

# NYCIDA PROJECT COST/BENEFIT ANALYSIS

July 21, 2016

## APPLICANT

Rogers Surveying, PLLC  
1632 Richmond Terrace  
Staten Island, New York 10305

## PROJECT LOCATION

2420 Arthur Kill Road  
Staten Island, New York 10309

### **A. Project Description:**

Rogers Surveying, PLLC, a New York professional limited liability company, its wholly-owned subsidiaries RS Engineering & Land Surveying PLLC; Gig Partners, LLC; Argentum Partners, LLC; and a to-be-formed affiliated real estate holding company (collectively, the “Company”) provides a full range of land and hydrographic surveying services to federal, state and local agencies, architects, builders, construction companies, attorneys and title companies.

The Company seeks financial assistance in connection with the acquisition, renovation, and equipping of an approximately 21,000 square foot commercial building located on a 58,000 square foot parcel of land (the “Facility”). The Facility will be owned by the Company and used as to provide surveying services and to store and maintain equipment.

Total Project costs are estimated to be \$4.5 million with \$3,300,000 for acquisition costs, \$1,000,000 for hard costs, and \$200,000 for soft costs.

The Company currently has 34 full-time equivalent jobs. Within three years, it is expected that the Company will create an additional 10.5 full-time equivalent jobs.

### **B. Costs to City (New York City taxes to be exempted):**

Mortgage Recording Tax Benefit:	\$	56,063
Land Tax Abatement (NPV, 25 years):		204,299
Building Tax Exemption (NPV, 25 years):		1,366,873
Sales Tax Exemption:		31,500
<b>Total Cost to NYC</b>	<b>\$</b>	<b>1,658,735</b>

### **C. Benefit to City (Estimated NYC direct and indirect taxes to be generated by Company) (estimated NPV 25 years @ 6.25%):**

**\$ 8,968,290**



# BENEFITS APPLICATION

Applicant Name: Rogers Surveying, PLLC and Affiliates	
Name of operating company (if different from Applicant): Same	
Operating Company Address: 1632 Richmond Terrace, Staten Island NY 10305	
Website Address: www.rogerssurveying.net	
EIN #: [REDACTED]	NAICS Code: 541360
State and date of incorporation or formation: New York	Qualified to conduct business in NY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Applicant is (check one of the following, as applicable):	
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Natural Person
<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation
<input type="checkbox"/> 501(c)(3) Organization	<input checked="" type="checkbox"/> Other PLLC
Are any securities of Applicant publicly traded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## Applicable Financial Assistance (check all that apply)

Please note the following: When Build NYC is the entity providing Financial Assistance, the Project Financial Assistance may be limited to deferral from mortgage recording taxes and tax-exempt conduit bond financing.

<input type="checkbox"/> Bond Financing
<input checked="" type="checkbox"/> Real Estate Tax Benefits
<input checked="" type="checkbox"/> Sales Tax Waiver
<input checked="" type="checkbox"/> Mortgage Recording Tax Deferral

## Applicant Contact Information

	Name/Title	Company	Address	Email	Phone
Applicant Contact Person	William Spiezia	Rogers Surveying, PLLC	1632 Richmond Terrace Staten Island, NY 10310	[REDACTED]	[REDACTED]
Attorney	John Cilmi	A Professional Association	2040 Victory Blvd Staten Island NY 10314	[REDACTED]	[REDACTED]
Accountant	Jeff Potter	Potter and LaMarca	101 Tyrellan Ave., Suite 400, Staten Island New York 10309	[REDACTED]	[REDACTED]
Consultant/Other	Valcia Miceli	Val Funding Inc.	16 Clay Street, New City New York 10956	[REDACTED]	[REDACTED]

**Background**

Please provide a brief description of the Applicant's history and nature of its business, including a description of the industry, competitors and services offered, on a separate sheet.

**Proposed Project Activities**

Please provide answers to the following four questions on a separate page.

1. Please provide a brief overview of the entire proposed Project. If necessary, break down by tax lot to describe activities at each Project Location.
2. Please provide a brief description of how the proposed Project will affect current operations.
3. Please provide a brief description of renovations/construction of the proposed Project.
4. Please provide a brief timeline for the entire proposed Project.

**Project Financing**

Amounts provided should be aggregates for all Project Locations.

Uses of Funds	Sources of Funds (If needed use an additional sheet to indicate all sources and uses)							Total Uses
	Bond Proceeds	Commercial Financing (Loan 1)	Commercial Financing (Loan 2)	Affiliate/ Employee Loans	Capital Campaign	Company Funds	Other (Identify):	
Land & Building Acquisition		2,250,000					1,050,000	3,300,000
Construction Hard Costs								
Construction Soft Costs		200,000						200,000
Fixed Tenant Improvements		1,000,000						1,000,000
Furnishings & Equipment								
Debt Service Reserve Fund								
Capitalized Interest								
Costs of Issuance								
Fees (explain):								
Other (explain)								
<b>Total Sources</b>		<b>\$3,450,000</b>					<b>\$1,050,000</b>	<b>\$4,500,000</b>

**Operating Pro Forma** (for NYCIDA applicants only)

Please provide an operating pro forma or other financial analysis demonstrating how NYCIDA assistance is needed in order to make the Project feasible.

