

**GLEN COVE INDUSTRIAL
DEVELOPMENT AGENCY**

APPLICATION FOR FINANCIAL ASSISTANCE

APPLICATION OF:

50 Glen Realty LLC

APPLICANT NAME

Please respond to all questions in this Application for Financial Assistance (the “Application”) by, as appropriate:

- filling in blanks;
- checking the applicable term(s);
- attaching additional text (with notation in Application such as “see Schedule H, Item # 1”, etc.); or
- writing “N.A.”, signifying “not applicable”.

All attachments responsive to questions found in this Application should be clearly labeled and attached as Schedule I to the Application. If an estimate is given, enter “EST” after the figure. One signed original and one photocopy of the Application (including all attachments) must be submitted.

The following amounts are payable to the Glen Cove Industrial Development Agency (the “Agency”) at the time this Application is submitted to the Agency: (i) a \$1,000 non-refundable application fee (the “Application Fee”); (ii) a \$3,500 expense deposit for the Agency’s Transaction/Bond Counsel fees and expenses (the “Counsel Fee Deposit”), (iii) a \$2,500 expense deposit for the cost/benefit analysis with respect to the project contemplated by this Application (the “Cost/Benefit Deposit”), and (iv) a \$500 expense deposit for the real property tax valuation analysis, if applicable, with respect to the project contemplated by this Application (the “Valuation Deposit”). The Application Fee will not be credited against any other fees or expenses which are or become payable to the Agency in connection with this Application or the project contemplated herein (the “Project”). In the event that the subject transaction does not close for any reason, the Agency may use all or any part of the Counsel Fee Deposit, the Cost/Benefit Deposit and/or the Valuation Deposit to defray the cost of Transaction/Bond Counsel fees and expenses, the cost of obtaining a cost/benefit analysis and/or the cost of obtaining a real property tax valuation with respect to the Project. In the event that the subject transaction does close, the Counsel Fee Deposit, the Cost/Benefit Deposit and the Valuation Deposit shall be credited against the applicable expenses incurred by the Agency with respect to the Project.

Every signature page comprising part of this Application must be signed by the Applicant or this Application will not be considered complete or accepted for consideration by the Agency.

The Agency's acceptance of this Application for consideration does not constitute a commitment on the part of the Agency to undertake the proposed Project, to grant any financial assistance with respect to the proposed Project or to enter into any negotiations with respect to the proposed Project.

Information provided herein may be subject to disclosure under the New York Freedom of Information Law (New York Public Officers Law § 84 et seq.) ("FOIL"). If the Applicant believes that a portion of the material submitted with this Application is protected from disclosure under FOIL, the Applicant should mark the applicable section(s) or page(s) as "confidential" and state the applicable exception to disclosure under FOIL.

DATE

PART I. APPLICANT

A. APPLICANT FOR FINANCIAL ASSISTANCE:

Name: 50 Glen Realty LLC

Address: 12 Herschel Terrace, Monsey New York 10952

Fax: _____

NY State Dept. of
Labor Reg #: _____ Federal Employer ID #: _____

NAICS Code #: 531390

Website: www.oursuitespace.com

Name of CEO or
Authorized Representative Certifying Application: Abraham Ausch

Title of Officer: Manager

Phone Number: 845-414-5330 E-Mail: abe@abgnyc.com/ hmgrealty26@gmail.com

B. BUSINESS TYPE (Check applicable status. Complete blanks as necessary):

Sole Proprietorship ___ General Partnership ___ Limited Partnership ___

Limited Liability Company X Privately Held Corporation ___

Publicly Held Corporation ___ Exchange listed on _____

Not-for-Profit Corporation ___

Income taxed as: Subchapter S x Subchapter C ___
501(c)(3) Corporation ___ Partnership ___

State and Year of Incorporation/Organization: New York/ 2021

Qualified to do Business in New York: Yes X No ___ N/A ___

C. APPLICANT COUNSEL:

Firm name: Sahn Ward Braff Koblenz PLLC

Address: 1300 Veteran's Memorial Highway, Suite 100 Hauppauge NY 11788

F. Is the Applicant related to any other entity by reason of more than 50% common ownership? If YES, indicate name of related entity and relationship:

YES NO

100 Winthrop LLC, this company is the company through which the applicant's employees are hired and paid to work at this location.

G. List parent corporation, sister corporations and subsidiaries, if any:

N/A

H. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) been involved in, applied for or benefited by any prior industrial development financing in the City of Glen Cove? If YES, describe:

YES NO

The applicant was assigned a PILOT by the previous property owner which has expired. The Applicant is seeking additional benefits in
~~connection with improvements to the property~~

I. Is the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities involved in any litigation or aware of any threatened litigation that would have a material adverse effect on the Applicant's financial condition or the financial condition of said principal(s)? If YES, attach details at Schedule I.

YES NO

J. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, ever been involved, as debtor, in bankruptcy, creditors rights or receivership proceedings or sought protection from creditors? If YES, attach details at Schedule I.

YES NO

K. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, ever been convicted of any felony or misdemeanor (other than minor traffic offenses), or have any such related persons or principal(s) held positions or ownership interests in any firm or corporation

that has been convicted of a felony or misdemeanor (other than minor traffic offenses), or are any of the foregoing the subject of a pending criminal proceeding or investigation? If YES, attach details at Schedule I.

YES ___ NO x

L. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, been cited for (or is there a pending proceeding or investigation with respect to) a civil violation of federal, state or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, taxation, or other operating practices? If YES, attach details at Schedule I.

YES ___ NO x

M. Is the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, delinquent or have any of the foregoing persons or entities been delinquent on any New York State, federal or local tax obligations within the past five (5) years? If YES, attach details at Schedule I.

YES ___ NO x

N. Complete the following information for principals (including, in the case of corporations, officers and members of the board of directors and, in the case of limited liability company, members and managers) of the Applicant:

<u>Name</u>	<u>Title</u>	<u>Other Business Affiliations</u>
<u>Abraham Ausch</u>	<u>Manager</u>	<u>Tactical Logistical Solutions, Inc.</u>
<u>Martin Gelber</u>	<u>Member</u>	<u>None</u>
_____	_____	_____
_____	_____	_____

Do any of the foregoing principals hold elected or appointive positions with New York State, any political division of New York State or any other governmental agency? If YES, attach details at Schedule I.

YES ___ NO x

Are any of the foregoing principals employed by any federal, state or local municipality or any agency, authority, department, board, or commission thereof or any other governmental or quasi-governmental organization?

YES ___ NO x

O. Operation at existing location(s) (Complete separate Section O for each existing location):

1. (a) Location: 50 Glen Street Glen Cove New York 11542
- (b) Number of Employees: Full-Time: 45 Part-Time: 20
This includes current and future tenants
- (c) Annual Payroll, excluding benefits: \$50,000
- (d) Type of operation (e.g. manufacturing, wholesale, distribution, retail, etc.)
and products or services: private, co-working, shared office suites
- (e) Size of existing facility real property
(i.e., acreage of land): .2542
- (f) Buildings (number and square footage of each): 1 bldg, 21,000 sq ft
- (g) Applicant's interest in the facility

FEE TITLE: x LEASE: ___ OTHER (describe below): ___

2. Will the completion of the proposed Project result in the removal of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the Project, or a relocation of any employee of the Applicant, or any employee of a proposed user, occupant or tenant of the Project, from one area of the State of New York (but outside of Glen Cove) to a location in Glen Cove or in the abandonment of such a plant or facility located in an area of the State of New York outside of Glen Cove? If YES, complete the attached Anti-Raiding Questionnaire (Schedule D).

