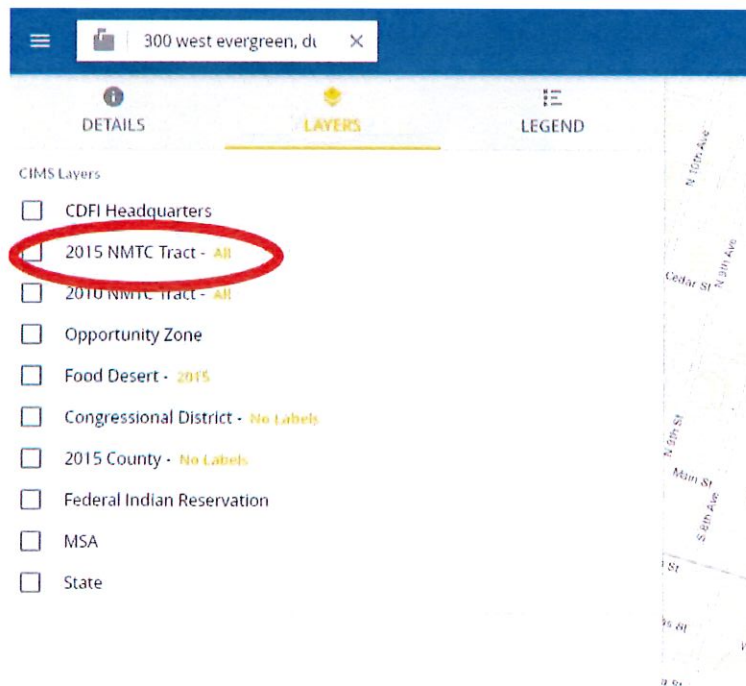


4. Click on the menu to reveal a list of available layers.

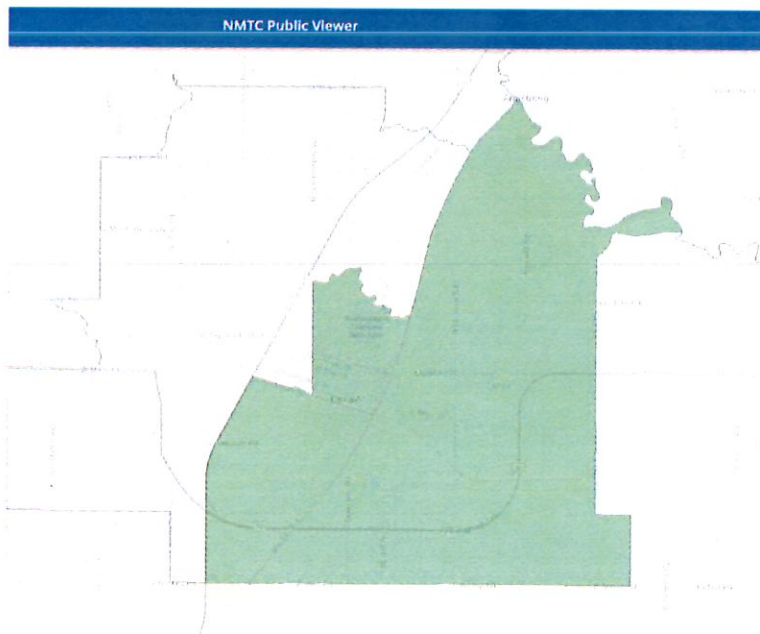




5. Select "2015 NMTC Tract".



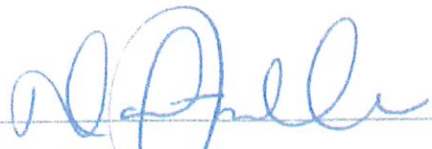
6. If your business is located within the GREEN shaded area on the map, you are located within an eligible area for the Durant Small Business Grant Program.



Durant Industrial Authority  
Small Business Grant Program  
Application Package

Parish 1807 Grill  
(Name of Applicant)

4/23/23  
(Date Submitted)

  
(Signature of Applicant)

5k  
(Grant Amount Requested)

Application Submission:  
The application must be signed by the business owner.

