APPLICATION FOR:

Rev 2025

JOBS Fund Incentives

INSTRUCTIONS

All applicants should familiarize themselves with the information regarding the incentive programs for which application is made as well as other applicable program statutory requirements.

Capital expenses shall be defined as an equipment or property acquisition, building expansion, or improvements. Operating expenses shall be defined as expenses necessary for the operation of the business and shall include utilities, rent, and payroll. If an applicant does not indicate the purpose of the expenses, then the application will not be considered.

The application, consisting of the Project Information, the individual program and Certification and Disclosure worksheets, should be completed and submitted, including the original signatures, and the required attachments, to the following address:

ATTN: Chief Development Officer
Office of the Mayor
200 E. Main Street
Lexington, KY 40507
(859)-258-3100

REQUIRED ATTACHMENTS

To ensure consideration, the following items must be submitted in addition to the completed application:

1) A non-refundable application fee payable to the Lexington-Fayette Urban County Government for the

Incentive Program	Application Fee
Innovation Attraction and Support	$250
Local Business Expansion	$250

The application fee may be paid via check along with the application.
Check should be payable to: LFUCG Re: Jobs Fund Incentives Application

2) Company letter including a brief history of the business and description of the project.

3) Financial statements for the most recent fiscal year-end.

4) Monthly cash flow projections for the next two years of business operations

5) Description of current or expected customers (depending on proprietary nature)

6) Include three years reviewed and/or audited financials

Note Other items as described in the Policies and Guidelines may be requested by the committee.
If all materials are not included, the application will be considered incomplete and will not be taken to th
approval.

APPLICATION FOR INCENTIVE PROGRAMS
PROJECT INFORMATION

Rev 2025

Date: June 11, 2025

Is this an amendment to the initial application for incentives? Initial

APPLICANT INFORMATION (Entity applying for incentives)

Company Name			
Marrillia Interests, LLC			
Street Address	**City**	**State**	**Zip Code**
794 Manchester Street	Lexington	KY	40508
Federal Employer ID Number	**NAICS Code**	**Company Organization**	**State of Organization**
42-1762950	236220	LLC	Kentucky
Contact Person	**Title**	**Telephone**	**Fax**
Ravin Marrs	VP of Administrative Operations	859-685-0414	859-685-0418
Email Address		**Company Website**	
rmarrs@marrillia.com		www.marrillia.com	

Is the applicant registered and in good standing with the Kentucky Secretary of State?	Yes
Is the applicant registered and in good standing with the Kentucky Department of Revenue?	Yes
Is the applicant current on all local, state and federal taxes?	Yes

Has the applicant, or any owner or affiliate of the applicant, ever been convicted of any criminal offenses, been in receivership or adjudicated a bankruptcy, or been denied a business related license or had a business related license suspended or revoked by any administrative, governmental or regulatory agency?

No *If yes, please list the violation and explain (attach additional explanation if needed):*

PROJECT LOCATION

Street Address	City	State	Zip Code
794 Manchester Street	Lexington	KY	40508
County	**Industry**	**Is location in a Tax Increment Financing District?**	
Fayette	Construction		

a) Will the applicant provide a service to or use technology for customer or affiliate entities predominantly outside Lexington?	
b) Is the applicant designed to serve a multistate, national or international market?	Yes

Is the contact person for the project location the same as the person listed in the Applicant Information section? Yes *If no, then please complete the following:*

Contact Person	Email Address	Telephone	Fax

COMPANY OWNERSHIP

Please identify all owners of the company with 20% or more interest in the company, including parent companies for subsidiaries. If owners are legal entities, please identify the officers serving on the board of directors, management committee of the applicant or other governing body or appropriate principals with governing oversight of the applicant entity and provide the requested information. LFUCG may run a background check on any individuals identified. If necessary, please submit listing on a separate document.

Company or Individual Name	Date of Birth	City	State	FEIN / Social Security Number	Ownership Percent
Josh Marrillia	10/31/1979	Lexington	KY	404-31-1537	100.0%

Is the applicant or its owner publicly traded?	no

EXISTING LEXINGTON LOCATIONS

Other than the proposed project, does the applicant have any existing Lexington locations?	no

If yes, then please complete the following:

Company Name	Address	City	full-time positions

Please attach additional listing if more space is needed.

AFFILIATES WITH RELATION TO THE PROJECT

Will any affiliated entity be the owner or lessor of the project?	No	*If yes, please provide:*

Affiliate Name	Address	City, State	FEIN

Will any affiliated entity employ any employees at the site of the project?		*If yes, please provide:*

Affiliate Name	FEIN	resident positions at the project location

Please attach additional listing if more space is needed.