YES ___ NO x

- P. Has the Applicant considered moving to another state or another location within New York State? If YES, explain circumstances.

YES ___ NO x

Q. Does any one supplier or customer account for over 50% of Applicant's annual purchases or sales, respectively? If YES, attach name and contact information for supplier and/or customer, as applicable:

YES ___

NO x

R. Does the Applicant (including any related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, have any contractual or other relationship with the Agency, the City of Glen Cove or the County of Nassau? If YES, attach details at Schedule I.

YES x

NO ___

S. Nature of Applicant's business (e.g., description of goods to be sold, products manufactured, assembled or processed, services rendered):

Real Estate Holding Company

T. ANY RELATED PARTY PROPOSED TO BE A USER OF THE PROJECT: N/A

Name: N/A

Relationship to Applicant: _____

Provide the information requested in Questions A through S above with respect to each such party by attachment at Schedule I.

PART II. PROPOSED PROJECT

A. Types of Financial Assistance Requested:

- Tax-Exempt Bonds
- Taxable Bonds
- Refunding Bonds
- Sales/Use Tax Exemption
- Mortgage Recording Tax Exemption
- Real Property Tax Exemption
- Other (specify): _____

B. Type of Proposed Project (check all that apply and provide requested information):

- New Construction of a Facility
Square footage: _____
- Addition to Existing Facility
Square footage of existing facility: _____
Square footage of addition: _____
- Renovation of Existing Facility
Square footage of area renovated: 18,000 sq ft
Square footage of existing facility: 21,000 sq ft
- Acquisition of Land/Building
Acreage/square footage of land: _____
Square footage of building: _____
- Acquisition of Furniture/Machinery/Equipment
List principal items or categories:
See (*) below

- Other (specify): _____

C. Briefly describe the purpose of the proposed Project, the reasons why the Project is necessary to the Applicant and why the Agency's financial assistance is necessary, and the effect the Project will have on the Applicant's business or operations:

Significant improvement to facility, including upgraded equipment cosmetic improvements and redevelopment of interior layout of space to make facility more attractive to prospective tenants

*Office desks, computers, servers, IT Infrastructures, chairs, conference room furnitures, Kitchen on each floor, Couches for reception areas, lighting fixtures etc.

J. To what purpose will the building or buildings to be acquired, constructed or renovated be used by the Applicant? (Include description of goods to be sold, products to be manufactured, assembled or processed and services to be rendered.)

Maintain existing use

K. If any space in the Project is to be leased to or occupied by third parties (i.e., parties not related to the Applicant), or is currently leased to or occupied by third parties who will remain as tenants, provide the names and contact information for each such tenant, indicate total square footage of the Project to be leased to each tenant, and describe proposed use by each tenant:

List of present tenants attached

L. Provide, to the extent available, the information requested, in Part I, Questions A, B, D and O, with respect to any party described in the preceding response.

See List attached

M. Does the proposed Project meet zoning/land use requirements at proposed location?

YES NO

1. Describe present zoning/land use: B-1/ Office

2. Describe required zoning/land use, if different: N/A

3. If a change in zoning/land use is required, please provide details/status of any request for change of zoning/land use requirements:

N/A

N. Does the Applicant, or any related entity or person, currently hold a lease or license on the Project site? If YES, please provide details and a copy of the lease/license.

YES NO

O. Does the Applicant, or any related entity or person, currently hold fee title to (i.e. own) the Project site?

YES

NO

If YES, indicate:

- (a) Date of purchase: February 23, 2022
- (b) Purchase price: \$ N/A
- (c) Balance of existing mortgage, if any: \$ 4,030,667.38
- (d) Name of mortgage holder: Bethpage Federal Credit Union
- (e) Special conditions: N/A

If NO, indicate name of present owner of Project site: _____

P. Does the Applicant or any related person or entity have an option or a contract to purchase the Project site and/or any buildings on the Project site?

YES

NO

If YES, attach copy of contract or option at Schedule I and indicate:

- (a) Date signed: _____
- (b) Purchase price: \$ _____
- (c) Closing date: _____

Is there a relationship legally or by virtue of common control or ownership between the Applicant (and/or its principals) and the seller of the Project (and/or its principals)?

If YES, describe: N/A

YES

NO

Q. Will customers personally visit the Project site for either of the following economic activities? If YES with respect to either economic activity indicated below, complete the attached Retail Questionnaire (Schedule E).

Sales of Goods: YES NO Sales of Services: YES NO

R. Describe the social and economic conditions in the community where the Project site is or will be located and the impact of the proposed Project on the community (including

impact on infrastructure, transportation, fire and police and other government-provided services):

The project facility provides shared, flexible office space. This brings more people to Downtown Glen Cove. By improving the existing space, the Applicant intends to bring more people to the area to patronize local businesses creating a more vibrant downtown.

S. Identify the following Project parties (if applicable):

Architect: Define DSGN Inc.
Engineer: _____
Contractors: Rose Improvements LLC

T. Will the Project be designed and constructed to comply with Green Building Standards? (if YES, describe the LEED green building rating that will be achieved):

YES _____ NO x

U. Is the proposed Project site located on a Brownfield? (if YES, provide description of contamination and proposed remediation)

YES _____ NO x

V. Will the proposed Project produce a unique service or product or provide a service that is not otherwise available in the community in which the proposed Project site is located?

YES x NO _____

The applicant provides shared office space. Tenants are provided with an office suite and share amenities such

as conference rooms, kitchens, reception and other amenities. This allows young professionals and start up companies a space to develop and grow their business without having to spend substantial money on overhead.

W. Is the proposed Project site currently subject to an IDA transaction (whether through the Agency or otherwise)? If yes, explain.

YES x NO _____

The project facility was developed with the assistance of IDA benefits, which has expired. The COVID-19 pandemic had a profound impact on this business model. The current owners are seeking to

to make substantial improvements to the project facility to make it more attractive and bring in new tenants.

PART III. CAPITAL COSTS OF THE PROJECT

A. Provide an estimate of cost of all items listed below:

	<u>Item</u>	<u>Cost</u>
1.	Land and/or Building Acquisition	\$ _____
2.	Building Demolition	\$ _____
3.	Construction/Reconstruction/Renovation	\$ 600,000
4.	Site Work	\$ _____
5.	Infrastructure Work	\$ 30,000
6.	Architectural/Engineering Fees	\$ 25,000
7.	Applicant's Legal Fees	\$ 30,000
8.	Financial Fees	\$ _____
9.	Other Professional Fees	\$ 45,000
10.	Furniture, Equipment & Machinery Acquisition (not included in 3. above)	\$ 75,000
11.	Other Soft Costs (describe)	\$ 100,000
12.	Other (describe)	\$ _____
	Total	\$ 905,000

B. Estimated Sources of Funds for Project Costs:

a.	Tax-Exempt IDA Bonds:	\$ _____
b.	Taxable IDA Bonds:	\$ _____
c.	Conventional Mortgage Loans:	\$ _____
d.	SBA or other Governmental Financing: Identify: _____	\$ _____
e.	Other Public Sources (e.g., grants, tax credits): Identify: _____	\$ _____
f.	Other Loans:	\$ _____
g.	Equity Investment: (excluding equity attributable to grants/tax credits)	\$ 905,000
	TOTAL	\$ 905,000

What percentage of the total project costs are funded/financed from public sector sources: 0 %

C. Have any of the above costs been paid or incurred (including contracts of sale or purchase orders) as of the date of this application? If YES, describe particulars on a separate sheet.