Mail to:  
Durant Industrial Authority  
ATTN: Lisa Taylor  
PO Box 578  
Durant, OK 74701

Or, Deliver to:  
Durant Industrial Authority  
10 Waldron Road  
Durant, OK 74701

Please call (580) 924-7254 with questions.

Completed applications can also be submitted electronically as a PDF to

## Small Business Grant Program Application

### I. INFORMATION ABOUT THE BUSINESS

Have you previously received a Durant Small Business Grant? Yes  No

Legal Name of Business: Parish 1807 Grill

Trade Name/DBA \_\_\_\_\_

Legal Entity Structure (Sole Proprietor, LLC, Corporation etc.): LLC

Is the Business a non-profit? Yes  No

Business Address: 127 W. Main St.

City: Durant Zip Code: 74701

Mailing Address (if different from physical address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: david@parish1807grill.com

Business Phone: 580-745-8030 Mobile Number: 501-600-0514

Year Business Established: 2

Current number of employees: Full-time 10 Part-time \_\_\_\_\_

Federal ID # 97-337075 NAICS Code 722500

Business Website: parish1807grill.com

Preferred Method of Contact (business, mobile or email): mobile

Please provide a description of the business and services/products offered:

Restaurant, Bar, Catering and soon to be branded products from the restaurant

Use this space to add any other relevant information about you and/or your business:

I started my business after being furloughed from my career job.  
Ever since I stepped out on faith to make it happen, God has blessed  
me to serve people all over OK and Texas. I am determined and resilient  
no matter what my business faces, I am determined to push forward.

**II. BUSINESS OWNER INFORMATION**

Please list below business owner (s) information (Please attach additional sheet if more space is needed).

Owner's Name: David Franklin Title: Operations Mgr.

Percentage of Ownership: 100%

Home Address: 841 Annas Way City: Durant State: OK Zip Code: 74701

Telephone: 504-600-0514 E-Mail: david@penish1807grill.com

Owner's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**III. GRANT INFORMATION**

Amount of Grant Funding Request: \$ 5,000

List Other Funding Sources (if any) and Identify Amounts (Attach additional sheet if more space is needed).

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

Total Project Estimate: \$ \_\_\_\_\_

Please describe how this grant will help your business:

This grant will greatly help my business in the most recent areas approved to operate. We have been approved for our ABLE Commission licenses and desperately need bar equipment and furniture to open the bar on July 1<sup>st</sup>. It will take alot of assistance for us to do this task. All customers come in ask "Is your bar open?"

Please describe how the business will continue operating once the grant funds have been spent:

We will continue business as usual with adding the Bar to the equation will help with revenue in order for the business to stay afloat. I plan on purchasing Bar equipment and furniture to get prepared for our opening on July 1<sup>st</sup>.

Please describe assets (equipment, tools, technology infrastructure and upgrade, professional services) to be acquired with grant funding (if applicable) and why they are needed for the business:

Margarita Machines - needed for the enhancement of Bar menu  
Misc. Bar stools for liquor stands, Bar stools, Beer and drink coolers needed to operate the bar effectively and efficiently.

#### IV. USE OF FUNDS

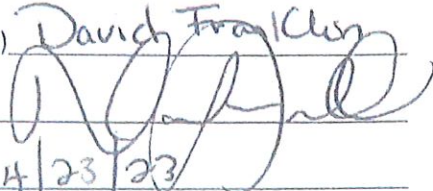
Please list how the funds will be utilized. All expenditures must be reasonable, allowable and necessary for the activities of the business requesting the funding. Due to limited funding, applicants are advised to prioritize grant requests to one or more related items that will significantly impact the business (Please attach additional sheet if more space is needed).

|                                     |          |
|-------------------------------------|----------|
| Margarita Machine                   | \$ 1,800 |
| Bar stools and Bar Stands and Decor | \$ 2,740 |
| Beer Cooler and Drink Cooler        | \$ 1,999 |
| Lighting Enhancement                | \$ 450   |
| Total                               | \$ 6,989 |

**V. SIGNATURES**

All property/business owners, partners, etc. must sign this application form. If there are any questions, please call Economic Development staff at (580) 924-7254.