**Sourcing**

Please list where machinery, equipment and furnishings will be purchased and what percentage of total machinery, equipment, and furnishings relating to the Project this will represent:

<input type="checkbox"/> New York City	% of Total? <input type="text"/>
<input type="checkbox"/> New York State (excluding NYC)	% of Total? <input type="text"/>
<input type="checkbox"/> United States (excluding NYS & NYC)	% of Total? <input type="text"/>
<input type="checkbox"/> Outside United States	% of Total? <input type="text"/>
x N/A – No equipment is planned to be purchased for this Project	



**Project Location Detail**

Project Location		Project Location # 1 of 1	
Borough/Block/Lot: Staten Island Block 7067 Lot 120		Street address and zip code: 2420 Arthur Kill Road, Staten Island NY	
Zoning: m1-2		Number of Floors: 3	
Square footage of existing building: 21,000 sq ft		Square footage of land: 58,000 square feet	
Anticipated square footage of building following construction and/or renovation: N/A		Anticipated square footage of non-building improvements following construction and/or renovation (i.e., parking lot construction):	
Intended use(s) of site (check <u>all</u> that apply): <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Manufacturing/Industrial <input checked="" type="checkbox"/> Office <input type="checkbox"/> Non-profit For ALL USES other than Non-profit or Retail, please also complete <b>Energy Questionnaire</b>			
Is there any improved space which is currently occupied by existing subtenant(s) (whether Affiliates or otherwise)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will any improved space be occupied by subtenant(s) (whether Affiliates or otherwise)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to either, please attach a separate page and provide details such as (1) name of subtenant business(es) (whether Affiliates or otherwise), (2) square footage of subtenant operations, (3) subtenant lease commencement and termination dates, and (4) copies of leases.			

**Anticipated Ownership of Premises**

1. Please check all that apply:

<input checked="" type="checkbox"/> Applicant or an Affiliate is or expects to be the fee simple owner of the Project Location	(Projected) Acquisition date: August 2016
<input type="checkbox"/> Applicant or an Affiliate leases or expects to lease the Project Location	(Projected) Lease signing date:
If you checked the box above, please select one of the following: <input type="checkbox"/> Lease is for an entire building and property <input type="checkbox"/> Lease is for a portion of the building and/or property.	
<input type="checkbox"/> None of the above categories fully describe Applicant's interest or intended interest in the Project Location, which may be more accurately described in a supplementary document (attached).	

2. If an Affiliate owns or controls (or will own or control) a Project Location, then describe such Affiliate by choosing one of the following selections and completing the chart provided below:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership                  | <input type="checkbox"/> C Corporation          |
| <input type="checkbox"/> S Corporation       | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> 501(c)(3) Organization |
| <input type="checkbox"/> Natural Person      | <input type="checkbox"/> Other (specify): _____               |   |

Name of Affiliate: To be Formed	EIN # of Affiliate:
Address of Affiliate:	
Affiliation of Affiliate to Applicant: Realty Company	
Contact Person: William Spiezia	Title of Contact Person: Partner
Phone Number(s): 718-447-7311	

**Employment Information**

The following information will be used as part of the Agency’s calculation of the benefit of the Project, and as a basis for the comparison with the employment information that the Applicant will be required to report on an annual basis for the term of the Project Agreement.

In addition, information included in the Estimated New-growth Employment (section 6) will be used to determine eligibility for participation in the HireNYC Program. For program information, visit [nycedc.com/hirenyc](http://nycedc.com/hirenyc). If eligible for HireNYC Program participation, NYCEDC will provide additional details.

For all responses below, please note that part-time (“PT”) employees work an average of between 17.5 and 35 hours per week, and full-time (“FT”) employees work 35 hours or more per week. Hourly wages should represent the pay rate and are exclusive of overtime. For any salaried employees, please divide the annual salary by 1,820 (working hours per year) to produce an hourly wage. Wage information should exclude principals.

1. Anticipated Facility Operations Start Date at the Project Location: June 2017

2. Regarding employees the Applicant employed throughout New York City as of the last pay period:

Number of PT employees: 4 Number of FT employees: 32

3. Regarding employment if Applicant currently occupies and operates at the Project Location:

Hourly wage of lowest compensated PT employees:	N/A	Hourly wage of lowest compensated FPT employees:	N/A
Number of PT employees:	N/A	Number of FT employees:	N/A
Number of PT employees who are NYC residents:	N/A	Number of FY employees who are NYC residents:	N/A

4a. Regarding employees the Applicant expects to employ throughout New York City on the Facility Operations Start Date:

Number of PT employees: 4 Number of FT employees: 32

4b. How many of these employees are expected to be located to the Project Location on or about the Facility Operations Start Date?

Number of PT employees: 4 Number of FT employees: 32

5. Regarding all employees at the Project Location on the Facility Operations Start Date:

	Industrial Jobs	Restaurant Jobs	Retail Jobs	Other Jobs	Total Jobs
Total Number of PT employees				4	4
Number of PT employees who are NYC residents				3	3
Average hourly wage	\$ per hour	\$ per hour	\$ per hour	\$14 per hour	\$14 per hour
Highest hourly wage	\$ per hour	\$ per hour	\$ per hour	\$30 per hour	\$30 per hour
Lowest hourly wage	\$ per hour	\$ per hour	\$ per hour	\$14 per hour	\$14 per hour
Average fringe benefit rate	\$ per year	\$ per year	\$ per year	\$0 per year	\$ 0 per year
Total Number of FT employees				32	32
Number of FT employees who are NYC residents				20	20
Average hourly wage	\$ per hour	\$ per hour	\$ per hour	\$28 per hour	\$28 per hour
Highest hourly wage	\$ per hour	\$ per hour	\$ per hour	\$50 per hour	\$50 per hour
Lowest hourly wage	\$ per hour	\$ per hour	\$ per hour	\$16 per hour	\$16 per hour
Average fringe benefit rate	\$ per year	\$ per year	\$ per year	\$6,000 per year	\$6,000 per year



**6. Estimated New-growth Employment.** Complete the following chart to indicate the number of new employees that are expected to be hired at the Project Location in each year. Note: Year 1 is the year following the Facility Operations Start Date; Year 2 is the second year following that date; Year 3 is the third, etc.

