

# Core Application - Applicant General Information

The Core Application captures specific and general information about the Applicant and the Project. This section begins with a survey of "General Information," followed by a section that describes the Applicant's interest or relationship to the project site. This helps establish eligibility and which benefits will be applied to the project.

Name:	<u>A+L SCIENTIFIC CORP.</u>
Address:	<u>632 EAST NEW YORK AVE, BROOKLYN N.Y. 11203</u>
Phone Number(s):	[REDACTED]
Fax Number(s):	[REDACTED]
E-mail Address:	
Website Address:	<u>WWW.ALSIENTIFIC.COM</u>
Applicant EIN Number:	[REDACTED]
S.I.C. Code:	<u>BUSINESS ACTIVITY CODE 811210</u>
NAICS Code:	

Date of Application: 7-9-09

1. Applicable Program (please check one):

- Manufacturing Facilities Bond Program  
 Industrial Incentive Program ("IIP")  
 Small Industrial Incentive Program ("SIIP")  
 Empowerment Zone Facilities Bond Program  
 Exempt Facilities Bond Program

SIIP is only available for Applicants with annual revenues of less than \$5 million and fewer than 100 employees; IIP is only available for Applicants with either annual revenues that are \$5 million or greater or 100 or more employees.

2. Officer of Applicant serving as contact person:

Name: ANTHONY VICARI Firm: A+L SCIENTIFIC CORP.  
Phone #: [REDACTED] Fax #: [REDACTED]  
E-mail Address: \_\_\_\_\_ Address: 632 EAST NEW YORK AVE BROOKLYN  
11203

3. Attorney of Applicant:

Name: JEFFREY A. FARKAS ESQ. Firm: WOLFSON, FARKS + GARVEY  
Phone #: [REDACTED] Fax #: [REDACTED]  
E-mail Address: \_\_\_\_\_ Address: 104-18 METROPOLITAN AVE  
FOREST HILLS N.Y. 11375-6736

4. Accountant of Applicant:

Name: CAROL MADSGAARD Firm: WOLFSON, FARKS + GARVEY  
Phone #: [REDACTED] Fax #: [REDACTED]  
E-mail Address: \_\_\_\_\_ Address: 104-18 METROPOLITAN AVE  
FOREST HILLS, N.Y. 11375-6736

5. Other Advisor/Consultant to Applicant (if applicable):

Name: VACCIA NIOELI Firm: VAL FUNDING-INC.  
Phone #: [REDACTED] Fax #: [REDACTED]  
E-mail Address: VAL FUNDING @ AOL.COM Address: 166 Bay St. New City, NY 10956

6. 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 (specify): _____    |   |

7. Are any securities of Applicant publicly traded?

- Yes  No

8. Applicant's state of incorporation or formation: New York

9. Applicant's date of incorporation or formation: 4-12-1977

10. States in which Applicant is qualified to do business: ALL STATES

11. Please provide a brief description of Applicant and nature of its business:

Applicant is a manufacturer of medical laboratory equipment

If the Project should be considered for energy benefits, please answer the following questions:

1. Please list Applicant's current electricity and/or gas providers and account numbers with such providers:

- Provider: Con Edison Account Number: [REDACTED]
- Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_
- Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_
- Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

2. Please provide a description of the current/existing site used by the Applicant:

- a. Total square footage of building at site: 3,500
- b. Current use of site:
  - Percent storage: \_\_\_\_\_
  - Percent office: 500 sq feet
  - Percent refrigeration: \_\_\_\_\_
  - Percent processing/manufacturing: 3,000 sq feet

3. Please provide a description of Project site:

- a. Total square footage of building at site: 12,000
- b. Projected use of site:
  - Percent storage: 23%
  - Percent office: 2%
  - Percent refrigeration: \_\_\_\_\_
  - Percent processing/manufacturing: 75%

4. Will the Project include the construction of a new building on a block and lot that is currently unimproved?  
 Yes  No

5. Does the Project site include a building that has been vacant for at least 12 of the last 24 months?  
 Yes  No

# Core Application - Applicant Interest in Project Realty

**Please note:** An "Affiliate" means any individual, corporation, partnership, joint venture, sole proprietorship, limited liability company, trust or other entity that controls, is controlled by or is under common control with the Applicant or the "SPE" (defined herein below).

1. Please check all that apply:

- Applicant or an Affiliate is the fee simple owner of the Project realty.
- Applicant or an Affiliate is not currently, but expects to be the fee simple owner of the Project realty.
- Applicant or an Affiliate is not the owner of the Project realty, but is the occupant of a material portion thereof for the conduct of its business pursuant to a lease or other occupancy agreement.
- Applicant or an Affiliate is not the owner of the Project realty, but expects, immediately following the closing, to be the occupant of a material portion thereof for the conduct of its business pursuant to a lease or other occupancy agreement.
- None of the above categories fully describe Applicant and its relation to the Project realty, which may be more accurately described as follows (please provide copies of supporting documentation, as applicable):

**Please note:** Please pay particular attention to items 5, 6 and 16 in the Required Documents List (attached), which request additional information specific to the Project realty.