YES ____ NO x

D. Are items of working capital, moving expenses, work in progress, or stock in trade included in the proposed uses of the bond proceeds (if applicable)? If YES, provide details:

YES ____ NO ____ NOT APPLICABLE x

E. Will any of the funds to be borrowed through the Agency's issuance of bonds, if applicable, be used to repay or refinance an existing mortgage, outstanding loan or an outstanding bond issue? If YES, provide details:

YES ____ NO x NOT APPLICABLE ____

F. Has the Applicant made any arrangement for the marketing or the purchase of the bonds or the provision of other third party financing (if applicable)? If YES, indicate with whom (subject to Agency approval) and provide a copy of any term sheet or commitment letter issued with respect to such financing.

YES ____ NO ____ NOT APPLICABLE x

- G. Construction Cost Breakdown:
- Total Cost of Construction: \$ 705,000 (sum of 2-5 and 10 in Question A above)
- Cost for materials: \$ 360,000
- % Sourced in County: 20 %
- % Sourced in State: 80 % (incl. County)
- Cost for labor: \$ 345,000
- % Sourced in County: _____ %
- % Sourced in State: 100 % (incl. County)
- Cost for "other": \$ _____
- % Sourced in County: _____ %
- % Sourced in County: _____ % (incl. County)

The Applicant acknowledges that the transaction/bond documents may include a covenant by the Applicant to undertake and document the total amount of capital investment as set forth in this Application.

PART IV. COST/BENEFIT ANALYSIS

- A. If the Applicant presently operates in Glen Cove, provide the current annual payroll. Estimate projected payroll at the Project site in First Year, Second Year and Third Year after completion of the Project:

	<u>Present</u>	<u>First Year</u>	<u>Second Year</u>	<u>Third Year</u>
Full-time:	\$ <u>2,700,000</u>	\$ <u>2,700,000</u>	\$ <u>3,100,000</u>	\$ <u>3,500,000</u>
Part-time: ¹	<u>700,000</u>	<u>700,000</u>	<u>850,000</u>	<u>950,000</u>

* Includes existing tenants

List the average salaries or provide ranges of salaries for the following categories of jobs (on a full-time equivalency basis) projected to be retained/created in Glen Cove as a result of the proposed Project:

<u>Category of Jobs to be Retained:</u>	<u>Average Salary or Range of Salary:</u>	<u>Average Fringe Benefits or Range of Fringe Benefits</u>
Management		
Professional	\$50,000.00	2,500 to 5,000
Administrative	\$40,000.00	2,500 to 5,000
Production		
Supervisor		
Laborer		

¹ NOTE: The Agency converts part-time jobs into FTE's for evaluation and reporting purposes by dividing the number of part-time jobs by two (2).

Independent Contractor ²		
Other		

<u>Category of Jobs to be Created:</u>	<u>Average Salary or Range of Salary:</u>	<u>Average Fringe Benefits or Range of Fringe Benefits</u>
Management	95,000	2,500 to 7,500
Professional	200,000	2,500 to 7,500
Administrative	85,000	2,500 to 7,500
Production		
Supervisor	160,000	2,500 to 7,500
Laborer		
Independent Contractor ³	125,000	2,500 to 7,500
Other		

The Agency may utilize the foregoing employment projections and the projections set forth in Schedule C, among other things, to determine the financial assistance that will be offered by the Agency to the Applicant. The Applicant acknowledges that the transaction/bond documents may include a covenant by the Applicant to retain the number of jobs, types of occupations and amount of payroll with respect to the Project set forth in this Application.

- B. (i) Will the Applicant transfer current employees from existing location(s)? If YES, describe, please describe the number of current employees to be transferred and the location from which such employees would be transferred:

YES

NO

- (ii) Describe the number of estimated full time equivalent construction jobs to be created as a result of undertaking the project, to the extent any:

5

² As used in this chart, this category includes employees of independent contractors.

³ As used in this chart, this category includes employees of independent contractors.

C. What, if any, is the anticipated increase in the dollar amount of production, sales or services following completion of the Project? With regard to the applicant only. See addendum attached
\$ 250,000.00

What percentage of the foregoing amount is subject to New York sales and use tax?
20% %

What percentage of the Applicant's total dollar amount of production, sales or services (including production, sales or services rendered following completion of the Project) are made to customers outside the economic development region (i.e., Nassau and Suffolk Counties)?
more than 90 %

Describe any other municipal revenues that will result from the Project (excluding the above and any PILOT payments):

Opportunity for new startup business' to begin and grow their businesses with affordable private office suites including all amenities necessary to grow their business in the City of Glen Cove.

D. What is the estimated aggregate annual amount of goods and services to be purchased by the Applicant for each year after completion of the Project and what portion will be sourced from businesses located in the City of Glen Cove and the State (including the City of Glen Cove):

	<u>Amount</u>	<u>% Sourced in City of Glen Cove</u>	<u>% Sourced in State</u>
Year 1	<u>\$ 60,000</u>	<u>70%</u>	<u>30%</u>
Year 2	<u>\$ 80,000</u>	<u>70%</u>	<u>30%</u>
Year 3	<u>\$ 100,000</u>	<u>70%</u>	<u>30%</u>

E. Describe, if applicable, other benefits to the City of Glen Cove anticipated as a result of the Project, including a projected annual estimate of additional sales tax revenue generated, directly and indirectly, as a result of undertaking the project:

The positive impacts of this project to the City are significant. By providing an incubator space for small business and start up companies you allow these companies to develop a sense of community in the City. As they expand, they will want to stay in the city and grow the City's employment base.

F. Estimated Value of Requested Financial Assistance:

Estimated Value of Sales Tax Benefit: \$ 40,000.00
 (i.e., gross amount of cost of goods and services)

that are subject to state and local sales and use taxes multiplied by [8.625%])

Estimated Value of Mortgage Tax Benefit: \$ 0
(i.e., principal amount of mortgage loans multiplied by [1.05%])

Estimated Property Tax Benefit:

Will the proposed Project utilize a property tax exemption benefit other than from the Agency: No
(if so, please describe)

Term of PILOT Requested: 7

Existing Property Taxes on Land and Building: \$ 159,226.59 (Taxes)

Estimated Property Taxes on completed Project: \$ 195,000
(without Agency financial assistance)

NOTE: Upon acceptance of this Application by the Agency, the Agency's staff will create a PILOT schedule and indicate the estimated amount of PILOT Benefit/Cost utilizing anticipated tax rates and assessed valuation, make an estimate of the allocation of PILOT payments among the affected tax jurisdictions, and attach such information as Exhibit A hereto.

