

NYCIDA PROJECT COST/BENEFIT ANALYSIS

July 19, 2018

APPLICANT

C. Kenneth Imports, Inc.
250 Coster Street
Bronx, New York 10474

PROJECT LOCATION

250 Coster Street
Bronx, New York 10474

A. Project Description:

C. Kenneth Imports, Inc. (the “Applicant”), a New York State corporation that specializes in importing and distributing tropical produce and international foods throughout the tristate area and an existing affiliated real estate holding company, Alpine ESD, LLC (the “Company”), seek financial assistance in connection with the renovation, furnishing and equipping of an existing approximately 40,000 square foot building located on an approximately 40,000 square foot parcel of land that will increase the cubic space in the existing building by approximately 10,000 square feet by raising the roof by 28 feet at the rear of the existing building (the “Facility”). The project will allow the Applicant to increase their operational capacity by creating additional production space and increasing refrigeration capacity.

Total project costs are estimated to be approximately \$5,110,000, with \$4,000,000 for construction hard costs, \$1,000,000 for machinery, furnishing and equipment purchases, and \$110,000 for fees.

It is anticipated that the project will be completed by January 2019. The project will retain 44 existing full-time equivalent jobs and will create 15 additional full-time equivalent jobs within three years of project completion.

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

Mortgage Recording Tax Benefit:	\$65,000
Land Tax Abatement (NPV, 25 years):	\$467,917
Building Tax Abatement (NPV, 25 years):	\$3,632,857
Sales Tax Exemption:	\$145,800
Total Cost to NYC	\$ 4,311,574

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

\$ 12,794,568

D. Benefit to City from Jobs to be Created (Estimated NYC direct and indirect taxes to be generated by Company) (estimated NPV 25 years @ 6.25%):

\$ 1,323,326



BENEFITS APPLICATION

Applicant Name: C. Kenneth Imports, Inc.	
Name of operating company (if different from Applicant): Same	
Operating Company Address: 250 Coster Street, Bronx New York 10474	
Website Address: www.ckennethimports.com	
EIN #: [REDACTED]	NAICS Code: 424490 / 311991
State and date of incorporation or formation: New York, April 8, 1980	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 checked="" type="checkbox"/> S Corporation <input 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	

Applicant Contact Information

	Name/Title	Company	Address	Email	Phone
Applicant Contact Person	Dosun Jung / COO	C Kenneth Imports, Inc.	250 Coster Street, Bronx New York 10474	[REDACTED]	[REDACTED]
Attorney	Jeffrey B. Underwiser ESQ	Underwiser & Underwiser LLP	One Barker Ave 2 nd floor White Plains NY 10601	[REDACTED]	[REDACTED]
Accountant	Jung Hoon Lee	Sejong, LLC	65 Challenger Rd Suite 250, Ridgefield Park NJ 07660	[REDACTED]	[REDACTED]
Consultant/Other	Valcia Miceli	Val Funding Inc.	16 Clay ST New City NY 10956	[REDACTED]	[REDACTED]

Applicable Financial Assistance

Please provide the estimated value of each type of the following Project Financial Assistance being requested. Please discuss with the Project Manager who has been assigned to your project regarding the estimation of the Requested Financial Assistance.

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

Requested Financial Assistance	Estimated Value of Requested Financial Assistance
Bond Financing	
Real Estate Tax Benefits	

Sales Tax Waiver	
Mortgage Recording Tax Benefit	

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. Please refer to the Private Schools Policy if the Applicant is a private elementary and/or secondary school that provides education for any or all of grades K through 12.

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, including the type, purpose and proposed location. 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.
5. Please provide a statement indicating the likelihood that the project would not be undertaken but for the financial assistance requested from the Agency or, if the project could be undertaken without such financial assistance, why the project should be undertaken by the Agency.

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	Public Funds (Identify)*:		Other (Identify):
Land & Building Acquisition									
Construction Hard Costs		\$4,000,000							\$4,000,000
Construction Soft Costs									
Fixed Tenant Improvements									
Furnishings & Equipment						\$1,000,000			\$ 1,000,000
Debt Service Reserve Fund									
Capitalized Interest									
Costs of Issuance									
Fees (explain):						\$110,000			\$110,000
Other (explain)									

Total Sources		\$4,000,000				\$1,110,000			\$5,110,000
% of each source category									

* Please provide project costs to be financed from public sector sources (for example, City or State capital grant).

Sourcing

Please check 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 checked="" type="checkbox"/> New York City	% of Total? <input type="text" value="100"/>
<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"/>
<input type="checkbox"/> N/A – No equipment is planned to be purchased for this Project	

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.

Private School Questions (for Build NYC Private School applicants only)

Please review Build NYC's Private School Policy prior to completing the Benefit Application.