2. If a special-purpose entity ("SPE") that is owned and controlled by the Applicant will own or otherwise control the Project realty, the SPE will be a (check one of the following as applicable):

- General Partnership
- Limited Partnership
- C Corporation
- S Corporation
- Limited Liability Company
- Not-for-profit 501(c)(3) Entity
- Natural Person
- Other (specify): \_\_\_\_\_

Name of SPE:	88-05 70 <sup>th</sup> REALTY LLC
Address:	88-05 70 <sup>th</sup> AVE GLENDALE N.Y.
Phone Number(s):	(718) 756-8100
Contact Person:	ANTHONY VICOLI
Title of Contact Person:	MANAGING MEMBER
Affiliation of SPE to Applicant:	SAME OWNER
Owners of SPE and each respective ownership share:	ANTHONY VICOLI
SPE EIN Number:	[REDACTED]

**Please note:** If information required above for the SPE is unknown at time of Application submission, then please submit any missing information to the NYCIDA as soon as it becomes available.



# Core Application - Project Description and Financial Information

Please complete this section of the Application for each of the Project sites, defined as a facility (perhaps encompassing more than one address and/or block and lot) with either a distinct employment base (as evidenced through D.O.L. reporting) or with a separate and distinguishable source of funding for the acquisition, renovation or construction of the facility. If more than one site exists for this Project, please make the requisite number of copies of this section and fill it out for each site.

Site #	1
Borough:	Queens
Neighborhood:	Glendale
Block(s):	3856
Lot(s):	156
Street address and zip code:	88-05 76 <sup>th</sup> Ave Glendale, N.Y. 11385
Zoning:	M1-2
Square footage of land:	8,722
Square footage of existing building(s):	12,000 sq feet app.
Number of floors:	2
Intended use(s) (e.g., office, retail, etc.):	Fabrication

1. Please provide the following Project information:

a. Please provide a brief description of the proposed Project: Company plans to purchase & renovate the facility at 88-05 76<sup>th</sup> Ave, Glendale to expand their business.

b. When does Applicant want Closing to occur (i.e., when does Applicant want the proceeds from the Bonds or other benefits sought to be available for the Project costs)? SEPTEMBER 30, 2009

c. Indicate the estimated date for commencement of the Project: SEPTEMBER 2009

d. Indicate the estimated date for the completion of the Project: SEPTEMBER 2010

e. Is the Project site located in a New York State Empire Zone?  Yes  No

If Yes, which zone? \_\_\_\_\_

f. Is the Project site located in the Federal Empowerment Zone?  Yes  No

g. Will the Project require Uniform Land Use Review Procedure ("ULURP") approval?  Yes  No

h. Will the Project require any other special permit or approval?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

i. Is any governmental entity intended or proposed to be an occupant at the Project site?

Yes  No

If Yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

j. Will the Project require a tax lot apportionment or subdivision? (Tax lot apportionment will be required for real estate tax benefits to commence.)

Yes  No

If Yes, please provide details and timing: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Please complete the following summary of Project sources and uses:

Uses of Funds		Sources of Funds	
Land acquisition <sup>3</sup>		Bonds	
Building acquisition <sup>3</sup>	1,400,000	Loan (1) NYBDC	350,000
New construction <sup>4</sup>		Loan (2) EMPIRE 504	350,000
Renovations	400,000	Capital campaign <sup>5</sup>	
Fixed tenant improvements		Affiliate/employee loans	
Machinery and/or equipment		Company funds	
Soft costs (define):	50,000	Fund balance <sup>5</sup>	
Furnishings		Other equity (explain) <sup>10% EXCHANGE</sup>	1,150,000
Debt Service Reserve Fund <sup>5</sup>		Other (explain)	
Capitalized interest <sup>5</sup>		Other (explain)	
Other (explain)		Other (explain)	
<b>Total Project Uses</b>	<b>1,850,000</b>	<b>Total Project Sources</b>	<b>1,850,000</b>

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

- New York City Percentage of Total? 100%
- New York State (excluding NYC) Percentage of Total? \_\_\_\_\_
- United States (excluding NY State) Percentage of Total? \_\_\_\_\_
- Outside United States Percentage of Total? \_\_\_\_\_

<sup>3</sup> Please estimate Land and Building acquisition costs separately if possible.

<sup>4</sup> Please define New Construction on a separate piece of paper.

<sup>5</sup> Applies to not-for-profit bond financings only

# Core Application - Background Information on Applicant & Applicant's Affiliates

**Please note:** "Principal" means the following with respect to the Applicant and/or the SPE: all persons (entities or individuals) that control the Applicant and/or the SPE, and/or own more than 10 percent of either; all executive officers; all directors; and all members and general partners for, respectively, limited liability companies and partnerships.

Please answer the following questions and, if necessary, include additional information as an attachment:

1. Has Applicant, or any Affiliate or Principal, ever received, or is any such person or entity currently receiving, financial assistance or any other kind of discretionary benefit from any local, state or federal governmental entity or agency, or any public authority or public benefit corporation, or any local development corporation?
- Yes       No      If Yes, please provide details on an attached sheet.

**Please note:** local, state and federal governmental entities or agencies, public authorities or public benefit corporations, and local development corporations, shall be referred to as "Public Entit(y)(ies)."