I certify that I have read and understand the Durant Small Business Grant program guidelines and that the information contained herein is true, complete and correct to the best of my knowledge. I certify that I have authority to apply for this grant on behalf of the business described herein. I understand that this information may be made available for public review and is subject to the Oklahoma Freedom of Information Act. In the event of grant approval, I grant permission to the Durant Industrial Authority and its designees to release publicity articles regarding the financing of the project. A personal credit check of the principal owner and/or key individuals, as well as a background check, may be made. By signing below, I agree that the grant will be used for business purposes only and not for household, personal or consumer usage. I understand that any willful misrepresentation on this application and any other grant related documents could result in a requirement to repay grant funds and/or a violation of Local, State and/or Federal code.


|                                                                                             |                    |
|---------------------------------------------------------------------------------------------|--------------------|
| Name (Print) <u>David Franklin</u>                                                          | Name (Print) _____ |
| Signature  | Signature _____    |
| Date <u>4/23/23</u>                                                                         | Date _____         |
| E-mail <u>clavid.franklin@parish1807gyll.com</u>                                            | E-mail _____       |
| Name (Print) _____                                                                          | Name (Print) _____ |
| Signature _____                                                                             | Signature _____    |
| Date _____                                                                                  | Date _____         |
| E-mail _____                                                                                | E-mail _____       |

**VI. REQUIRED ATTACHMENTS FOR ALL APPLICATIONS**

- Company's Business Plan
- Copy of Certificate of Occupancy from the City of Durant
- Completed Current W-9
- Copy of Certificate of Good Standing from the Oklahoma Secretary of State
- Certification of Completion from Business Training or Bootcamp, as listed in Guidelines
- Unexpired Government Issued Identification (Passport, Drivers' License etc.)
- Any Other Information That Will Assist Our Review Committee in Evaluating Your Grant Request.

**Texas** USA  
 DRIVER LICENSE  
 Director: *Glenn D. Tipton*

**DRIVER LICENSE**




4d. DL: **25132737** 9. Class: **C**  
 4b. Exp: **12/27/2024**  
 3. DOB: **12/27/1980** 4a. Iss: **12/22/2021**

1. **FRANKLIN**  
 2. **DAVID L JR**  
 8. **704 S CLINTON AVE**  
**DALLAS, TX 75208**

12. Rest: **NONE** 9a. End: **NONE**  
 16. Hgt: **6'-01"** 15. Sex: **M** 18. Eyes: **BRO**  
 5. DD: **09629181222232515534**

*David L. Franklin*



12/27/1980

Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
FAX: 512/463-5709



**Certificate of Formation  
Limited Liability Company**

**Filed in the Office of the  
Secretary of State of Texas  
Filing #: 804284040 10/22/2021  
Document #: 1088608670005  
Image Generated Electronically  
for Web Filing**

Filing Fee: \$300

**Article 1 - Entity Name and Type**

The filing entity being formed is a limited liability company. The name of the entity is:

**Parish 1807 Grill, LLC**

**Article 2 - Registered Agent and Registered Office**

A. The initial registered agent is an organization (cannot be company named above) by the name of:

**Registered Agents, Inc.**

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

C. The business address of the registered agent and the registered office address is:

Street Address:

**5900 Balcones Drive Suite 100 Austin TX 78731**

**Consent of Registered Agent**

A. A copy of the consent of registered agent is attached.

OR

B. The consent of the registered agent is maintained by the entity.

**Article 3 - Governing Authority**

A. The limited liability company is to be managed by managers.

OR

B. The limited liability company will not have managers. Management of the company is reserved to the members.

The names and addresses of the governing persons are set forth below:

Managing Member 1: (Business Name) **AWD Enterprises, LLC**

Address: **704 S. Clinton Ave Dallas TX, USA 75208**

**Article 4 - Purpose**

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

**Supplemental Provisions / Information**



[The attached addendum, if any, is incorporated herein by reference.]

**Organizer**

The name and address of the organizer are set forth below.

**Lorraine Birabil, Esq.      1808 S. Good Latimer Expy, Dallas, TX 75226**

**Effectiveness of Filing**

A. This document becomes effective when the document is filed by the secretary of state.

**OR**

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

**Execution**

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

**Lorraine Birabil**

Signature of Organizer

FILING OFFICE COPY