G. Describe and estimate any other one-time municipal revenues (not including fees payable to the Agency) that the Project will create:

N/A

PART V. PROJECT SCHEDULE

A. If applicable, has construction/reconstruction/renovation work on the Project begun? If YES, indicate the percentage of completion:

- 1. (a) Site clearance YES NO x % complete
- (b) Environmental Remediation YES NO x % complete
- (c) Foundation YES NO x % complete

- (d) Footings YES ___ NO x _____% complete
- (e) Steel YES ___ NO x _____% complete
- (f) Masonry YES ___ NO x _____% complete
- (g) Interior YES x NO ___ _____% complete
- (h) Other (describe below): YES ___ NO x _____% complete

2. If NO to all of the above categories, what is the proposed date of commencement of construction, reconstruction, renovation, installation or equipping of the Project?

As soon as the PILOT is approved

B. Provide an estimate of time schedule to complete the Project and when the first use of the Project is expected to occur:

18 months

PART VI. ENVIRONMENTAL IMPACT

A. What is the expected environmental impact of the Project? (Complete the attached Environmental Assessment Form (Schedule G)).

None

B. Is an environmental impact statement required by Article 8 of the N.Y. Environmental Conservation Law (i.e., the New York State Environmental Quality Review Act)?

YES _____

NO x _____

C. Please be advised that the Agency may require at the sole cost and expense of the Applicant the preparation and delivery to the Agency of an environmental report in form and scope satisfactory to the Agency, depending on the responses set forth in the Environmental Assessment Form. If an environmental report has been or is being prepared in connection with the Project, please provide a copy.

- D. The Applicant authorizes the Agency to make inquiry of the United States Environmental Protection Agency, the New York State Department of Environmental Conservation or any other appropriate federal, state or local governmental agency or authority as to whether the Project site or any property adjacent to or within the immediate vicinity of the Project site is or has been identified as a site at which hazardous substances are being or have been used, stored, treated, generated, transported, processed, handled, produced, released or disposed of. The Applicant will be required to secure the written consent of the owner of the Project site to such inquiries (if the Applicant is not the owner), upon request of the Agency.

THE UNDERSIGNED HEREBY CERTIFIES, under penalties of perjury, that the answers and information provided above and in any schedule, exhibit or statement attached hereto are true, accurate and complete, to the best of the knowledge of the undersigned.

Name of Applicant: 50 GLEN ROSEWAY LLC
 Signature: *Abraham Ausch*
 Name: Abraham Ausch
 Title: Member
 Date: 10/19/23

Sworn to before me this 10
 day of oct, 2023

Isaac Rosenberger
 Notary Public

ISAAC ROSENBERGER
 Notary Public State Of New York
 NO. 01R06285270
 Qualified In Rockland County
 Commission Expires 07/01/2024

**CERTIFICATIONS AND ACKNOWLEDGMENTS
OF THE APPLICANT**

FIRST:

The Applicant hereby certifies that, if financial assistance is provided by the Agency for the proposed project, no funds of the Agency (i) shall be used in connection with the Project for the purpose of preventing the establishment of an industrial or manufacturing plant or for the purpose of advertising or promotional materials which depict elected or appointed government officials in either print or electronic media, (ii) be given to any group or organization which is attempting to prevent the establishment of an industrial or manufacturing plant within the State

SECOND:

The Applicant hereby certifies that no member, manager, principal, officer or director of the Applicant or any affiliate thereof has any blood, marital or business relationship with any member of the Agency (or any member of the family of any member of the Agency).

THIRD:

The Applicant hereby certifies that neither the Applicant nor any of its affiliates, nor any of their respective partners, members, shareholders or other equity owners (other than equity owners of publicly-traded companies), nor any of their respective employees, officers, directors, or representatives (i) is a person or entity with whom United States persons or entities are restricted from doing business under regulations of the Office of Foreign Asset Control (OFAC) of the Department of the Treasury, including those named on OFAC's Specially Designated and Blocked Persons List, or under any statute, executive order or other governmental action, or (ii) has engaged in any dealings or transactions or is otherwise associated with such persons or entities.

FOURTH:

The Applicant hereby acknowledges that the Agency shall obtain and hereby authorizes the Agency to obtain credit reports and other financial background information and perform other due diligence on the Applicant and/or any other entity or individual related thereto, as the Agency may deem necessary to provide the requested financial assistance.

FIFTH:

The Applicant hereby certifies that each owner, occupant or operator that would receive financial assistance with respect to the proposed Project is in substantial compliance with applicable federal, state and local tax, worker protection and environmental laws, rules and regulations.

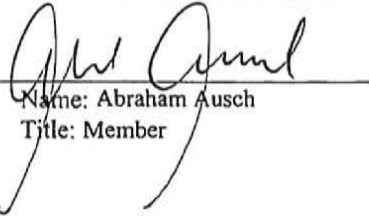
SIXTH:

The Applicant hereby acknowledges that the submission to the Agency of any knowingly false or knowingly misleading information may lead to the immediate termination of any financial assistance and the recapture from the Applicant of an amount equal to all or any part of any tax exemption claimed by reason of the Agency's involvement in the Project.

SEVENTH:

The Applicant hereby certifies that, as of the date of this Application, the Applicant is in substantial compliance with all provisions of Article 18-A of the General Municipal Law, including, but not limited to, the provisions of Section 859-a and Section 862(1) thereof.

Name of Applicant: 50 Glen Ridge LLC

By: 
Name: Abraham Ausch
Title: Member

**CERTIFICATION AND AGREEMENT
WITH RESPECT TO FEES AND COSTS**

Capitalized terms used but not otherwise defined in this Certification and Agreement shall have the meanings assigned to such terms in the Application.

The undersigned, being duly sworn, deposes and says, under penalties of perjury, as follows: that I am the chief executive officer or other representative authorized to bind the Applicant named in the attached application for financial assistance (“Application”) and that I hold the office specified below my signature at the end of this Certification and Agreement, that I am authorized and empowered to deliver this Certification and Agreement and the Application for and on behalf of the Applicant, that I am familiar with the contents of said Application (including all schedules, exhibits and attachments thereto), and that said contents are true, accurate and complete to the best of my knowledge and belief.

The grounds of my belief relative to all matters in the Application that are not based upon my own personal knowledge are based upon investigations I have made or have caused to be made concerning the subject matter of this Application, as well as upon information acquired in the course of my duties and from the books and records of the Applicant.