2. Has Applicant, or any Affiliate or Principal, or any existing or proposed occupant at the Project site, obtained, or is any such person or entity in the process of obtaining, or contemplating obtaining, other assistance from the NYCIDA?
- 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 the 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.

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	Percent of Revenues
MEMORIAL SLOAN	425 EAST 68 <sup>TH</sup> ST	JAY SMITH		
KETTERING RENTAL	N.Y.C. N.Y. 10021			
WALKER HOSPITAL	506 LENOX AVE N.Y.C. N.Y. 30037	RENISE		
DOWNSTATE Medical Ctr	450 CLARKSON AVE BRONX, N.Y. 10463	TENISHA		



8. List major suppliers:

Company Name	Address	Contact	Phone
Abco Supply, LLC	44-70 31st Street Long Island City	ARCANDES	
SID HARVEY Ind., INC	84-03 FOSTER AVE ROCKY HILL, NY 11236	ANYONE	
THEBINO FISH CO.	308 Ridge Field COURT ASHESVILLE, NC 28906	ANYONE	
PREST-O-SHARES, INC	40-14 19th Ave Long Island City 11105	LAMON WATSON	

9. List unions (if applicable):

Union Name	Address	Contact	Phone	Contact Expiration

10. List banks:

Bank Name	Address	Contact	Phone	Type of Account
BANK OF AMERICA	151-16 84th ST HOLDENSBOROUGH N.Y 11414	PAUL TESI		BUSINESS

11. List licensing authorities, if applicable:

Company Name	Address	Contact	Phone	Percent of Revenues

I, the undersigned officer/member/partner of Applicant, on behalf of Applicant, 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 NYCIDA Board, in order to obtain from the NYCIDA Board an expression of intent to provide the benefits requested herein for the Project. I understand that this expression of intent will take the form of an inducement resolution to be adopted by the Board.

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

I certify to the best of my knowledge and belief that all of the information provided in these Application Materials is accurate, true and correct. 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 Board to reject the request made in the Application Materials.

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; that the NYCIDA may be required under SEQR to make a determination as to the Project's environmental impact and that in the event the NYCIDA does determine 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; that under the New York State Freedom of Information Law ("FOIL"), the NYCIDA may be required to disclose the Application Materials and the information contained therein (see Disclosure Policy and Procedure); and that Applicant shall be entirely responsible and liable for the fees referred to in these Application Materials, including (in the case of Bonds) but not limited to payment of the New York State bond issuance fees (if applicable to the Bonds in question) based upon the aggregate principal amount of the Bonds.

I further understand and agree as follows:

That in the event the Application Materials are not submitted to the Board for any reason including negative results obtained through the background check, and/or, with respect to Application Materials that are submitted to the Board, in the event the Board rejects same, then, under either of said circumstances, Applicant shall have no recourse against the NYCIDA or any other public or governmental entity or public benefit corporation (including NYCEDC), or any directors, officers, employees or agents of the foregoing (collectively, the "Public Participants"), for the Application Fee, or for other expenses incurred by Applicant or other parties on behalf thereof, or for damages or specific performance; and that the Application Fee is under all circumstances (including but not limited to the ones just described and the ones described in the next succeeding paragraph) non-refundable; and

That if the Board adopts an inducement resolution with respect to the request made in the Application Materials, such adoption shall not be deemed a guaranty that the Board will adopt an authorizing resolution; or that the NYCIDA will then provide the induced benefits; and

That Applicant shall indemnify the NYCIDA for fees and disbursements incurred by bond counsel (in the case of a Bond transaction) or by project counsel (in the case of a straight-lease transaction); and that bond counsel or project counsel (as applicable) shall be a third-party beneficiary of this indemnity to the NYCIDA regardless of whether a Closing occurs and if no Closing occurs, regardless of the reason thereafter and regardless of whether a Closing was within or without the control of any of the Public Participants; and

That in the event NYCIDA discloses the Application Materials in response to a request made pursuant to FOIL, Applicant hereby authorizes the NYCIDA to make such disclosure and hereby releases the NYCIDA from any claim or action that Applicant may have or might bring against the NYCIDA, its directors, officers, agents, employees and attorneys, by reason of such disclosure; and that Applicant agrees to defend, indemnify and hold the NYCIDA and, if applicable, 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.

I acknowledge and agree that the NYCIDA reserves the 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,

this 9 day of July, 2009.

Name of Applicant: ATL Scientific Corp.

By: Printed Name of Signer: Anthony Vicari

Title of Signer: President

Signature: [Handwritten Signature]