REQUIRED ATTACHMENT: If either affiliate question is answered "yes," then a disclosure statement will be required to be submitted for each affiliated entity along with the applicant.

PUBLIC INCENTIVES

LOCAL

Is the company receiving other local incentives?	No
If yes, please list other local incentives	

STATE

Is the company receiving other state incentives?	No
If yes, please list other state incentives	

FEDERAL

Is the company receiving other federal incentives?	No
Is the company receiving an SBIR or STTR grant?	No
If yes, which partner agency?	
If yes, which Phase?	

PRIVATE FINANCING

Is the company receiving private financing?	Yes
If yes, please list the financing entity	Traditional Bank
Please indicate the ($) amount of financing for the project	$1,794,488

PROJECT COSTS

Fund Program (Grant, Loan, or Forgivable Loan)	
Dollar Amount Requested	$ 100,000
Please provide the estimated expenses for the project	
Capital Expenses	
Operating Expenses	
Land	
Building (new construction / acquisition / additions)	$ 1,059,090
Improvements (existing buildings)	$1,794,488
Equipment (including installation costs)	
Employee Costs	
Facility Operating Costs	
Start-up Costs (excluding equipment)	
Rent (leased projects only):	$0
Estimated annual rent:	
Number of years for rent:	
TOTAL PROJECT COST	$ 2,853,578

Start-up Costs include the costs incurred to furnish and equip a facility, such as computers, furnishings, office equipment, manufacturing equipment, fixtures, relocation of out-of-state equipment and nonrecurring costs of fixed telecommunication equipment.

EMPLOYMENT, WAGES & BENEFITS

Full-time, Lexington resident employees are persons who are subject to Kentucky income tax and are employed by the company (or affiliate) at the project located in Lexington for at least 35 hours per week. (Do not include contract employees)

	Resident Employees
Current number at the project location	11
Total number of new jobs to be created	8
Total jobs projected by the end of the project	19

Total annual payroll for the current number of full-time, Lexington resident employees	$1,230,315.00

Anticipated Wages for the New Jobs to be Created:

Hourly Wage	$43	Number of Jobs	3
Hourly Wage	$38	Number of Jobs	2
Hourly Wage	$60	Number of Jobs	1
Hourly Wage	$28	Number of Jobs	1
Hourly Wage	$53	Number of Jobs	1
Hourly Wage		Number of Jobs	
Unweighted Median Hourly Wage	$43.00	Total Number of Jobs	8
		Incentive Dollars per Job	

Mean Wages for the New Jobs Above the Program Minimum ($28.00):

Hourly Wage	$43	Number of Jobs	3
Hourly Wage	$38	Number of Jobs	2
Hourly Wage	$60	Number of Jobs	1
Hourly Wage	$28	Number of Jobs	1
Hourly Wage	$53	Number of Jobs	1
Hourly Wage		Number of Jobs	
Mean Hourly Wage	$43.25	Total Number of Jobs	8

Mean Wages for the New Jobs Below the Program Minimum ($28.00):

Hourly Wage			
Hourly Wage			
Hourly Wage			
Hourly Wage			
Hourly Wage			
Hourly Wage			
Mean Hourly Wage	#DIV/0!	Total Number of Jobs	0

Employee Benefits are payments by the company for its full-time employees for health insurance, life insurance, dental insurance, vision insurance, defined benefit plans, 401(k) plans or similar plans.

Will new jobs created be offered at least some form of company paid employee benefit?	Y
What is the value of the benefit package as a percent of wages or salary?	

Indicate which of the following employee benefits will be offered as a company-paid benefit:

Y	Life Insurance	Y	Dental Insurance		Other Retirement
Y	Health Insurance		Stock Purchase	Y	Profit Sharing
Y	Disability Insurance	Y	401(k)		Other (list below)

TOTAL EMPLOYMENT AND PAYROLL PROJECTIONS

Please provide estimates for the cumulative new employment and new payroll to be created as a result of the project. Do not include employment or payroll information for existing employees at the site of the project. Minimum for compliance purposes is 5 years, or until the incentive is repaid.

	Full-time Lexington	Cumulative Total Payroll
As of Activation Date	0	$0
End of Fiscal Year 1	2	$192,500
End of Fiscal Year 2	3	$288,750
End of Fiscal Year 3	4	$385,000
End of Fiscal Year 4	4	$385,000
End of Fiscal Year 5	5	$500,000
End of Fiscal Year 6	5	$500,000
End of Fiscal Year 7	6	$595,000
End of Fiscal Year 8	6	$595,000
End of Fiscal Year 9	7	$700,000
End of Fiscal Year 10	8	$825,000

INCOME, SALES & PROFIT PROJECTIONS

Please provide estimates for the Kentucky taxable income (loss), Kentucky gross sales and Kentucky gross profits to be generated as a result of the project. If the project is an expansion, include only those estimates for the expansion portion of the project (not the existing operations).