Years following Facility Operations Start Date	1	2	3	Total New Growth
<b>Total PT employees</b>	1	1	1	3
PT employees who are NYC residents	1	1	1	3
Industrial PT employees				
Restaurant PT employees				
Retail PT employees				
Other PT employees	1	1	1	3
<b>Total FT employees</b>	2	2	2	6
FT employees who are NYC residents	2	2	2	6
Industrial FT employees				
Restaurant FT employees				
Retail FT employees				
Other FT employees	2	2	2	6

**Wage and Benefits Information**

**7. For all new employees at the Project Location (again, excluding Principals) expected to be hired during the three-year period following the Facility Operations Start Date, please project the following:**

	Industrial Jobs	Restaurant Jobs	Retail Jobs	Other Jobs	Total Jobs
Average hourly PT wage	\$ per hour	\$ per hour	\$ per hour	\$15 per hour	\$15 per hour
Lowest hourly PT wage	\$ per hour	\$ per hour	\$ per hour	\$15 per hour	\$15 per hour
Average fringe benefit PT rate	\$ per year	\$ per year	\$ per year	\$0 per year	\$0 per year
Average hourly FT wage	\$ per hour	\$ per hour	\$ per hour	\$28 per hour	\$28 per hour
Lowest hourly FT wage	\$ per hour	\$ per hour	\$ per hour	\$16 per hour	\$16 per hour
Average fringe benefit FT rate	\$ per year	\$ per year	\$ per year	\$6,000 per year	\$6,000 per year

- Generally describe all other forms of compensation and benefits that Permanent Employees will receive. Examples: healthcare, employer-contributions for retirement plans, on-the-job training, reimbursement for educational expenses, etc. Health Care, 401k, toll travel reimbursement, training, overtime, mobile phones
- Please indicate whether the Applicant or any of its Affiliates will be required to provide health coverage to its employees pursuant to the federal Patient Protection and Affordable Care Act (the "Act"). If yes, please provide an overview of the applicable requirements under the Act and an explanation of how the Applicant plans to comply with such requirements. If no, please explain why. We offer full medical & dental benefits with Cafeteria Plan, Company pays 65%, Employees pays 35%
- Is your company currently providing paid sick time to employees in accordance with the Earned Sick Time Act (Chapter 8 of Title 20 of the NYC Administrative Code) and otherwise in compliance with such law? If yes, please provide an explanation of your company's paid and unpaid sick time policy. If no, please explain why. Yes. We offer 15 days for up to 6 years of service and 20 days for 6 or more years of service. Days can be used for any combination of sick, vacation, personal, maternity & bereavement pay is also provided in addition to this benefit.

**Labor**

The Applicant and its Affiliates hereinafter will be referred to collectively as the "Companies" or individually as a "Company." If none of the following questions apply to any of these Companies, answer "NO"; but, for any question that does apply, be sure to specify to which of the Companies the answer is relevant.

1. Have any of the Companies during the current calendar year or any of the five preceding calendar years experienced labor unrest situations, including actual or threatened labor strikes, hand billing, consumer boycotts, mass demonstrations or other similar incidents?  
 Yes  No                      If Yes, please explain on an attached sheet
2. Have any of the Companies received any federal and/or state unfair labor practices complaints asserted during the current calendar year or any the five calendar years preceding the current calendar year?  
 Yes  No                      If Yes, please describe and explain current status of complaints on an attached sheet
3. Do any of the Companies have pending or threatened requests for arbitration, grievance proceedings or other labor disputes during the current calendar year or any of the five calendar years preceding the current calendar year?  
 Yes  No                      If Yes, please explain on an attached sheet
4. Are all employees of the Companies permitted to work in the United States?  
 Yes  No                      If No, please provide details on an attached sheet.  
 Do the Companies complete and retain all required documentation related to this inquiry, such as Employment Eligibility Verification (I-9) forms?  
 Yes  No                      If No, please explain on an attached sheet
5. Has the United States Department of Labor, the New York State Department of Labor, the New York City Office of the Comptroller or any other local, state or federal department, agency or commission having regulatory or oversight responsibility with respect to workers and/or their working conditions and/or their wages, inspected the premises of any Company or audited the payroll records of any Company during the current or preceding three year calendar years?  
 Yes  No                      If "Yes," please use an attached sheet to briefly describe the nature and date of the inspection and the inspecting governmental entity. Briefly describe the outcome of the inspection, including any reports that may have been issued and any fines or remedial or other requirements imposed upon any of the Companies as a consequence.
6. Have any of the Companies incurred, or potentially incurred, any liability (including withdrawal liability) with respect to an employee benefit plan, including a pension plan?  
 Yes  No                      If "Yes," please use an attached sheet to quantify the liability and briefly describe its nature. Refer to any governmental entities that have had regulatory contact with the Company in connection with the liability.
7. Are the practices of any of the Companies now, or have they been at any time during the current or preceding five calendar years, the subject of any complaints, claims, proceedings or litigation arising from alleged discrimination in the hiring, firing, promoting, compensating or general treatment of employees?  
 Yes  No                      If "Yes," provide details on an attached sheet. Note "discrimination" includes sexual harassment.



**Financials**

1. Has **Applicant**, any **Affiliate**, or **Principal**, or any **close relative of any Principal**, ever received, or is any such person or entity currently receiving, financial assistance or any other kind of non-discretionary benefit from any **Public Entities**?  
 Yes  No If Yes, please provide details on an attached sheet.
2. Has **Applicant**, or any **Affiliate** or **Principal**, or any existing or proposed occupant at the **Project Location(s)**, obtained, or is any such person or entity in the process of obtaining, or contemplating obtaining, other assistance from the NYCIDA/Build NYC and/or other **Public Entities**?  
 Yes  No If Yes, please provide details on an attached sheet.
3. Has **Applicant**, or any **Affiliate** or **Principal**, ever defaulted on a loan or other obligation to a **Public Entity**?  
 Yes  No If Yes, please provide details on an attached sheet.
4. Has real property in which **Applicant**, or **Affiliate** or **Principal**, holds or has ever held an ownership interest and/or controlling interest of 25 percent or more, now or ever been (i) the subject of foreclosure (including a deed in lieu of foreclosure), or (ii) in arrears with respect to any type of tax, assessment or other imposition?  
 Yes  No If Yes, please provide details on an attached sheet.
5. Does **Applicant**, or any **Affiliate** or **Principal**, have any contingent liabilities not already covered above (e.g., judgment liens, lis pendens, other liens, etc.)? Please include mortgage loans and other loans taken in the ordinary course of business only if in default.  
 Yes  No If Yes, please provide details on an attached sheet.
6. Has **Applicant**, or any **Affiliate** or **Principal**, failed to file any required tax returns as and when required with appropriate governmental authorities?  
 Yes  No If Yes, please provide details on an attached sheet.