1. Will any portion of the Project consist of facilities or property that are or will be primarily used in making retail sales of goods to customers who personally visit the Project?  
 Yes       No
2. If the answer to question 1 is "Yes," will the applicant or any other project occupant be a registered vendor under Article 28 of the Tax Law of the State of New York (the "Tax Law") primarily engaged in the "retail sale of tangible personal property" (as defined in Section 1101(b)(4)(i) of the Tax Law)?  
 Yes       No
3. Will any portion of the Project consist of facilities or property that are or will be primarily used in making retail sales of services to customers who personally visit the Project?  
 Yes       No
4. If the answer to question 1 or question 3 is "Yes," what percentage of the cost of the Project will be expended on such facilities or property primarily used in making retail sales of goods or services to customers who personally visit the Project?  
 \_\_\_\_\_ percent
5. If the answer to question 1 or question 3 is "Yes," and the answer to question 4 is more than 33.33 percent, indicate whether any of the following apply to the Project:
  - a. Will a not-for-profit corporation operate the Project?  
 Yes       No
  - b. Is the Project likely to attract a significant number of visitors from outside New York City?  
 Yes       No
  - c. Would the Applicant, but for the contemplated financial assistance from the NYCIDA, locate the related jobs outside the State of New York?  
 Yes       No
  - d. Is the predominant purpose of the Project to make available goods or services that would not, but for the Project, be reasonably accessible to New York City residents because of a lack of reasonably accessible retail trade facilities offering such goods or services?  
 Yes       No
  - e. Will the Project be located in one of the following: (a) an area designated as an economic development zone pursuant to Article 18-B of the General Municipal Law; or (b) a census tract or block numbering area (or census tract or block numbering area contiguous thereto) that, according to the most recent census data, has (i) a poverty rate of at least 20 percent for the year to which the data relates, or at least 20 percent of its households receiving public assistance, and (ii) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates?  
 Yes       No
6. If the answers to any of subdivisions (c) through (e) of question 5 are "Yes," will the Project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York?  
 If "Yes", please furnish details in a separate attachment.
7. If the answers to any of subdivisions (a) through (e) of question 5 are "Yes," please furnish details in a separate attachment.

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

Name of Applicant: ATL Scientific Corp.

By: Printed Name of Signer Anthony V. Ianni

Title of Signer: [Signature]

Signature: [Signature] President

Date: 7-9-09

1. Will the completion of the Project result in the removal of a plant or facility of Applicant, or of a proposed occupant of the Project, from an area in New York State (but outside of New York City) to an area within New York City?

Yes  No

If "Yes," please provide the following information:

Address of the to-be-removed plant or facility:

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Names of all current occupants of the to-be-removed plant or facility:

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2. Will the completion of the Project result in the abandonment of one or more plants or facilities of the Applicant, or of any proposed occupant of the Project, located in an area of New York State other than New York City?

Yes  No

If "Yes," please provide the following information:

Addresses of the to-be-abandoned plant(s) or facility(ies):

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

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3. Will the completion of the Project in any way cause the removal and/or abandonment of plants and facilities anywhere in New York State (but outside of New York City)?

Yes  No

If "Yes," please provide all information relevant to such future removal and/or abandonment:

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**If the answer to either question 1, 2 or 3, is "Yes," please continue and answer questions 4 and 5.**

4. 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

5. 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 4 and/or question 5 is "Yes," please provide on a separate sheet of paper a detailed statement explaining same.

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

Name of Applicant: A+B Scientific

By: Printed Name of Signer: Anthony Vicari

Title of Signer: President

Signature: 

Date: 7-9-09

The New York City Industrial Development Agency requires all Applicants to fill out this Employment Questionnaire. As used in this Questionnaire, "Company" means the Applicant; "Project Location" means the project location which Applicant has identified in its Application; and "Tenant" means any person or entity to whom or to which Applicant intends to lease part or all of the Project Location. If Applicant is a real estate holding company that is an affiliate of an operating company and Applicant intends to lease the Project Location to such operating company, then the Applicant and the operating company must fill out separate copies of this Questionnaire.

Applicant Name:	<u>ALL SCIENTIFIC CORP.</u>
Address:	<u>632 EAST NEW YORK AVE BROOKLYN N.Y. 11203</u>
Phone Number(s):	[REDACTED]
I.R.S. Employer ID Number:	[REDACTED]
Department of Labor Registration Number:	
Project Location:	<u>88-05 76<sup>TH</sup> AVE STENOGRAPH N.Y.</u>

1. Do you expect to conduct business at other locations in New York State?  
 Yes       No

2. Expected construction completion date (where applicable): —

3. Department of Labor Registration Number of Tenant(s): —

**Do not include any subcontractors or subconsultants; include only employees and owners/principals on your payroll and on the payroll of Tenant(s).**

4. How many employees does Applicant employ in New York City at the time of Application submission?  
 Full-time: 11 Part-time: 1 (on average, Part-time workers work \_\_\_\_\_ hours per week)

5. How many employees referred to in question 5 reside in New York City at the time of Application submission?  
 Full-time: 10 Part-time: 1

6. How many employees does Applicant employ outside of New York City but in New York State at the time of Application submission?  
 Full-time: 0 Part-time: 0 (on average, Part-time workers work \_\_\_\_\_ hours per week)

7. How many employees does Applicant employ at the project location (annual average)?  
 Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

8. Projected employment at Project Location for the Company on June 30:

Full-time	<u>12</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>16</u>	<u>17</u>	<u>17</u>
Part-time							

9. Projected employment at Project Location for your Tenant(s) on an annual basis:

Full-time						
Part-time						

10. Projected average quarterly wage/salary of employees at project location during first year of operation: \$ 3200 AN HOUR

vacation, sick days, 401K.  
 medical, benefits, prescriptions.

NOT INCLUSIVE OF  
 OVER TIME.