	Income (Loss)	Sales	Profits
End of Fiscal Year 1	$755,000	$20,000,000	$672,000
End of Fiscal Year 2	$769,000	$20,000,000	$684,000
End of Fiscal Year 3	$292,200	$6,000,000	$205,200
End of Fiscal Year 4	$294,200	$6,000,000	$205,200
End of Fiscal Year 5	$296,200	$6,000,000	$205,200
End of Fiscal Year 6	$298,200	$6,000,000	$205,200
End of Fiscal Year 7	$300,200	$6,000,000	$205,200
End of Fiscal Year 8	$302,200	$6,000,000	$205,200
End of Fiscal Year 9	$304,200	$6,000,000	$205,200
End of Fiscal Year 10	$374,600	$8,000,000	$273,600

INCENTIVE USAGE INFORMATION

NEW LOCATION

Will the project be a new location in Lexington? Y *If no, skip to Expansion*

Site Acreage 2.6 Building Square Footage 15,560

The facility will be: Prof Office (P-1 Zoning)

New Constructions: Provide the Anticipated Construction Dates:

Start

Completion

Acquisitions: Answer the following:

Has the facility been unoccupied for more than 90 days? Y

EXPANSION

Will the project be an expansion of an existing facility? *If no, skip to New Equipment*

a) Does the project involve additions or renovations to existing buildings?

b) Does the project involve relocation from an existing facility?

c) If b) is yes, is real estate available at or adjacent to the existing facility?

d) What is the total estimated cost of the expansion?

Present Acreage		Present Square Footage	
Increased Acreage		Increased Square Footage	
Total Acreage	0.0	Total Square Footage	0

NEW EQUIPMENT

Will the incentive be for a purchase of new equipment? *If no, skip to Operating Expenses*

Does the facility currently own a similar piece of equpiment?

Will the new equipment be used for expanded capacity?

What is the total estimated cost of the new equipment?

OPERATING EXPENSES

Will the incentive be for an operating subsidy? *If yes, please list monthly expenses*

Monthly Lease		Other	
Monthly Utilities		List Other Expenses	
Monthly Payroll			
Monthly Supplies			

If the incentive does not match any of the programs listed, please attach a document describing the proposed use of incentive funds with rationale.

COLLATERAL

Please indicate any collateral to secure incentives including serial numbers.

Cash Value of Collateral

Please list any lienholders on the existing collateral.

FOR OFFICE USE ONLY

Date Submitted

CDO Review

Board Review

Council Review

PROGRAM:

Grant

Loan

Financial Statements

Application Fee

Company Letter

INTEREST:

Loan Interest Rate

Penalty Rate

APPLICATION FOR JOBS FUND INCENTIVES
CERTIFICATION OF APPLICATION Rev 2025

Company Name
Marrillia Interests, LLC

CERTIFICATION

Eligibility for financial assistance is determined by the information presented in this application and in the required attachments. Any changes in the status of the proposed project from the facts presented herein, including but not limited to the commencement of construction, any public announcement or legal commitment (e.g., lease or contract) without contingency language, could jeopardize the project's eligibility for incentives. Please contact the staff of the LFUCG before taking any action which would change the status of the project as reported herein.

I, the undersigned, on behalf of the applicant, hereby represent and certify that the foregoing application information, including all attachments, to the best of my knowledge, is (a) true, complete and accurate with respect to the information concerning the proposed project for which financial incentives are sought; and (b) does not contain any information for which any entity competing with the applicant may claim a proprietary interest.

Select which of the following is applicable:

[ ] For a new location project, I represent and certify that, but for the financial incentives being provided through this application, the proposed project could not reasonably and efficiently locate in Lexington and would likely locate outside of Lexington.

[X] For an expansion project, I represent and certify that the financial incentives being provided in this application are necessary for the expansion to occur.

The undersigned, on behalf of the applicant, acknowledges that information contained within the application and its

The undersigned, on behalf of the applicant, acknowledges that the applicant will be required to self-report annually the

In addition, the undersigned, on behalf of the applicant, acknowledges and grants permission to the LFUCG to share any

	President
Signature	Title
Josh Marrillia	June 11, 2025
Print Name	Date

For Electronic Signature: The person responsible for signing the document may type his/her name in the signature field, but