For questions 7 through 12, below, please answer the following questions relating to the Applicant (if the space provided below is insufficient, please provide complete information on an attached sheet):

7. List major customers:

Company Name	Address	Contact	Phone	Fax	Email	% of Revenues
U.S Army Corp of Engineers NY District	3 Chapel Ave Jersey City NJ 07305	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
NYC Dept of Design & Construction	30-30 Thomson Ave Long Island City NY 11101-3045	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Williams Gas Pipeline-Transco	2800 Post Oak Blvd Level 9 Houston Texas 77056	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Port Authority of NY & NJ	241 Erie Street Jersey City NJ 07310	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

8. List major suppliers:

Company Name	Address	Contact	Phone	Fax	Email
Teledyne-Reson	100 Lopez Road Goleta California 93117	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
HYPACK Software	56 Bradley Street Middletown, Ct 06457	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Varitronics Systems	1924 US Highway 22 East Bound Brook NJ 08805	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Silver Ships, Inc.	P>O> Box 1266 Theodore AL 36590 Facility 9243 Bellingrath	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

9. List major Funding sources (if applicable): N/A

Company Name	Address	Contact	Phone	Fax	Email



10. List unions (if applicable):

Union Name	Address	Contact	Phone	Fax	Email
N/A					

11. List banks:

Bank Name	Address	Contact	Phone	Fax	Email	Account Type and Number
myinvestorsbank	101 JFK Parkway, Short Hills, NJ 07078	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]

12. List licensing authorities (if applicable):

Company Name	Address	Contact	Phone	Fax	Email
N/A					

**Anti-Raiding**

1. Will the completion of the Project result in the relocation of any plant or facility located within New York State, but outside of New York City, to New York City?  Yes  No

If "Yes," please provide the names of the owners and addresses of the to-be-removed plant(s) or facility(ies):

2. Will the completion of the Project result in the abandonment of any plants or facilities located in an area of New York State other than New York City?  Yes  No

If "Yes," please provide the names of the owners/operators and the addresses of the to-be-abandoned plant(s) or facility(ies):

If the answer to question 1 or 2 is "Yes," please continue and answer questions 3 and 4.

3. Is the Project reasonably necessary to preserve the competitive position of this Applicant, or of any proposed occupants of the Project, in its industry?  Yes  No

4. Is the Project reasonably necessary to discourage the Applicant, or any proposed occupant of the Project, from removing such plant or facility to a location outside New York State?  Yes  No

If the answer to question 3 or 4 is "Yes," please provide on a detailed explanation on a separate sheet of paper.



I, the undersigned officer/member/partner of Applicant, on behalf of Applicant and its Affiliates, hereby request, represent, certify, understand, acknowledge and agree as follows:

I request that this Application, together with all materials and data submitted in support of this Application (collectively, these "Application Materials"), be submitted for review to the applicable Agency's Board of Directors (the "Board"), in order to obtain from the Board an expression of intent to provide the benefits requested herein for the Project.

I represent that I have the authority to sign these Application Materials on behalf of, and to bind, Applicant and its Affiliates.

I certify to the best of my knowledge and belief, after due investigation, the information contained in these Application Materials is accurate, true and correct and does not contain a misstatement of a material fact or omit to state a material fact necessary to make the statements contained herein not misleading. I understand that an intentional misstatement of fact, or, whether intentional or not, a material misstatement of fact, or the providing of materially misleading information, or the omission of a material fact, may cause the Agency's Board to reject the request made in the Application Materials. I understand that the Agency will rely on the information contained within these Application Materials in producing and publishing a public notice and convening a public hearing. If any information in these Application Materials is found to be incorrect, the Applicant may have to provide new information and a new public notice and public hearing may be required. If a new public notice and public hearing is required, they will be at the Applicant's expense.

I understand the following: that Applicant and Principals will be subject to a background check and actual or proposed subtenants may be subject to a background check, and if such background check performed by the Agency with respect to Applicant or any Affiliates reveals negative information, Applicant consents to any actions that the Agency or NYCEDC may take to investigate and verify such information; that the Agency may be required under SEQRA to make a determination as to the Project's environmental impact and that in the event the Agency determines that the Project will have an environmental impact, Applicant will be required to prepare, at its own expense, an environmental impact statement; that the decision of the Board to approve or to reject the request made in the Application Materials is a discretionary decision; that no Bonds may be issued (if Bonds are being requested) unless such Bonds are approved by the Mayor of the City; that under the New York State Freedom of Information Law ("FOIL"), the NYCIDA/Build NYC may be required to disclose the Application Materials and the information contained therein (see the Disclosure Policy section of the Policies and Instructions provided to Applicant and signed by Applicant on or about the date hereof (the "Policies and Instructions")); and that Applicant shall be entirely responsible and liable for the fees referred to in these Application Materials.

I further understand and agree as follows:

That notwithstanding submission of this Application, the Agency shall be under no obligation to present Applicant's proposed Project to its Board for approval. If the Agency presents Applicant's proposed Project to its Board for approval, the Agency does not guaranty that such approval will be obtained. If upon presenting Applicant's proposed Project to its for approval the Agency obtains such approval, such approval shall not constitute a guaranty from the Agency to Applicant that the Project transaction will close.

That preparation of this Application and any other actions taken in connection with the proposed Project shall be entirely at Applicant's sole cost and expense. Under all circumstances, the Application Fee is non-refundable, including but not limited to the circumstance where the Agency decides, in its sole discretion, to not present Applicant's proposed project to the the Agency Board of Directors for Approval.