11. Describe the occupational composition of the workforce at the Project Location. Note differences between this composition and what is typical at other NYC locations.

electrical, Technicians, Contractors, Plumbers, Warehouse

12. Does Applicant intend to employ new employees at the Project Location, and/or will Applicant transfer current employees from premises currently being used? Please provide details.

Applicant plans to transfer current employees and hire new employees

I authorize any private or governmental entity, including but not limited to the New York State Department of Labor ("DOL"), to release to the NYCIDA and/or to NYCEDC and/or to the successors and assigns of either (collectively, the "Information Recipients"), any and all employment information under DOL's control that is pertinent to the Company and the Company's employees. In addition, upon the Agency's request, the Company shall provide to the Agency any employment information in the Company's possession that is pertinent to the Company and the Company's employees. Information released or provided to Information Recipients by DOL, or by any other governmental entity, or by any private entity, or by the Company itself, or any information previously released as provided by all or any of the foregoing parties (collectively, "Employment Information") may be disclosed by the Information Recipients in connection with the administration of the programs of the Agency, and/or NYCEDC, and/or the successors and assigns of either, and/or the City of New York, and/or as may be necessary to comply with law; and without limiting the foregoing, the Employment Information may be included in (1) reports prepared by the Information Recipients pursuant to New York City Local Law 69 of 1993, (2) other reports required of the Agency, and (3) any other reports required by law. This authorization shall remain in effect throughout the term of this Lease.

Name of Applicant: ATL Scientific Corp.

By: Printed Name of Signer: Anthony Viorani

Title of Signer: President

Signature: [Handwritten Signature]

Date: 7-9-09

Attach to this Questionnaire your most recent four quarters of the NYS-45 "Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return." Attach additional pages if necessary.



## Employment Questionnaire Addendum

In order to comply with recent revisions to Local Law employment reporting requirements, the Applicant is required to complete and sign this Employment Questionnaire Addendum (the "Addendum"). The Applicant shall also submit an updated Employment Questionnaire and Addendum to NYCIDA at the time of the execution and delivery of the Project Agreement (as defined below) if the employment information submitted with the Application is no longer accurate.

### Instructions:

The Applicant shall submit with its Application one Employment Questionnaire and Addendum that covers (i) the Applicant and its Affiliates and (ii) Tenants and subtenants of Tenants. Each Tenant must complete a copy of the Employment Questionnaire and Addendum with respect to itself and any of its subtenants and return it to the Applicant (and the Applicant shall retain such reports for a period of not less than six (6) years). Certain capitalized terms used herein and in the Employment Questionnaire are defined below (and the definitions of certain terms defined below shall supersede the definitions of such terms set forth in the Employment Questionnaire).

1. Please provide the total number of employees in each category that will be employed at the Project Location(s) by the Applicant and its Affiliates and any Tenants and subtenants of Tenants on or about the date of the Project Agreement:

Permanent Full-time Employees:	<u>12</u>	Non-Permanent Full-time Employees:	<u>0</u>
Permanent Part-time Employees:	<u>0</u>	Non-Permanent Part-time Employees:	<u>0</u>
Full-time Equivalent Employees:	<u>0</u>	Contract Employees:	<u>0</u>

2. With respect to item 8 of the Employment Questionnaire, please include projected employment of the Applicant and its Affiliates.
3. Please estimate the total number of Full-time Equivalent Employees and Contract Employees that will be employed (both retained and created jobs) at the Project Location(s) by the Applicant and its Affiliates and any Tenants and subtenants of Tenants on June 30<sup>th</sup> of the next seven (7) years following the date hereof:

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup> year
Full-time Equivalent Employees	<u>12</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>16</u>	<u>17</u>	<u>17</u>
Contract Employees							

**Affiliate** is (i) a business entity in which more than fifty percent is owned by, or is subject to a power or right of control of, or is managed by, an entity which is a party to a Project Agreement, or (ii) a business entity that owns more than fifty percent of an entity which is a party to a Project Agreement or that exercises a power or right of control of such entity.

**Applicant** includes any entity that will be a party to a Project Agreement.

**Contractor** is a person who is an independent contractor (i.e., a person who is not an "employee"), or is employed by an independent contractor (an entity other than the Applicant or its Affiliates, a Tenant or a subtenant of a Tenant), who will provide services at a Project Location.

**Financial Assistance** is any of the following forms of financial assistance received from or at the direction of NYCIDA and/or NYCEDC: a loan, grant, tax benefit and/or energy benefit pursuant to the Business Incentive Rate (BIR) program or New York City Public Utility Service (NYCPUS) program.

**Full-time Employee** is an employee who will work at least 35 hours per week at a Project Location.

**Part-time Employees** is two or more Part-time Employees who collectively will work at least 35 hours per week at a Project Location.

**Part-time Employee** is an employee who will work less than 35 hours per week at a Project Location.

**Project Agreement** is any agreement or instrument pursuant to which an entity will receive Financial Assistance from or at the direction of NYCIDA or NYCEDC.

**Project Location** is any location (a) with regard to which Financial Assistance will be provided to the Applicant and/or its Affiliates, or (b) that is or will be occupied by the Applicant and/or its Affiliates at which such entities have employees who will be eligible to be reported per the terms of the Project Agreement with the Applicant and/or its Affiliates.