As an authorized representative of the Applicant, I acknowledge and agree on behalf of the Applicant that the Applicant hereby releases the Glen Cove Industrial Development Agency, its members, officers, servants, attorneys, agents and employees (collectively, the “Agency”) from, agrees that the Agency shall not be liable for and agrees to indemnify, defend (with counsel selected by the Agency) and hold the Agency harmless from and against any and all liability, damages, causes of actions, losses, costs or expenses incurred by the Agency in connection with: (A) examination and processing of, and action pursuant to or upon, the Application, regardless of whether or not the Application or the financial assistance requested therein are favorably acted upon by the Agency, (B) the acquisition, construction, reconstruction, renovation, installation and/or equipping of the Project by the Agency, and (C) any further action taken by the Agency with respect to the Project; including, without limiting the generality of the foregoing, (i) all fees and expenses of the Agency’s general counsel, bond counsel, economic development consultant, real property tax valuation consultant and other experts and consultants (if deemed necessary or advisable by the Agency), and (ii) all other expenses incurred by the Agency in defending any suits, actions or proceedings that may arise as a result of any of the foregoing. If, for any reason whatsoever, the Applicant fails to conclude or consummate necessary negotiations or fails within a reasonable or specified period of time to take reasonable, proper or requested action or withdraws, abandons, cancels, or neglects the Application or if the Applicant is unable to find buyers willing to purchase the total bond issue required or is unable to secure other third party financing or otherwise fails to conclude the Project, then upon presentation of an invoice by the Agency, its agents, attorneys or assigns, the Applicant shall pay to the Agency, its agents, attorneys or assigns, as the case may be, all fees and expenses reflected in any such invoice.

As an authorized representative of the Applicant, I acknowledge and agree on behalf of the Applicant that each of the Agency’s general counsel, bond counsel, economic development consultant, real property tax valuation consultant and other experts and consultants is an intended third-party beneficiary of this Certification and Agreement, and that each of them may (but shall not be obligated to) enforce the provisions of the immediately preceding paragraph, whether by lawsuit or otherwise, to collect the fees and expenses of such party or person incurred by the Agency (whether or not first paid by the Agency) with respect to the Application.

Upon successful closing of the required bond issue or other form of financing or Agency assistance, the Applicant shall pay to the Agency an administrative fee set by the Agency (which amount is payable at closing) in accordance with the following schedule:


- (A) All Initial Transactions - Seventy-Five basis points (0.75%) of total project costs.
- (B) All Initial Transactions - Two Thousand Five Hundred Dollars (\$2,500) closing compliance fee payable at closing and Two Thousand Dollars (\$2,000) per year (or part thereof) administrative fee, payable in advance, at the closing for the first year (or part thereof) and on January 1st of each year for the term of the financing. The annual service fee is subject to periodic review and may be adjusted from time to time in the discretion of the Agency.
- (C) Refundings – The Agency fee shall be determined on a case-by-case basis.
- (D) Assumptions – The Agency fee shall be determined on a case-by-case basis.
- (E) Modifications – The Agency fee shall be determined on a case-by-case basis.

The Agency's bond counsel fees and expenses are payable at closing and are based on the work performed in connection with the Project.

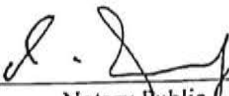
The Agency's bond counsel's fees, general counsel fee and the administrative fees may be considered as a cost of the Project and included as part of any resultant financing, subject to compliance with applicable law.

Upon the termination of the financing of the Project, Applicant agrees to pay all costs in connection with any conveyance by the Agency to the Applicant of the Agency's interest in the Project and the termination of all related Project documents, including the fees and expenses of the Agency's general counsel, bond counsel, and all applicable recording, filing or other related fees, taxes and charges.

I further acknowledge and agree on behalf of the Applicant that, in the event the Agency shall have used all of its available tax-exempt bond financing allocation from the State of New York, if applicable, and shall accordingly be unable to obtain an additional allocation for the benefit of the Applicant, the Agency shall have no liability or responsibility as a result of the inability of the Agency to issue and deliver tax-exempt bonds for the benefit of the Applicant.


 Name Abraham Ausch
 Title Member

Subscribed and affirmed to me this 10
 day of oct, 2021


 Notary Public

ISAAC ROSENBERGER
 Notary Public State Of New York
 NO. 01R06285270
 Qualified In Rockland County
 Commission Expires 07/01/2023

TABLE OF SCHEDULES:

<u>Schedule</u>	<u>Title</u>	<u>Complete as Indicated Below</u>
A.	Tax-Exempt Bond Manufacturing Questionnaire	If Applicant checked “YES” in Part I, Question H of Application, if applicable[[
B.	New York State Financial and Employment Requirements for Industrial Development Agencies	All applicants
C.	Guidelines for Access to Employment Opportunities	All applicants
D.	Anti-Raiding Questionnaire	If Applicant checked “YES” in Part I, Question O.2. of Application
E.	Retail Questionnaire	If Applicant checked “YES” in Part II, Question Q of Application
F.	Applicant’s Financial Attachments, consisting of:	All applicants
	1. Applicant’s financial statements for the last two fiscal years (unless included in Applicant’s annual reports).	
	2. Applicant’s annual reports (or Form 10-K’s) for the two most recent fiscal years.	
	3. Applicant’s quarterly reports (Form 10-Q’s) and current reports (Form 8-K’s) since the most recent Annual Report, if any.	
	4. In addition, attach the financial information described above in items F1, F2, and F3 of any anticipated Guarantor of the proposed transaction, if different than the Applicant, including the personal financial statement of any anticipated Guarantor that is a natural person.	
G.	Environmental Assessment Form	All applicants
H.	Form NYS-45-MN	All applicants
I.	Other Attachments	As required

TAX-EXEMPT BOND MANUFACTURING QUESTIONNAIRE

(To be completed by the Applicant if the Applicant checked “YES” in Part I, Question H of the Application for Financial Assistance, if applicable).

Please complete the following questions for each facility to be financed. Use additional pages as necessary.

1. Describe the production process which occurs at the facility to be financed.

2. Allocate the facility to be financed by function (expressed in square footage) (e.g., production line, employee lunchroom, offices, restrooms, storage, warehouse, loading dock, repair shop, parking, research, sales, etc.) and location in relation to production (e.g., same building, adjacent land or building, off-site, etc.). Please attach blueprints of the facility to be financed.

<u>FUNCTION</u>	<u>LOCATION</u>	<u>SQ. FOOTAGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL

3. Of the space allocated to offices above, identify by function (e.g., executive offices, payroll, production, etc.) and location in relation to production (e.g., same building, adjacent land or building, off-site, etc.).

<u>FUNCTION</u>	<u>LOCATION</u>	<u>SQ. FOOTAGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL

4. Of the space allocated to storage or warehousing above, identify the square footage and location of the areas devoted to storage of the following:

SQ. FOOTAGE

LOCATION

Raw Materials used
for production of
manufactured goods

Finished product storage

Component parts of
goods manufactured at
the facility

Purchased component
parts

Other (specify)

TOTAL

5. List raw materials used at the facility to be financed in the processing of the finished product(s).

6. List finished product(s) which are produced at the facility to be financed.

The UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true and correct.

Name of
Applicant:

Signature:

Name:

Title:

Date:

**NEW YORK STATE FINANCIAL AND EMPLOYMENT REPORTING
REQUIREMENTS FOR INDUSTRIAL DEVELOPMENT AGENCIES**

- A. Pursuant to applicable law, the Agency requires the completion of an Initial Employment Plan (see Schedule C) and a year-end employment plan status report, both of which shall be filed by the Glen Cove Industrial Development Agency (the “Agency”) with the New York State Department of Economic Development. The Project documents will require the Applicant to provide such report to the Agency on or before February 11 of the succeeding year, together with such employment verification information as the Agency may require.