1. At least 50 percent of enrolled students are New York City residents. Yes No
2. If your school provides education to any of grades 9 through 12, it is registered with the New York State Department of Education as an eligible education institution. Yes No
3. If your school was formed under the Education Law of the State of New York, it is chartered by the New York Board of Regents. Yes No
4. If your school provides education to any of grades K through 8, it (a) is registered with the New York State Department of Education or (b) will be evaluated by an independent professional (acceptable to Build NYC's staff in their sole discretion) as providing an education equivalent to that provided by public schools in the State of New York. Yes No
5. Please provide a written plan that demonstrates an existing or planned commitment to aid the City's public school system, nonprofit organizations and/or community groups through the sharing of its facilities. Project Manager will identify appropriate and quantifiable metrics in respect of this requirement. The Private School will be required to provide annual written reports to Build NYC demonstrating its performance, as measured by such metrics.
6. The Board of Trustees or the Chief Executive Officer of your school will designate a full-time staff member to coordinate the community service activities and aid to be provided by your school pursuant to paragraph 5 above. Yes No
7. What is your school's maximum tuition for the 2015-2016 academic year? If it exceeds \$13,877, then please answer Question 8:
8. Please indicate whether your school meets the following criteria:
 - a. Financial aid equal to at least 12 percent of the Private School's gross tuition revenues must be made available to, and used by, students who are City residents. Yes No
 - b. At least 20 percent of students who are both City residents and recipients of financial aid must receive financial aid equal to or greater than 50 percent of tuition. Yes No
 - c. At least 10 percent of students who are both City residents and recipients of financial aid must receive financial aid equal to or greater than 75 percent of tuition. Yes No

Background

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

C. Kenneth Imports Inc. (known as "CKI") is the leading importer and distributor of Tropical Produce and African, Caribbean, Latin and Korean foods founded by Mr. Kang Chae Jung, a Korean Immigrant. CKI was started as a West Indian food distributor in 1975 at the Bronx Terminal Market and was incorporated in 1980. Mr. Jung chose to cater to that ethnic group because he had observed that there was an influx of Jamaican immigrants in the greater NY metropolitan area and he was well aware of the importance of maintaining one's cultural values and upbringing especially through eating foods indigenous to one's native culture and New York City lacked any reliable distributors for these specialty food items. This was also true for the Korean community and the African community. In 1981, CKI partnered with Haiti Foods Korea and expanded CKI by becoming the importer and exclusive distributor of Haiti food products in the North East United States. He grew the business by developing a business strategy for customer convenience by becoming the biggest one stop shop where customers no longer had to go to single-ethnicity food companies and instead, only needed to shop at CKI for both produce and grocery products. In 2004, Mr. Jung's son Dosun Jung came on board and worked on building relationships with vendors and manufacturers and focused on increasing sales and profitability. In 2006, CKI was forced to leave the Bronx Terminal Market because the City decided that it was longer leasing that space. CKI searched for a new home and became aware of a 40,000-square foot facility at 250 Coster Street in the Hunts Point, Bronx. This facility would be ideal because CKI would be able to support the need of our Tropical Produce and Plantain ripening rooms as well as our grocery goods. CKI purchased the property in 2006 through the realty holding company Alpine ESD, LLC. Today, CKI imports from 26 countries and our products are sold in 15 states.

The company's competitors include Bedessee Imports, 601 Wortman Ave. Brooklyn NY, EXP Group Building 2-W, 2500 83rd street North Bergen New Jersey and Terminal Produce 4 Brooklyn Terminal Market Brooklyn, NY.

Proposed Project Activities

1. Please provide a brief overview of the entire proposed project, including the type, purpose and proposed location. If necessary, break down by tax lot to describe activities at each Project location.

CKI is looking to expand its current space of 40,000 square foot industrial building on block 2777 lot 196 located at 250 Coster Street, in the Hunts Point section of the Bronx. The Site will be utilized as a wholesale distribution center of produce and groceries of specialty food items and there will be an expansion of refrigeration and freezer storage space, along with increased usage of the ripening rooms for the bananas and plantains. The total project cost is \$5,110,000

which includes \$4,000,000 for renovation/construction, \$1,000,000 for equipment and \$110,000 for fees.

2. Please provide a brief description of how the proposed project will affect current operations.

Presently the building cannot accommodate any additional volume of business. The configurations of the space make it impossible for any growth. We had to turn away customers who wanted CKI to commit to a certain volume of produce every week. The anticipated renovation/construction will create a better work flow in the warehouse and maximize efficiency for picking and putting away product. The larger refrigeration capacity will allow us to increase volume of produce sales, allow us to store products at the proper temperatures (and thus extending shelf life), and prevent any losses that would occur due to equipment failure or variances in temperature. The project will allow us to utilize all of our ripening rooms for the Plantains (we are currently only using 2 and using 6 for storage), and the new controls will allow us to expand to ripening bananas as well.