**Tenant** is a tenant or subtenant (excluding the Applicant and its Affiliates) that will lease or sublease facilities from the Applicant or its Affiliates at any Project Location.

Certification:

I, the undersigned, an authorized officer or principal owner of the Applicant/Affiliate/Tenant, hereby certify to the best of my knowledge and belief, that all information contained in this report is true and complete. This form and information provided pursuant hereto may be disclosed to the New York City Economic Development Corporation ("NYCEDC") and New York City Industrial Development Agency ("NYCIDA") and may be disclosed by NYCEDC and NYCIDA in connection with the administration of the programs of NYCEDC and/or NYCIDA and/or the City of New York; and, without limiting the foregoing, such information may be included in (x) reports prepared by NYCEDC pursuant to New York City Charter Section 1301 et. seq., (y) other reports required of NYCIDA or NYCEDC, and (z) any other reports or disclosure required by law.

Name of Entity: ALL SCIENTIFIC CORP.  
By: Printed Name of Signer: ANTHONY VICARI  
Title of Signer: PRESIDENT  
Signature: [Handwritten Signature]  
Date: 7-9-09

The Applicant and its Affiliates hereinafter will be referred to as the "Companies" or individually as a "Company." If any of the following questions applies to none of these Companies, answer "NONE"; but, for any question that does apply, be sure to specify to which of the Companies the answer is relevant. When the space provided for an answer is insufficient, provide the answer on a separate sheet of paper and attach that paper to this Questionnaire.

1. List all of the labor union contracts and collective bargaining arrangements to which any of the Companies is currently a party:

N/A

2. Have any of the Companies during the current calendar year and the five calendar years preceding the current calendar year experienced labor unrest situations, including pending or threatened labor strikes, hand billing, consumer boycotts, mass demonstrations or other similar incidents?

Yes  No If Yes, please explain:

3. Have any of the Companies received any federal and/or state unfair labor practices complaints asserted during the current calendar year and the three calendar years preceding the current calendar year?

Yes  No If Yes, please describe and explain current status of complaints:

4. Do any of the Companies have pending or threatened requests for arbitration, grievance proceedings, labor disputes, strikes or disturbances during the current calendar year and the three calendar years preceding the current calendar year?

Yes  No If Yes, please explain:

5. Are all employees of the Companies permitted to work in the United States?

Yes  No If No, please provide details on an attached sheet.

What steps do the Companies take as a matter of course to ascertain their employees' employment status?

BIRTH CERTIFICATES, GREEN CARDS,

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:

EMPLOYMENT ELIGIBILITY VERIFICATION FORM (I-9)

6. 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 calendar year or during the three calendar years preceding the current one?

Yes  No

If the answer to this question is "Yes," briefly describe the nature of the inspection, the inspecting governmental entity and when the inspection occurred. 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 the Company or Companies as a consequence:

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7. Has any Company incurred, or potentially incurred, any liability (including withdrawal liability) with respect to an employee benefit plan, including a pension plan?

Yes  No

If the answer to this question is "Yes," quantify the liability and briefly describe its nature and refer to any governmental entities that have had regulatory contact with the Company in connection with the liability:

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8. Are the practices of any Company now, or have they been at any time during the three calendar years preceding the current calendar year, 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 the answer to this is "Yes," provide details. When answering this question, please consider "discrimination" to include sexual harassment.

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

Name of Applicant: ADD SCIENTIFIC CORP

By: Printed Name of Signer: ANTHONY VIGORINI

Title of Signer: PRESIDENT

Signature: [Handwritten Signature]

Date: 7-9-09

**Please note:** This document is designed to assist in determining whether the action proposed may have a significant effect on the environment. Please complete the entire form. Answers to these questions will be considered as part of the application for approval and may be subject to further verification and public review. It is expected that completion of the full EAF will be dependent on the information currently available and will not involve new studies, research or investigation. If information requiring such additional work is unavailable, so indicate and specify each instance.

Name of action: <i>A+L Scientific Corp.</i>	
Location of action (or show site location on a copy of a Hagstrom or other street map): <i>88-05 76<sup>th</sup> Ave Glenville N.Y.</i>	
Name of Applicant: <i>A+L Scientific Corp.</i>	Telephone: [REDACTED]
Address of Applicant: <i>632 East New York Ave Brooklyn N.Y. 11203</i>	FAX: [REDACTED]
	Contact:
Name of Owner (if different): <i>STATE</i>	Telephone:
Address of Owner:	FAX:
	Contact:
Description of action (please be precise): <i>The Company plans to purchase &amp; evaluate the facility. No in ground construction</i>	

### Site Description

(Physical setting of overall Project, both developed and undeveloped areas.)