Except as otherwise provided by collective bargaining agreements, the Applicant agrees to list any new employment opportunities with the New York Department of Labor Community Services Division and the administrative entity of the service delivery area created by the Federal Job Training Partnership Act (P.L. 97-300), or any successor statute thereto (the “JTPA Entities”). In addition, except as otherwise provided by collective bargaining agreements, the Applicant, where practicable, will first consider persons eligible to participate in JTPA programs who shall be referred by the JTPA Entities for such new employment opportunities.

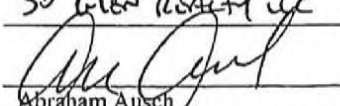
- B. The Applicant will be required to file annually a statement with the New York State Department of Taxation and Finance and the Agency of the value of all sales or use tax exemptions claimed in connection with the Project by reason of the involvement of the Agency.
- C. The following information must be provided for all bonds issued, outstanding or retired during the year:

Name, address and owner of the project; total amount of tax exemptions granted (broken out by state and local sales tax, property taxes, and mortgage recording tax); payments in lieu of taxes made; total real estate taxes on the Project prior to exemption; number of jobs created and retained, and other economic benefits realized.

Date of issue; interest rate at end of year; bonds outstanding at beginning of year; bonds issued during year; principal payments made during year; bonds outstanding at end of year; federal tax status; and maturity date(s).

Failure to provide any of the aforesaid information will constitute a DEFAULT under the Project documents to be entered into by the Agency and the Applicant in connection with the proposed Project.

Please sign below to indicate that the Applicant has read and understood the above and agrees to provide the described information on a timely basis.

Name of Applicant: SO LUGA RESA-M UC
Signature: 
Name: Abraham Ausch
Title: Member
Date: 10/18/23

GUIDELINES FOR ACCESS TO EMPLOYMENT OPPORTUNITIES**INITIAL EMPLOYMENT PLAN**

Prior to the expenditure of bond proceeds or the granting of other financial assistance, the Applicant shall complete the following initial employment plan:

Applicant Name: 50 Glen Realty LLC

Address: 12 Herschel Terrace, Monsey, New York 10952

Type of Business: Provide office suites with community amenities

Contact Person: Abraham Ausch Tel. No.: 845-414-5330

Please complete the following table describing the projected full-time equivalent employment plan for the proposed Project following receipt of financial assistance:

<u>Current and Planned Occupations</u>	<u>Present Jobs Per Occupation</u>	<u>Estimated Number of Full Time Equivalent Jobs After Completion of the Project:⁴</u>			<u>Estimate of Number of Residents of the LMA⁵ that would fill such jobs by the third year</u>
		<u>1 year</u>	<u>2 years</u>	<u>3 years</u>	
<u>Management</u>	<u>12</u>	<u>15</u>	<u>18</u>	<u>20</u>	<u>20</u>
<u>Professional</u>	<u>34</u>	<u>42</u>	<u>48</u>	<u>51</u>	<u>51</u>
<u>Administrative</u>	<u>15</u>	<u>18</u>	<u>20</u>	<u>23</u>	<u>23</u>
<u>Production</u>					
<u>Supervisor</u>	<u>4</u>	<u>6</u>	<u>10</u>	<u>12</u>	<u>12</u>
<u>Laborer</u>					
<u>Independent Contractor</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>4</u>
<u>Other (describe)</u>					

⁴ NOTE: Convert part-time jobs into FTE's for evaluation and reporting purposes by dividing the number of part-time jobs by two (2).

⁵ The "LMA" means the Local Market Area, which is defined by the Agency as Nassau and Suffolk Counties. The Labor Market Area is the same as the Long Island Economic Development Region, as established pursuant to Section 230 of the New York State Economic Development Law.

Please indicate the number of temporary construction jobs anticipated to be created in connection with the acquisition, construction and/or renovation of the Project: 5

Please indicate the estimated hiring dates for the new jobs shown above and any special recruitment or training that will be required:

The applicant provides work space for small companies and startup businesses. The jobs created

by this project will come from third parties desirous of the type of office arrangement provided by the applicant

Are the Applicant's employees currently covered by a collective bargaining agreement?

YES


NO x

IF YES, Union Name and Local: _____

Please note that the Agency may utilize the foregoing employment projections, among other things, to determine the financial assistance that will be offered by the Agency to the Applicant. The Applicant acknowledges that the transaction/bond documents may include a covenant by the Applicant to retain the above number of jobs, types of occupations and amount of payroll with respect to the proposed project.

Attached hereto as Schedule H is a true, correct and complete copy of the Applicant's most recent Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return (Form NYS-45-MN). Upon request of the Agency, the Applicant shall provide such other or additional information or documentation as the Agency may require with respect to the Applicant's current employment levels in the State of New York.

The UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.

Name of Applicant:	<u>50 Glen Realty LLC</u>
Signature:	<u></u>
Name:	<u>Abraham Ausch</u>
Title:	<u>Member</u>
Date:	_____

ANTI-RAIDING QUESTIONNAIRE

(To be completed by Applicant if Applicant checked "YES" in Part I, Question O of the Application for Financial Assistance)

A. Will the completion of the Project result in the removal of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the Project, or a relocation of any employee of the Applicant or of a proposed user, occupant or tenant of the Project, from an area in New York State (but outside of Glen Cove) to an area within Glen Cove?

YES _____ NO x

If the answer to Question A is YES, please provide the following information:

Address of the to-be-removed plant or facility or the plants or facilities from which employees are relocated: _____

Names of all current users, occupants or tenants of the to-be-removed plant or facility: _____

B. Will the completion of the Project result in the abandonment of one or more plants or facilities of the Applicant, or of a proposed user, occupant or tenant of the Project, located in an area of the State of New York other than in Glen Cove?

YES _____ NO x

If the answer to Question B is YES, please provide the following information:

Addresses of the to-be-abandoned plants or facilities: _____

Names of all current occupants of the to-be-abandoned plants or facilities: _____

C. Has the Applicant contacted the local industrial development agency at which its current plants or facilities in New York State are located with respect to the Applicant's intention to move or abandon such plants or facilities? N/A

YES _____

NO _____

If the answer to Question C is YES, please provide details in a separate attachment.

IF THE ANSWER TO EITHER QUESTION A OR B IS "YES", ANSWER QUESTIONS D AND E.

D. Is the Project reasonably necessary to preserve the competitive position of the Applicant, or of a proposed user, occupant or tenant of the Project, in its industry?

YES x

NO _____

E. Is the Project reasonably necessary to discourage the Applicant, or a proposed user, occupant or tenant of the Project, from removing such plant or facility to a location outside of the State of New York?

YES _____

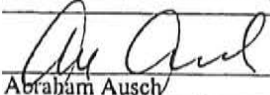
NO x

IF THE ANSWER TO EITHER QUESTION D OR E IS "YES", PLEASE PROVIDE DETAILS IN A SEPARATE ATTACHMENT.

Accordingly, the Applicant certifies that the provisions of Section 862(1) of the General Municipal Law will not be violated if financial assistance is provided by the Agency for the proposed Project.