3. Please provide a brief description of renovations/construction of the proposed Project.

The company anticipates renovating the existing facility by increasing the cubic space in the rear 10,000 square feet by raising the roof 28' to construct a new 7,500 sf refrigerated room for expanded produce storage, in conjunction with the construction of a new 2,500 SF Freezer for expanded frozen food distribution as well as a new walk in cooler. In addition, the company anticipates constructing a new office, new packing room, new break room and locker room for the employees.

4. Please provide a brief timeline for the entire proposed Project.

C. Kenneth Imports, Inc. anticipates proceeding to the July 24th 2018 NYCIDA board meeting and closing in July. The company anticipates to be fully operational by January 2019.

5. Please provide a statement indicating the likelihood that the project would not be undertaken but for the financial assistance requested from the agency or, if the project could be undertaken without such financial assistance, why the project should be undertaken by the Agency.

The proposed incentives from the NYCIDA would allow the company to move forward. The upfront cost associated with the project and the increase in tax liability and the other ancillary cost would greatly diminish our ability to remain competitive and grow and go forward with the project.

Project Location Detail

Project Location		Project Location #	of
Borough/Block/Lot: Bronx Block 2777 Lot 196		Street address and zip code: 250 Coster Street, Bronx NY 10474	
Zoning: M1-3		Number of Floors: 1	
Square footage of existing building: 40,000 app.		Square footage of land: 40,000 app.	
Anticipated square footage of building following construction and/or renovation: Will increase cubic space by 10,000 square feet.		Anticipated square footage of non-building improvements following construction and/or renovation (i.e., parking lot construction) N/A:	
Intended use(s) of site (check <u>all</u> that apply): <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Manufacturing/Industrial <input type="checkbox"/> Office <input type="checkbox"/> Non-profit For ALL USES other than Non-profit or Retail, please also complete Energy Questionnaire			
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 sheet 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	Presently owns facility
<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: Alpine ESD, LLC	EIN # of Affiliate: [REDACTED]
Address of Affiliate: 250 Coster Street, Bronx NY 10474	
Affiliation of Affiliate to Applicant: Same	
Contact Person: Ena Jung	Title of Contact Person: Manager
Phone Number(s): [REDACTED]	

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. 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: January 2019

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

Number of PT employees: 0 Number of FT employees: 44

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

Hourly wage of lowest compensated PT employees:	0	Hourly wage of lowest compensated FPT employees:	\$13.00
Number of PT employees:	0	Number of FT employees:	44
Number of PT employees who are NYC residents:	0	Number of FY employees who are NYC residents:	24

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

Number of PT employees: 0 Number of FT employees: 44

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: 0 Number of FT employees: 44

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	0				0
Number of PT employees who are NYC residents	0				0
Average hourly wage	\$ per hour	\$ per hour	\$ per hour	\$ per hour	\$ per hour
Highest hourly wage	\$ per hour	\$ per hour	\$ per hour	\$ per hour	\$ per hour
Lowest hourly wage	\$ per hour	\$ per hour	\$ per hour	\$ per hour	\$ per hour
Average fringe benefit rate	\$ per year	\$ per year	\$ per year	\$ per year	\$ per year
Total Number of FT employees	44				44
Number of FT employees who are NYC residents	24				24
Average hourly wage	\$24.94 per hour	\$ per hour	\$ per hour	\$ per hour	\$24.94 per hour
Highest hourly wage	\$85.00 per hour	\$ per hour	\$ per hour	\$ per hour	\$85.00 per hour
Lowest hourly wage	\$13.00 per hour	\$ per hour	\$ per hour	\$ per hour	\$13.00per hour
Average fringe benefit rate	\$1,000 per year	\$ per year	\$ per year	\$ per year	\$1,000 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
Total PT employees	0	0	0	0
PT employees who are NYC residents	0	0	0	0
Industrial PT employees	0	0	0	0
Restaurant PT employees	0	0	0	0
Retail PT employees	0	0	0	0
Other PT employees	0	0	0	0
Total FT employees	4	5	6	15
FT employees who are NYC residents	4	5	6	15
Industrial FT employees	4	5	6	15
Restaurant FT employees	0	0	0	0
Retail FT employees	0	0	0	0
Other FT employees	0	0	0	0