1. Present land use:     Urban                       Industrial                       Commercial  
                                   Forest                               Agriculture                       Residential (suburban)  
                                   Rural (non-farm)               Other: \_\_\_\_\_

2. Total acreage of Project area: \_\_\_\_\_ acres

Approximate Acreage	Presently (in acres)	After Completion (in acres)
Meadow or brushland (non-agricultural)	0	
Forested	0	
Agricultural (includes orchards, cropland, pasture, etc.)	0	
Wetland (freshwater or tidal as per Articles 24, 25 of ECL)	0	
Water surface area	0	
Unvegetated (rock, earth or fill)	0	
Roads, building and other paved surfaces	12,000	12,000
Other (indicate type)		

3. What is predominant soil type(s) on Project site?

- a. Soil drainage:  Well-drained \_\_\_\_\_ percent of site
- Moderately well drained \_\_\_\_\_ percent of site
- Poorly drained \_\_\_\_\_ percent of site

b. If any agricultural land is involved, how many acres of soil are classified within soil group 1 through 4 of the NY Land Classification System? 1111 acres. (See 1 NYCRR 370).

4. Are there bedrock outcroppings on Project site?

- Yes
- No

If Yes, what is depth to bedrock? (in feet) \_\_\_\_\_

5. Approximate percentage of proposed Project site with slopes:

- 0-10 percent
- 10-15 percent
- 15 percent or greater

6. Is Project substantially contiguous to, or contain a building, site or district listed on the State or the National Registers of Historic Places?

- Yes
- No

7. Is Project substantially contiguous to a site on the Register of National Natural Landmarks?

- Yes
- No

8. What is the depth of the water table? <sup>NOT</sup> ~~stream~~ (in feet)

9. Is site located over a primary, principal or sole source aquifer?

- Yes
- No

10. Do hunting, fishing or shellfishing opportunities currently exist in the Project area?

- Yes
- No

11. Does Project site contain any species of plant or animal life that is identified as threatened or endangered?

- Yes
- No

If Yes, according to: \_\_\_\_\_

If Yes, please identify each species: \_\_\_\_\_

12. Are there any unique or unusual landforms on the Project site? (i.e., cliffs, dunes, other geological formations)

- Yes
- No

If Yes, please describe: \_\_\_\_\_

13. Is the Project site currently used by the community or neighborhood as an open space or recreation area?

- Yes
- No

If Yes, please explain: \_\_\_\_\_

14. Does the present site include scenic views known to be important to the community?

- Yes
- No

15. Please list the streams within or contiguous to Project area: \_\_\_\_\_

Please list the name of stream and name of river to which it is tributary: \_\_\_\_\_

16. Please list lakes, ponds, wetland areas within or contiguous to Project area:

a. Name: \_\_\_\_\_

b. Size (in acres): \_\_\_\_\_

17. Is the site served by existing public utilities?

- Yes       No

If Yes, does sufficient capacity exist to allow connection?  Yes       No

If Yes, will improvements be necessary to allow connection?  Yes       No

18. Is the site located in an agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304?

- Yes       No

19. Is the site located in or substantially contiguous to a Critical Environmental Area designated pursuant to Article 8 of the ECL and 6 NYCRR617?

- Yes       No

20. Has the site ever been used for the disposal of solid or hazardous wastes?

- Yes       No

21. Is any part or the entire site listed on the National Priorities List, CERCLA Information System List ("CERCLIS LIST"), the New York State Inactive Hazardous Waste Disposal Site Registry and/or the New York State Petroleum Spill List?

- Yes       No

If Yes, please provide specific information regarding such listing on a separate piece of paper.

22. Has any part or all of the site been listed on the National Priorities List, CERCLIS LIST, the New York State Inactive Hazardous Waste Disposal Site Registry and/or the New York State Petroleum Spill List?

- Yes       No

23. Are there any hazardous and/or toxic or similar material(s), substance(s) and/or waste(s), including but not limited to petroleum products, present at the site that may pose a health or physical hazard to persons employed at or visiting the Project site?

- Yes       No

If Yes, please provide specific information regarding all such materials(s), substance(s) and/or waste(s): \_\_\_\_\_

24. Are there any properties which are or have been listed on the National Priorities List, CERCLIS LIST, the New York State Inactive Hazardous Waste Disposal Site Registry and/or the New York State Petroleum Spill List within a 1/4-mile radius of the site?

- Yes       No

If Yes, please provide specific information regarding all such property(ies) on a separate piece of paper.

25. Are there any properties which are or have been listed on the National Priorities List, CERCLIS LIST, the New York State Inactive Hazardous Waste Disposal Site Registry and/or the New York State Petroleum Spill List that may pose a health or physical hazard to persons employed at or visiting the site?

- Yes       No

If Yes, please provide specific information regarding all such property(ies) on a separate piece of paper.

26. Does the Applicant have any reason to believe that there are any hazardous and/or toxic or similar material(s), substance(s) and/or waste(s), including but not limited to petroleum products, present at properties in the vicinity of the site that which may pose a health or physical hazard to persons employed at the visiting site?

- Yes       No

If Yes, please explain on a separate piece of paper.