That each of Applicant and each of its Affiliates (collectively, the "Indemnitors") hereby releases NYCIDA, Build NYC, NYCEDC and their respective directors, officers, employees and agents (collectively, the "Indemnitees") from and against any and all claims that any Indemnitor has or could assert and which arise out of, or are related to, any Application Materials, any actions taken in connection therewith or any other actions taken in connection with the proposed Project (collectively, the "Actions"). Each Indemnitor hereby indemnifies and holds harmless each of the Indemnitees from and against any and all claims and damages brought or asserted by third parties, including reasonable attorneys' fees, arising from or in connection with the Actions. As referred to herein, "third parties" shall include, but shall not be limited to, Affiliates.

That in the event the Agency discloses the Application Materials in response to a request made pursuant to FOIL, Applicant hereby authorizes the Agency to make such disclosure and hereby releases the Agency from any claim or action that Applicant may have or might bring against the Agency, their directors, officers, agents, employees and attorneys, by reason of such disclosure; and that Applicant agrees to defend, indemnify and hold the Agency and the NYCEDC and their respective directors, officers, agents, employees and attorneys harmless (including without limitation for the cost of reasonable attorneys' fees) against claims arising out of such disclosure as such claims may be made by any party including the Applicant, Affiliate, Owner or Principal, or by the officers, directors, employees and agents thereof.

That capitalized terms used but not defined in this Application have the respective meanings specified in the Policies and Instructions.

I acknowledge and agree that the Agency reserves its right in its sole and absolute discretion to request additional information, waive any requirements set forth herein, and/or amend the form of this Application, to the full extent permitted by applicable law.

Requested, Represented, Certified, Acknowledged, Understood and Agreed by Applicant,

I certify that, using due care, I know of no misstatement of material fact in the Application Materials, and know of no material fact required to be stated in the Application Materials to make the statements made therein not misleading. Certified by Preparer,

This 14th day of June , 2016

This 14th day of June , 2016

Name of Applicant: Rogers Surveying, PLLC


Name of Preparer: William Spiezia

Signatory: William Spiezia

Signatory: William Spiezia

Title of Signatory: PARTNER

Title of Signatory: PARTNER

Signature: 

Signature: 



*617.20  
Appendix B  
Short Environmental Assessment Form*

**Instructions for Completing**


**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 - Project and Sponsor Information</b>			
Name of Action or Project: Rogers Surveying, PLLC			
Project Location (describe, and attach a location map): 2420 Arthur Kill Road, Staten Island, New York			
Brief Description of Proposed Action: Applicant plans purchase and renovate a three story, 21,000 square foot building located at 2420 Arthur Kill Road Staten Island which is located on approximately 58,000 square feet of land for the expansion of their company.			
Name of Applicant or Sponsor: Rogers Surveying, PLLC		Telephone: [REDACTED]	
		E-Mail: [REDACTED]	
Address: 1632 Richmond Terrace			
City/PO: Staten Island		State: NY	Zip Code: 10310
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval: New York City Industrial Development Agency			YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		58,000 sq ft acres	
b. Total acreage to be physically disturbed?		0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		0 acres	
4. Check all land uses that occur on, adjoining and near the proposed action. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?  b. Are public transportation service(s) available at or near the site of the proposed action?  c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?  If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?  If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?  b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?  b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES  b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor name: <u>Rogers Surveying, PLLC</u>		Date: <u>6-14-16</u>
Signature: _____ 		

**Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2.** Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

**Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3.** For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

**PRINT**



# NYCIDA PROJECT COST/BENEFIT ANALYSIS

June 9, 2016

## APPLICANT

**Unique Coffee, Inc.**  
3075 Richmond Terrace  
Staten Island, NY 10303

## PROJECT LOCATION

721 Sharrotts Road  
Staten Island, NY 10309

### **A. Project Description:**

Unique Coffee, Inc. (the “Company”), is a specialty coffee roaster. The Company and Sharrotts Realty LLC, an affiliated real estate holding company seek financial assistance in connection with the: (1) acquisition and renovation of an approximately 70,000 square foot parcel of land containing an existing approximately 1,220 square foot building; and (2) demolition of the existing building on the Project Site and construction and equipping of a new approximately 38,500 square foot building for the Company’s manufacturing, warehousing, and distribution operations (collectively, the “Facility”). The Facility will be owned by Sharrotts Realty LLC and operated by the Company for the roasting, packaging, and distribution of coffee.

Total Project costs are estimated to be \$5,320,000 with \$825,000 for land acquisition costs, \$3,710,000 for construction hard costs, \$285,000 for construction soft costs, and \$500,000 for furnishings and equipment.

The Company currently has 11 full time equivalent employees and expects to hire an Additional 7 full-time equivalent employees within the next three years.

### **B. Costs to City** (New York City taxes to be exempted):

Mortgage Recording Tax Benefit:	\$ 58,500
Land Tax Abatement (NPV, 25 years):	46,622
Building Tax Exemption (NPV, 25 years):	3,394,625
Sales Tax Exemption:	139,365
<b>Total Cost to NYC</b>	<b>\$ 3,639,112</b>

### **C. Benefit to City** (Estimated NYC direct and indirect taxes to be generated by Company) (estimated NPV 25 years @ 6.25%):

**\$6,368,381**



# BENEFITS APPLICATION

Applicant Name: Unique Coffee, Inc.	
Name of operating company (if different from Applicant):	
Operating Company Address: 3075 Richmond Terrace, Staten Island, NY 10303	
Website Address: <a href="http://www.uniquecoffee-roasters.com">www.uniquecoffee-roasters.com</a>	
EIN #: [REDACTED]	NAICS Code: 311920
State and date of incorporation or formation: NY, August 23, 1995	Qualified to conduct business in NY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Applicant is (check one of the following, as applicable):	
<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Natural Person <input type="checkbox"/> 501(c)(3) Organization <input type="checkbox"/> Other: _____	
Are any securities of Applicant publicly traded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## Applicable Financial Assistance (check all that apply)

*Please note the following:* When Build NYC is the entity providing Financial Assistance, the Project Financial Assistance may be limited to deferral from mortgage recording taxes and tax-exempt conduit bond financing.