NOTE: If the proposed Project involves the removal or abandonment of a plant or facility of the Applicant, or a proposed user, occupant or tenant of the Project, within the State of New York, notification will be made by the Agency to the chief executive officer(s) of the municipality or municipalities in which such plant or facility was located.

THE UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.

Name of Applicant:	<u>50 GLEN REALTY LLC</u>
Signature:	<u></u>
Name:	<u>Abraham Ausch</u>
Title:	<u>Member</u>
Date:	<u>10/18/23</u>

RETAIL QUESTIONNAIRE

(To be completed by Applicant if Applicant checked either "YES" in Part II, Question Q of the Application for Financial Assistance)

- A. Will any portion of the Project (including that portion of the cost to be financed from equity or sources other than Agency financing) consist of facilities or property that are or will be primarily used in making retail sales to customers who personally visit the Project?

YES x NO

For purposes of Question A, the term "retail sales" means (i) sales by a registered vendor under Article 28 of Tax Law of the State of New York (the "Tax Law") primarily engaged in the retail sale of tangible personal property (as defined in Section 1101(b)(4)(i) of the Tax Law), or (ii) sales of a service to customers who personally visit the Project.

- B. If the answer to Question A is YES, what percentage of the cost of the Project (including that portion of the cost to be financed from equity or sources other than Agency financing) will be expended on such facilities or property primarily used in making retail sales of goods or services to customers who personally visit the Project?

10 %

- C. If the answer to Question A is YES, and the amount entered for Question B is greater than 33.33%, indicate whether any of the following apply to the Project:

1. Is the Project likely to attract a significant number of visitors from outside the economic development region (i.e., Nassau and Suffolk Counties) in which the Project is or will be located?

YES NO x

2. Is the predominant purpose of the Project to make available goods or services which would not, but for the Project, be reasonably accessible to the residents of the city, town or village within which the Project will be located, because of a lack of reasonably accessible retail trade facilities offering such goods or services?

YES x NO

3. Will the Project be located in one of the following: (a) an area designated as an empire zone pursuant to Article 18-B of the General Municipal Law; or (b) a census tract or block numbering area (or census tract or block numbering area contiguous thereto) which, according to the most recent census data, has (i) a poverty rate of at least 20% for the year in which the data relates, or at least 20% of the households receiving public assistance, and (ii) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates?

YES NO x

If the answer to any of the subdivisions 1 through 3 of Question C is YES, attach details.

- D. If the answer to any of the subdivisions 2 through 3 of Question C is YES, will the Project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York? If YES, attach details.

YES _____

NO _____

- E. State percentage of the Applicant's annual gross revenues comprised of each of the following:

Retail Sales: 10 %

Services: 90 %

- F. State percentage of Project premises utilized for same:

Retail Sales: 10 %

Services: 90 %

The UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.

Name of Applicant:

So Green Realty LLC

Signature:

[Handwritten Signature]

Name:

Abraham Ausch

Title:

Member

Date:

10/18/23

APPLICANT'S FINANCIAL ATTACHMENTS



74 Herrick Ave. Suite 202 Spring Valley, N.Y. 10977
T. 845-356-0063 F. 845-678-2296
E. akiva@akivaspitzer.com W. www.akivaspitzer.com

Re: 50 GLEN REALTY LLC - SUITESPACEGC INC

To Whom This May Concern,

Attached you will find the 2022 financial statements for 50 Glen Street Glen Cove, NY 11542.

For any additional information or questions, feel free to contact us anytime.

Sincerely,

Akiva Spitzer, CPA

Assets

Current Assets:

Cash in Bank	\$	7,579.00
Escrow	\$	12,406.00
Total Current assets	\$	19,985.00

Fixed Assets:

Net Property, Plant, & Equipment-Net	\$	5,474,370.00
Net Property, Plant, & Equipment	\$	5,474,370.00
Total Assets	\$	5,494,355.00

Liabilities:

Current Liabilities

Security Deposits Payable	\$	74,093.00
Total Current Liabilities	\$	74,093.00

Long Term Liabilities

Mortgage Payable	\$	4,102,699.00
Loans from Partners	\$	2,301,018.00
Total Long Term Liabilities	\$	6,403,717.00

Equity

Members Equity	\$	(983,455.00)
Total Equity	\$	(983,455.00)
Total Liabilities and Equity	\$	5,494,355.00

Revenue:

Rents	\$ 578,643.00
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Operating Expenses

Cleaning & Maintenance	\$ 6,215.00
Interest	\$ 121,233.00
Taxes	\$ 114,118.00
Repairs	\$ 52,712.00
Utilities	\$ 66,700.00
Advertising & Marketing	\$ 25,504.00
Insurance	\$ 11,790.00
Legal & Professional Fees	\$ 15,150.00
Internet Service	\$ 8,396.00
Management Fees	\$ 30,000.00
Office Expenses	\$ 5,909.00
Depreciation	\$ 1,096,665.00
Amortization	\$ 7,735.00

Total Expenses	\$ 1,562,127.00
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Net Income	\$ (983,484.00)
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ENVIRONMENTAL ASSESSMENT FORM

FORM NYS-45-MN

Attach most recent quarterly filing of Form NYS-45-MN, as well as the most recent fourth quarter filing. Please remove the employee social security numbers and note which employees are part-time.

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return**



Reference these numbers in all correspondence:

Mark an **X** in only **one** box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.

UI Employer registration number **2221996** **0**

Withholding identification number **133988139** **9**

Employer legal name:
100 WINTHROP LLC

1 2 3 4 Y Y
Jan 1 - Mar 31 Apr 1 - Jun 30 July 1 - Sep 30 Oct 1 - Dec 31 Year **22**

For office use only
Postmark

Are dependent health insurance benefits available to any employee? Yes No

Received date

If seasonal employer, mark an **X** in the box

Number of employees
Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

a. First month **1** b. Second month **1** c. Third month **1**

UI SK AI SI WT SK

Part A - Unemployment insurance (UI) information

Part B - Withholding tax (WT) information

- 1. Total remuneration paid this quarter **6,300 . 00**
- 2. Remuneration paid this quarter in excess of the UI wage base since January 1 **6,300 . 00**
- 3. Wages subject to contribution **0 . 00**
- 4. UI contributions due
Enter your UI rate **2 . 025** % **0 . 00**
- 5. Re-employment service fund **0 . 00**
- 6. UI previously underpaid with interest **0 . 00**
- 7. Total of lines 4, 5, and 6 **0 . 00**
- 8. Enter UI previously overpaid **0 . 00**
- 9. Total UI amounts due **0 . 00**
- 10. Total UI overpaid **0 . 00**
- 11. Apply to outstanding liabilities and/or refund

- 12. New York State tax withheld **194 . 60**
- 13. New York City tax withheld **140 . 63**
- 14. Yonkers tax withheld **0 . 00**
- 15. Total tax withheld **335 . 23**
- 16. WT credit from previous quarter's return **0 . 00**
- 17. Form NYS-1 payments made for quarter **335 . 23**
- 18. Total payments **335 . 23**
- 19. Total WT amount due **0 . 00**
- 20. Total WT overpaid **0 . 00**
- 20a. Apply to outstanding liabilities and/or refund **or** 20b. Credit to next quarter withholding tax
- 21. Total payment due **0 . 00**

* An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other.

