

Department of Taxation and Finance

IDA Appointment of Project Operator or Agent For Sales Tax Purposes

ST-60

The industrial development agency or authority (IDA) **must** submit this form within **30 days** of the appointment of a project operator or agent, whether appointed directly by the IDA or indirectly by the operator or another agent.

For IDA use only

DA information	9 *						
Name of IDA	W. W			IDA project number (I	use OSC no	umbering system for projects after 1998)	
New York City Industrial Development Age	ncy						
Street address				Telephone number			
One Liberty Plaza			ATT AND THE REST. IN	(212) 619-500	00		
City	State	ZIP code		Email address (option	nal)		
New York	NY	10006					
The state of the s							
Project operator or agent informa	ition						
Name of IDA project operator or agent			Mark an X in th	ne box if directly	Employe	ridentification or Social Security number	
M.C. Avino, Inc.		appointed by the IDA:					
Street address				Telephone number		Primary operator or agent?	
76 Nautilus Avenue				(631) 757-227	1	Yes ☐ No 🗵	
City	State	ZIP code		Email address (option	nal)		
Northport	NY	11768		mike.avino@avinoconstruction.com			
Project information		8					
Name of project	A STATE OF THE STA						
2020 Bartlett Dairy, Inc. Project							
Street address of project site							
161-02 Rockaway Boulevard							
City	State	ZIP code		Email address (option	nal)		
Jamaica	NY	11434					
Purpose of project		11404					
						9	
Description of goods and services intended to be exem	pted from New Y	ork State and	l local sales an	nd use taxes			
Materials, goods, personal property and fixi services					ght, insta	llation, maintenance and repair	
Date project operator or agent appointed (mmddyy) 011320	Date project of agent status		_{'y)} 12	2422	an X in the	box if this is an extension to	
				stimated value of New York State and local sales and se tax exemption provided: 649,008.00			
Certification: I certify that the above stater make these statements with the knowledge felony or other crime under New York State Tax Department is authorized to investigate	that willfully Law, punish	providing able by a	false or frau substantial	udulent informatio fine and possible	n with thi	is document may constitute a	
Print name of officer or employee signing on behalf of the IDA Krishna Omolade			Print title	Print title			
			Executive Director				
Signature Willow Mode			· · ·	Date (/Z1/21	1	elephone number 212) 312-3589	
77 77 0100			***************************************	1 1211		212 / 312-3309	