<input type="checkbox"/> Bond Financing
<input checked="" type="checkbox"/> Real Estate Tax Benefits
<input checked="" type="checkbox"/> Sales Tax Waiver
<input checked="" type="checkbox"/> Mortgage Recording Tax Deferral

## Applicant Contact Information

	Name/Title	Company	Address	Email	Phone
Applicant Contact Person	Joe Ferrara	Unique Coffee Roasters	3075 Richmond Terrace, Staten Island, NY 10303	[REDACTED]	[REDACTED]
Attorney	Steven Polivy	Akerman LLP	666 Fifth Avenue, 20 <sup>th</sup> Floor, New York, NY 10103	[REDACTED]	[REDACTED]
Accountant	Joe DeMaio	JAD Consulting	61 Broadway, New York, NY 10006	[REDACTED]	[REDACTED]
Consultant/Other					



**Background**

Please provide a brief description of the Applicant's history and nature of its business, including a description of the industry, competitors and services offered, on a separate sheet. SEE ATTACHED COMPANY HISTORY

**Proposed Project Activities**

Please provide answers to the following four questions on a separate page. SEE ATTACHED

1. Please provide a brief overview of the entire proposed Project. If necessary, break down by tax lot to describe activities at each Project Location.
2. Please provide a brief description of how the proposed Project will affect current operations.
3. Please provide a brief description of renovations/construction of the proposed Project.
4. Please provide a brief timeline for the entire proposed Project.

**Project Financing**

Amounts provided should be aggregates for all Project Locations.

Uses of Funds	Sources of Funds (If needed use an additional sheet to indicate all sources and uses)							Total Uses
	Bond Proceeds	Commercial Financing (Loan 1)	Commercial Financing (Loan 2)	Affiliate/ Employee Loans	Capital Campaign	Company Funds	Other (Identify):	
Land & Building Acquisition						825,000		825,000*
Construction Hard Costs		3,600,000				110,000		3,710,000
Construction Soft Costs								
Fixed Tenant Improvements								
Furnishings & Equipment						500,000		500,000
Debt Service Reserve Fund								
Capitalized Interest								
Costs of Issuance						285,000		285,000
Fees (explain):								
Other (explain)								
<b>Total Sources</b>		3,600,000				1,720,000		5,320,000

\* Note that the property was purchased in May 2015, thus Company Funds required during the construction period will be \$895,000.

**Operating Pro Forma** (for NYCIDA applicants only)

Please provide an operating pro forma or other financial analysis demonstrating how NYCIDA assistance is needed in order to make the Project feasible.

**Sourcing**

Please list where machinery, equipment and furnishings will be purchased and what percentage of total machinery, equipment, and furnishings relating to the Project this will represent:

<input type="checkbox"/> New York City	% of Total?	5.0
<input type="checkbox"/> New York State (excluding NYC)	% of Total?	5.0
<input type="checkbox"/> United States (excluding NYS & NYC)	% of Total?	10.0
<input type="checkbox"/> Outside United States	% of Total?	80.0
<input type="checkbox"/> N/A – No equipment is planned to be purchased for this Project		

**Project Location Detail**

Project Location	Project Location # of
Borough/Block/Lot: Staten Island, Block 7385, Lot 215	Street address and zip code: 721 Sharrotts Road 10309
Zoning: M3-1	Number of Floors: 1
Square footage of existing building: 1,220	Square footage of land: 70,527
Anticipated square footage of building following construction and/or renovation: 30,000 s.f. new building; 1,220 s.f. existing building	Anticipated square footage of non-building improvements following construction and/or renovation (i.e., parking lot construction): Parking: 9,000 s.f.
Intended use(s) of site (check <u>all</u> that apply): <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Manufacturing/Industrial <input checked="" type="checkbox"/> Office <input type="checkbox"/> Non-profit <i>For ALL USES other than Non-profit or Retail, please also complete <b>Energy Questionnaire</b></i>	
Is there any improved space which is currently occupied by existing subtenant(s) (whether Affiliates or otherwise)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will any improved space be occupied by subtenant(s) (whether Affiliates or otherwise)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes to either, please attach a separate page and provide details such as (1) name of subtenant business(es) (whether Affiliates or otherwise), (2) square footage of subtenant operations, (3) subtenant lease commencement and termination dates, and (4) copies of leases.	

**Anticipated Ownership of Premises**

1. Please check all that apply:

<input checked="" type="checkbox"/> Applicant or an Affiliate is or expects to be the fee simple owner of the Project Location	(Projected) Acquisition date: 4/1/2015
<input type="checkbox"/> Applicant or an Affiliate leases or expects to lease the Project Location	(Projected) Lease signing date:
If you checked the box above, please select one of the following: <input type="checkbox"/> Lease is for an entire building and property <input type="checkbox"/> Lease is for a portion of the building and/or property.	
<input type="checkbox"/> None of the above categories fully describe Applicant's interest or intended interest in the Project Location, which may be more accurately described in a supplementary document (attached).	

2. If an Affiliate owns or controls (or will own or control) a Project Location, then describe such Affiliate by choosing one of the following selections and completing the chart provided below:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership                  | <input type="checkbox"/> C Corporation          |
| <input type="checkbox"/> S Corporation       | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> 501(c)(3) Organization |
| <input type="checkbox"/> Natural Person      | <input type="checkbox"/> Other (specify): _____               |   |

Name of Affiliate: Sharrotts Realty, LLC	EIN # of Affiliate: TBD
Address of Affiliate: 721 Sharrotts Road, Staten Island, NY 10309	
Affiliation of Affiliate to Applicant: Real Estate Holding Company	
Contact Person: Joseph Ferrara	Title of Contact Person: Director of Operations
Phone Number(s): 718-815-2044	





10. Is your company currently providing paid sick time to employees in accordance with the Earned Sick Time Act (Chapter 8 of Title 20 of the NYC Administrative Code) and otherwise in compliance with such law? If yes, please provide an explanation of your company's paid and unpaid sick time policy. If no, please explain why. **Yes. Full time and Part time employees are provided with sick time as long as the employee works at least 80 hours per year. However, the employee must have first worked at least 120 days and for at least 30 hours during those 120 days. The company provides such leave on a paid basis to full-time employees after they have worked for the company a minimum of six months. Since the company has fewer than 20 employees, part time employees are not paid for their sick leave.**

**Labor**

The Applicant and its Affiliates hereinafter will be referred to collectively as the "Companies" or individually as a "Company." If none of the following questions apply to any of these Companies, answer "NO"; but, for any question that does apply, be sure to specify to which of the Companies the answer is relevant.