Complete Parts D and E on back of form, if required.

Part C - Employee wage and withholding information

Quarterly employee/payee wage reporting and withholding information
(If more than five employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT. Do not use negative numbers; see instructions.)

a	b	c	d	e
Social Security number	Last name, first name, middle initial	Total UI remuneration paid this quarter	Gross federal wages or distribution	Total NYS, NYC, and Yonkers tax withheld
115-88-2422	Membreno, Jose, R	6300 . 00	6300 . 00	335 . 23
			6300 . 00	
Totals		6300 . 00		335 . 23

Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Signature *(see instructions)* Signer's name *(please print)* Title

Date **01/15/23** Telephone number

Withholding identification number

133988139

9



Part D - Form NYS-1 corrections/additions

Use Part D only for corrections/additions for the quarter being reported in Part B of this return. To correct original withholding information reported on Form(s) NYS-1, complete columns a, b, c, and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete only columns c and d. Lines 12 through 15 on the front of this return must reflect these corrections/additions.

Table with 4 columns: a Original last payroll date reported on Form NYS-1, line A (mmdd); b Original total withheld reported on Form NYS-1, line 4; c Correct last payroll date (mmdd); d Correct total withheld. Includes 6 rows of input fields.

Part E - Change of business information

- 22. This line is not in use for this quarter.
23. If you permanently ceased paying wages, enter the date (mmddyy) of the final payroll (see Note below)
24. If you sold or transferred all or part of your business:
- Mark an X to indicate whether in whole [] or in part []
- Enter the date of transfer (mmddyy)
- Complete the information below about the acquiring entity

Form for acquiring entity information with fields for Legal name, EIN, and Address.

Note: For questions about other changes to your withholding tax account, call the Tax Department at 518-485-6654; for your unemployment insurance account, call the UI Employer Hotline at 1-888-899-8810. If you are using a paid preparer or a payroll service, the section below must be completed.

Form for preparer and payroll service information with fields for Paid preparer's use, Preparer's signature, Date, Preparer's NYTPRIN, Preparer's SSN or PTIN, NYTPRIN excl. code, Preparer's firm name, Address, Firm's EIN, Telephone number, Payroll service's name, and Payroll service's EIN.

Checklist for mailing:

- File original return and keep a copy for your records.
Complete lines 9 and 19 to ensure proper credit of payment.
Enter your withholding ID number on your remittance.

Mail to:

NYS EMPLOYMENT CONTRIBUTIONS AND TAXES PO BOX 4410

OTHER ATTACHMENTS

Tenant Listing

Property: Suite Space GC

Current tenants as of 12/31/22

Tenant Name	Unit	Unit Type
Suite Space GC		
YouOffice GC	GC ML	Retail
BARCLAY INSURANCE BROKERS, LTD	GC Retail 1	Retail
Joshua Goldshlager Esq. - RETAIL	GC Retail 3	Retail
UPS	Mail 1	Storage
Fed Ex	Mail 2	Storage
IU, Laura	Mail 3	Mail
American Wealth Association LLC	YOGC 101	Suite
LUNA BEAUTY STUDIO	YOGC 102	Suite
Sinamin Nails	YOGC 103	Suite
PURE LUXURY MEDSPA	YOGC 104	Suite
Luxury Body Studio	YOGC 105	Suite
The Superior Agency	YOGC 106	Suite
Electrolysis Laser and Esthetics	YOGC 107	Suite
20 West Media	YOGC 108	Suite
Phorep LLC	YOGC 109	Suite
20 West Media	YOGC 110	Suite
20 West Media	YOGC 111	Suite
Romilda Grella Nutrition Wellness, PLLC	YOGC 210	Suite
Joanna Britt Lcsw	YOGC 213	Suite
SV Bridal Concepts	YOGC 214	Suite
Artistic Affairs Inc	YOGC 214A	Suite
SUE BEAUTY	YOGC 215	Suite
BEDFORD INSURANCE BROKERAGE	YOGC 216	Suite
BEDFORD INSURANCE BROKERAGE	YOGC 217	Suite
The Investment Center	YOGC 218	Suite
BEDFORD INSURANCE BROKERAGE	YOGC 219	Suite
SKYN BY PRI	YOGC 222	Suite
BEDFORD INSURANCE BROKERAGE	YOGC 223	Suite
Brenda Fisher, PHD	YOGC 225A	Suite
TRC Promos INC	YOGC 225B	Suite
Naked Brows by Safiya Pretty, LLC	YOGC 226	Suite
QGTM Nails	YOGC 227	Suite
Confucius Acupunture	YOGC 228	Suite
LI ACUPUNCTURE	YOGC 229	Suite
Gold Coast Exquisite Beauty	YOGC 230	Suite
Adirco LLC	YOGC 231	Suite
Healthintakes	YOGC 232	Suite
Training Structures LLC, Fire	YOGC 233	Suite
Coretronix Technologies	YOGC 235	Suite
Lois Raviv, LCSW, MA	YOGC 236	Suite
NEU BIKINI BROW	YOGC 237	Suite
Joshua Goldshlager Esq.	YOGC 238	Suite
Joshua Goldshlager Esq.	YOGC 239	Suite
The Curious Spirit	YOGC 240	Suite
MOM & SON VITIAM INC.	YOGC 241	Suite
2300 Linden Realty Corp	YOGC 242	Suite
JP CAPITAL ASSOCIATES	YOGC 243	Suite
WITH GRACE CARE SPECIALISTS LLC	YOGC 301	Suite
Major League Soccer	YOGC 302A	Suite
WITH GRACE CARE SPECIALISTS LLC	YOGC 302B	Suite
Gelber Group, LLC	YOGC 303	Suite
The Lash Queen	YOGC 305	Suite
Angel of Hope	YOGC 307	Suite
kix2exclusiveLLC	YOGC 308	Suite
THE COOLEST GIVEAWAYS	YOGC 309	Suite

Tenant Name	Unit	Unit Type
T.D. Fabrizio Timepieces, LLC.	YOGC 312	Suite
PROTEK CONSULTING LLC	YOGC 314	Suite
Kellam Integrations	YOGC 315	Suite
THE COOLEST GIVEAWAYS	YOGC 316	Suite
Richard Gordon Esq	YOGC 319	Suite
Permanent Makeup by Millie	YOGC 322	Suite
IONA PRATO LLC	YOGC 323	Suite
Lotus Agency LLC	YOGC 327	Suite
EVENT MASTERS INC.	YOGC LLN	Basement
20 West Media	YOGC Storage 2	Storage
Group, Uni-Dent Trade	YOGC Storage 4	Storage
Total Tenants for Property:	66	

Property Summary

Property	Short Name	Units	Occupied Units	Tenants	Occupied
Suite Space GC	SSGC	84	66	66	78.57%
		84	66	66	78.57 %

Exhibit A

Upon acceptance of the Application of the Application by the Agency and completion of the Cost/Benefit Analysis, the Agency will attach the proposed PILOT Schedule hereto, together with an estimate of the net tax benefit/cost of the proposed PILOT Schedule.