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	\$ 0 per hour	\$ per hour	\$ per hour	\$ per hour	\$ 0 per hour
Lowest hourly PT wage	\$ 0 per hour	\$ per hour	\$ per hour	\$ per hour	\$0 per hour
Average fringe benefit PT rate	\$ 0 per year	\$ per year	\$ per year	\$ per year	\$0 per year
Average hourly FT wage	\$ 25.00 per hour	\$ per hour	\$ per hour	\$ per hour	\$25.00 per hour
Lowest hourly FT wage	\$ 15.00 per hour	\$ per hour	\$ per hour	\$ per hour	\$15.00 per hour
Average fringe benefit FT rate	\$1,000 per year	\$ per year	\$ per year	\$ per year	\$1,000 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. Healthcare, 4011k retirement plan, on –the-job training, reimbursement for educational expenses, paid holidays, free lunch service
- 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. Under the affordable Care act, since we have less than 50 employees we are not required to provide health coverage to all of our employees
- 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, the company is currently providing paid sick time to employees in accordance with the Earned Sick Time Act. C. Kenneth Imports, Inc. (CKI) provides 40 to 48 hours of paid time off (PTO) which includes sick leave or vacation leave every calendar year from Jan 1st to Dec 31st. According to CKI's paid time off policy, employees are eligible to accrue extra hours of sick leave/vacation leave in addition to their 40 to 48 hours of PTO based upon the number of years employed at CKI

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
Bogopa Grocery	650 Fountain Ave. Brooklyn, NY 11208					
Jetro Holdings, LLC	15-24 132 nd Street, College Point, NY 11356					
Tropical Express	529 Hunts Point Avenue, Bronx, NY 10474					
Farmbria FoodCenter	217-20 Linden Blvd, Cambria Heights, NY 11411					

8. List major suppliers:

Company Name	Address	Contact	Phone	Fax	Email
Dekalb Market Farmers	3000 East Ponce De Leon Ave. Decatur, GA 30030				
Spur Tree Spices Jamaica Limited	Garmex Freezone, Unit 6B1, 76 Marcus Garvey Drive, Kingston 13				
El Sol Brands, Inc.	2255 N.W. 110 th Ave Miami, FL 33172				
Tropical Fruit	1.5 Via Samborondon Guayquil, Ecuador				

9. List major Funding sources (if applicable):

Company Name	Address	Contact	Phone	Fax	Email

10. List unions (if applicable): N/A

Union Name	Address	Contact	Phone	Fax	Email

11. List banks:

Bank Name	Address	Contact	Phone	Fax	Email	Account Type and Number
Bank of Hope	172 Main Street, Fort Lee, NJ 07024					

12. List licensing authorities (if applicable): N/A

Company Name	Address	Contact	Phone	Fax	Email

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.

1. The applicant and any owner or occupant of the proposed project is in substantial compliance with applicable local, state and federal tax, worker protection and environmental laws, rules and regulations. X Yes No

2. The proposed project, as of the date of this application, is in 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. X Yes No

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

I certify under penalty of perjury to the best of my knowledge and belief, after due investigation, that the information contained in these Application Materials is accurate, true and complete 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 acknowledge that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any tax exemptions claimed by reason of Agency involvement in the project.

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.

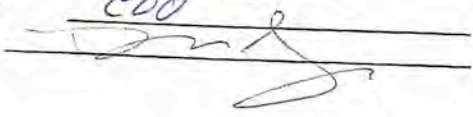
That in the event the Agency discloses the Application Materials in response to a request made pursuant to FOIL, Applicant hereby authorizes the Agency to make such disclosure and hereby releases the Agency from any claim or action that Applicant may have or might bring against the Agency, their directors, 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 25 day of May, 2018
Name of Applicant: P. KENNETH IMPORTS, INC.
Signatory: DOSUN JUNG
Title of Signatory: COO
Signature: 

This 25 day of May, 2018
Name of Preparer: DOSUN JUNG
Signatory: DOSUN JUNG
Title of Signatory: COO
Signature: 

617.20
Appendix B
Short Environmental Assessment Form

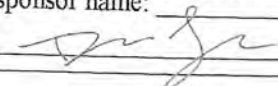
Instructions for Completing

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.

Part 1 - Project and Sponsor Information			
Name of Action or Project: C Kenneth Imports, Inc			
Project Location (describe, and attach a location map): 250 Coster Street, Bronx, New York 10474			
Brief Description of Proposed Action: Company wishes to renovate the building known as 250 Coster Steet, Bronx NY to accomodate the expansion of refigeration space for their produce products, in conjunction with expansion of freezer space for their frozen food storage.			
Name of Applicant or Sponsor: C Kenneth Imports, Inc.		Telephone: [REDACTED]	
		E-Mail: [REDACTED]	
Address: 250 Coster Street			
City/PO: Bronix		State: New York	Zip Code: 10474
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 type="checkbox"/>
			YES <input 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: The New York City Industrial Development Agency			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		40,000 sq. ft. _____ acres	
b. Total acreage to be physically disturbed?		_____ N/A acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		_____ N/A 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 checked="" 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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<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 checked="" type="checkbox"/>	<input 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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	<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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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: _____	<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,	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	

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"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: C. Kenneth Imports, Inc	Date: 5-25-2018	
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:		
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