1. Have any of the Companies during the current calendar year or any of the five preceding calendar years experienced labor unrest situations, including actual or threatened labor strikes, hand billing, consumer boycotts, mass demonstrations or other similar incidents?  
 Yes  No                      If Yes, please explain on an attached sheet
2. Have any of the Companies received any federal and/or state unfair labor practices complaints asserted during the current calendar year or any the five calendar years preceding the current calendar year?  
 Yes  No                      If Yes, please describe and explain current status of complaints on an attached sheet
3. Do any of the Companies have pending or threatened requests for arbitration, grievance proceedings or other labor disputes during the current calendar year or any of the five calendar years preceding the current calendar year?  
 Yes  No                      If Yes, please explain on an attached sheet
4. Are all employees of the Companies permitted to work in the United States?  
 Yes  No                      If No, please provide details on an attached sheet.  
 Do the Companies complete and retain all required documentation related to this inquiry, such as Employment Eligibility Verification (I-9) forms?  
 Yes  No                      If No, please explain on an attached sheet
5. Has the United States Department of Labor, the New York State Department of Labor, the New York City Office of the Comptroller or any other local, state or federal department, agency or commission having regulatory or oversight responsibility with respect to workers and/or their working conditions and/or their wages, inspected the premises of any Company or audited the payroll records of any Company during the current or preceding three year calendar years?  
 Yes  No                      If "Yes," please use an attached sheet to briefly describe the nature and date of the inspection and the inspecting governmental entity. Briefly describe the outcome of the inspection, including any reports that may have been issued and any fines or remedial or other requirements imposed upon any of the Companies as a consequence.
6. Have any of the Companies incurred, or potentially incurred, any liability (including withdrawal liability) with respect to an employee benefit plan, including a pension plan?  
 Yes  No                      If "Yes," please use an attached sheet to quantify the liability and briefly describe its nature. Refer to any governmental entities that have had regulatory contact with the Company in connection with the liability.
7. Are the practices of any of the Companies now, or have they been at any time during the current or preceding five calendar years, the subject of any complaints, claims, proceedings or litigation arising from alleged discrimination in the hiring, firing, promoting, compensating or general treatment of employees?  
 Yes  No                      If "Yes," provide details on an attached sheet. Note "discrimination" includes sexual harassment.



**Financials**

1. Has **Applicant**, any **Affiliate**, or **Principal**, or any **close relative of any Principal**, ever received, or is any such person or entity currently receiving, financial assistance or any other kind of non-discretionary benefit from any **Public Entities**?  
 Yes  No If Yes, please provide details on an attached sheet.
2. Has **Applicant**, or any **Affiliate** or **Principal**, or any existing or proposed occupant at the **Project Location(s)**, obtained, or is any such person or entity in the process of obtaining, or contemplating obtaining, other assistance from the NYCIDA/Build NYC and/or other **Public Entities**?  
 Yes  No If Yes, please provide details on an attached sheet.
3. Has **Applicant**, or any **Affiliate** or **Principal**, ever defaulted on a loan or other obligation to a **Public Entity**?  
 Yes  No If Yes, please provide details on an attached sheet.
4. Has real property in which **Applicant**, or **Affiliate** or **Principal**, holds or has ever held an ownership interest and/or controlling interest of 25 percent or more, now or ever been (i) the subject of foreclosure (including a deed in lieu of foreclosure), or (ii) in arrears with respect to any type of tax, assessment or other imposition?  
 Yes  No If Yes, please provide details on an attached sheet.
5. Does **Applicant**, or any **Affiliate** or **Principal**, have any contingent liabilities not already covered above (e.g., judgment liens, lis pendens, other liens, etc.)? Please include mortgage loans and other loans taken in the ordinary course of business only if in default.  
 Yes  No If Yes, please provide details on an attached sheet.
6. Has **Applicant**, or any **Affiliate** or **Principal**, failed to file any required tax returns as and when required with appropriate governmental authorities?  
 Yes  No If Yes, please provide details on an attached sheet.

For questions 7 through 12, below, please answer the following questions relating to the Applicant (if the space provided below is insufficient, please provide complete information on an attached sheet):

7. List major customers:

Company Name	Address	Contact	Phone	Fax	Email	% of Revenues
Ammirati, Inc.	500 Fifth Avenue, Pelham, NY 10803	[REDACTED]	[REDACTED]	9 [REDACTED]	[REDACTED]	
TJX Corporation	770 Cochituate Road Framingham, MA 01701	[REDACTED]	[REDACTED]		[REDACTED]	
Peter Larsen KAFFE	1717 Aaerovej / Viborg, Denmark 8800	[REDACTED]			[REDACTED]	

8. List major suppliers:

Company Name	Address	Contact	Phone	Fax	Email
Mitsui Foods	35 Maple Street, Norwood, NJ 07648	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Excelco Trading	17 Battery Place #1010 New York, NY 10004	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
North Atlantic Specialty Bag	929 Neversink Street Reading, PA 19606	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

9. List major Funding sources (if applicable):

Company Name	Address	Contact	Phone	Fax	Email
n/a					

10. List unions (if applicable):

Union Name	Address	Contact	Phone	Fax	Email
n/a					

11. List banks:

Bank Name	Address	Contact	Phone	Fax	Email	Account Type and Number
TD Bank	1818 Victory Boulevard Staten Island, NY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TD Bank	1818 Victory Boulevard Staten Island, NY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

12. List licensing authorities (if applicable):

Company Name	Address	Contact	Phone	Fax	Email
n/a					

**Anti-Raiding**

1. Will the completion of the Project result in the relocation of any plant or facility located within New York State, but outside of New York City, to New York City?  Yes  No

If "Yes," please provide the names of the owners and addresses of the to-be-removed plant(s) or facility(ies):

2. Will the completion of the Project result in the abandonment of any plants or facilities located in an area of New York State other than New York City?  Yes  No

If "Yes," please provide the names of the owners/operators and the addresses of the to-be-abandoned plant(s) or facility(ies):

**If the answer to question 1 or 2 is "Yes," please continue and answer questions 3 and 4.**

3. Is the Project reasonably necessary to preserve the competitive position of this Applicant, or of any proposed occupants of the Project, in its industry?  Yes  No

4. Is the Project reasonably necessary to discourage the Applicant, or any proposed occupant of the Project, from removing such plant or facility to a location outside New York State?  Yes  No

**If the answer to question 3 or 4 is "Yes," please provide on a detailed explanation on a separate sheet of paper.**

**Certification**

**I, the undersigned officer/member/partner of Applicant, on behalf of Applicant and its Affiliates, hereby request, represent, certify, understand, acknowledge and agree as follows:**

**I request** that this Application, together with all materials and data submitted in support of this Application (collectively, these "Application Materials"), be submitted for review to the applicable Agency's Board of Directors (the "Board"), in order to obtain from the Board an expression of intent to provide the benefits requested herein for the Project.

**I represent** that I have the authority to sign these Application Materials on behalf of, and to bind, Applicant and its Affiliates.

**I certify** to the best of my knowledge and belief, after due investigation, the information contained in these Application Materials is accurate, true and correct and does not contain a misstatement of a material fact or omit to state a material fact necessary to make the statements contained herein not misleading. I understand that an intentional misstatement of fact, or, whether intentional or not, a material misstatement of fact, or the providing of materially misleading information, or the omission of a material fact, may cause the Agency's Board to reject the request made in the Application Materials. I understand that the Agency will rely on the information contained within these Application Materials in producing and publishing a public notice and convening a public hearing. If any information in these Application Materials is found to be incorrect, the Applicant may have to provide new information and a new public notice and public hearing may be required. If a new public notice and public hearing is required, they will be at the Applicant's expense.

**I understand** the following: that Applicant and Principals will be subject to a background check and actual or proposed subtenants may be subject to a background check, and if such background check performed by the Agency with respect to Applicant or any Affiliates reveals negative information, Applicant consents to any actions that the Agency or NYCEDC may take to investigate and verify such information; that the Agency may be required under SEQRA to make a determination as to the Project's environmental impact and that in the event the Agency determines that the Project will have an environmental impact, Applicant will be required to prepare, at its own expense, an environmental impact statement; that the decision of the Board to approve or to reject the request made in the Application Materials is a discretionary decision; that no Bonds may be issued (if Bonds are being requested) unless such Bonds are approved by the Mayor of the City; that under the New York State Freedom of Information Law ("FOIL"), the NYCIDA/Build NYC may be required to disclose the Application Materials and the information contained therein (see the Disclosure Policy section of the Policies and Instructions provided to Applicant and signed by Applicant on or about the date hereof (the "Policies and Instructions")); and that Applicant shall be entirely responsible and liable for the fees referred to in these Application Materials.

**I further understand and agree** as follows:

**That** notwithstanding submission of this Application, the Agency shall be under no obligation to present Applicant's proposed Project to its Board for approval. If the Agency presents Applicant's proposed Project to its Board for approval, the Agency does not guaranty that such approval will be obtained. If upon presenting Applicant's proposed Project to its for approval the Agency obtains such approval, such approval shall not constitute a guaranty from the Agency to Applicant that the Project transaction will close.

**That** preparation of this Application and any other actions taken in connection with the proposed Project shall be entirely at Applicant's sole cost and expense. Under all circumstances, the Application Fee is non-refundable, including but not limited to the circumstance where the Agency decides, in its sole discretion, to not present Applicant's proposed project to the the Agency Board of Directors for Approval.

**That** each of Applicant and each of its Affiliates (collectively, the "Indemnitors") hereby releases NYCIDA, Build NYC, NYCEDC and their respective directors, officers, employees and agents (collectively, the "Indemnitees") from and against any and all claims that any Indemnitor has or could assert and which arise out of, or are related to, any Application Materials, any actions taken in connection therewith or any other actions taken in connection with the proposed Project (collectively, the "Actions"). Each Indemnitor hereby indemnifies and holds harmless each of the Indemnitees from and against any and all claims and damages brought or asserted by third parties, including reasonable attorneys' fees, arising from or in connection with the Actions. As referred to herein, "third parties" shall include, but shall not be limited to, Affiliates.

**That** in the event the Agency discloses the Application Materials in response to a request made pursuant to FOIL, Applicant hereby authorizes the Agency to make such disclosure and hereby releases the Agency from any claim or action that Applicant may have or might bring against the Agency, their directors, officers, agents, employees and attorneys, by reason of such disclosure; and that Applicant agrees to defend, indemnify and hold the Agency and the NYCEDC and their respective directors, officers, agents, employees and attorneys harmless (including without limitation for the cost of reasonable attorneys' fees) against claims arising out of such disclosure as such claims may be made by any party including the Applicant, Affiliate, Owner or Principal, or by the officers, directors, employees and agents thereof.

**That** capitalized terms used but not defined in this Application have the respective meanings specified in the Policies and Instructions.

**I acknowledge and agree that the Agency reserves its right** in its sole and absolute discretion to request additional information, waive any requirements set forth herein, and/or amend the form of this Application, to the full extent permitted by applicable law.

**Requested, Represented, Certified, Acknowledged, Understood and Agreed by Applicant,**

I certify that, using due care, I know of no misstatement of material fact in the Application Materials, and know of no material fact required to be stated in the Application Materials to make the statements made therein not misleading. **Certified by Preparer,**

This day of , 20 . \_\_\_\_\_

This day of , 20 . \_\_\_\_\_

Name of Applicant: Unique Coffee, Inc.

Name of Preparer: Wendy Rossi

Signatory: James Ferrara

Signatory: Wendy Rossi

Title of Signatory: President

Title of Signatory: Senior Project Manager

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_