**Project Description**

1. Physical dimensions and scale of Project (fill in dimensions as appropriate)

- a. Total contiguous acreage owned or controlled by Project sponsor: — acres.
- b. Project acreage to be developed: — acres initially; — acres ultimately.
- c. Project acreage to remain undeveloped: — acres.
- d. Length of Project, in miles: — (if appropriate).
- e. If the Project is an expansion, indicate percent of expansion proposed: — percent.
- f. Number of off-street parking spaces: existing 3; proposed 0.
- g. Maximum vehicular trips generated in the AM and PM peak hours upon completion of Project: — *PEAK HOURS 9 TO 10 AM*  
*5 TO 5:30 PM*
- h. If residential, number and type of housing units: — *Employees take the J Line*

	One Family	Two Family	Multiple Family	Condominium
Initially	N/A	N/A	N/A	N/A
Ultimately	N/A	N/A	N/A	N/A

- i. Dimensions (in feet) of largest proposed structure: — height; — width; — length.
  - j. Linear feet of frontage along a public thoroughfare Project will occupy: — ft.
2. How much natural material (i.e., rock, earth, etc.) will be removed from the site? — tons/cubic yards.
3. Will disturbed areas be reclaimed?
- Yes       No       N/A
- If Yes, for what intended purpose is the site being reclaimed?
- If Yes, will topsoil be stockpiled for reclamation?       Yes       No
- If Yes, will upper subsoil be stockpiled for reclamation?       Yes       No
4. How many acres of vegetation (trees, shrubs, ground covers) will be removed from site? — acres
5. Will any mature forest (over 100 years old) or other locally important vegetation be removed by this Project?
- Yes       No
6. If single phase Project, anticipated period of construction — months (including demolition).
7. If multi-phased:
- a. Total number of phases anticipated —
  - b. Anticipated date of commencement phase 1 — month — year (including demolition)
  - c. Approximate completion date of final phase — month — year.
  - d. Is phase 1 functionally dependent on subsequent phases?       Yes       No
8. Will blasting occur during construction?
- Yes       No
9. Number of jobs generated: during construction — after Project is complete —
10. Number of jobs eliminated by this Project —
11. Will Project require relocation of any Projects or facilities?
- Yes       No
- If Yes, please explain: \_\_\_\_\_





25. Approvals Required:

- City, Town, Village Planning Board     Yes     No    Type: \_\_\_\_\_ Submittal Date: \_\_\_\_\_
- City, Town Zoning Board     Yes     No    Type: \_\_\_\_\_ Submittal Date: \_\_\_\_\_
- City, County Health Department     Yes     No    Type: \_\_\_\_\_ Submittal Date: \_\_\_\_\_
- Other Local Agencies     Yes     No    Type: \_\_\_\_\_ Submittal Date: \_\_\_\_\_
- Other Regional Agencies     Yes     No    Type: \_\_\_\_\_ Submittal Date: \_\_\_\_\_
- State Agencies     Yes     No    Type: \_\_\_\_\_ Submittal Date: \_\_\_\_\_
- Federal Agencies     Yes     No    Type: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

**Zoning and Planning Information**

1. Does proposed action involve a planning or zoning decision?

- Yes     No

If Yes, indicate decision required:

- Zoning amendment     Zoning variance     Special use permit
- Subdivision     Site plan     New/revision of master plan
- Resource Management Plan     Other (specify): \_\_\_\_\_

2. What is the zoning classification(s) of the site? M-2

3. What is the maximum potential development of the site if developed as permitted by the present zoning? M-2

4. What is the proposed zoning of the site? M-2

5. What is the maximum potential development of the site if developed as permitted by the proposed zoning? M-2

6. Is the proposed action consistent with the recommended uses in adopted local land use plans?

- Yes     No

7. What are the predominant land use(s) and zoning classifications within a 1/4-mile radius of proposed action? \_\_\_\_\_

M-2

8. Is the proposed action compatible with adjoining/surrounding land uses within a 1/4-mile radius?

- Yes     No

9. If the proposed action is the subdivision of land, how many lots are proposed?

What is the minimum lot size proposed? 1/4 A

10. Will proposed action require any authorization(s) for the formation of sewer or water districts?

- Yes     No

11. Will the proposed action create a demand for any community provided services (recreation, education, police, fire protection)?

- Yes     No

If Yes, is existing capacity sufficient to handle projected demand?     Yes     No

12. Will the proposed action result in the generation of traffic significantly above present levels?

- Yes     No

If Yes, is the existing road network adequate to handle the additional traffic?     Yes     No

**Informational Details**

Attach any additional information that may be needed to clarify your Project. If there are or could be any adverse environmental impacts with your proposal, please discuss such impacts and the measures you propose to mitigate or avoid them.

**Certification**

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

Name of Applicant: A+2 SCIENTIFIC

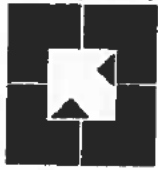
By: Printed Name of Signer: ANTHONY VICARI

Title of Signer: PRESIDENT

Signature: 

Date: 7-9-09

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.



**New York City  
Economic Development  
Corporation**

## **Internal Background Investigation Questionnaire**

**THIS FORM IS FOR:**

**Contracts under \$100,000,  
Land Sales, Leases, Licenses, Permits,  
NYCIDA Projects and any Discretionary Reviews**

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**New York City Economic Development Corporation • New York City Industrial Development Agency • Apple Industrial Development Corp.  
110 William Street, New York, NY 10038**

**INSTRUCTIONS FOR COMPLETING NYCEDC INTERNAL BACKGROUND INVESTIGATION QUESTIONNAIRE**

1. Please submit, with this Questionnaire, the organizational documents for the submitting business entity.
2. For purposes of completing this Questionnaire, the following defined terms shall have the meanings given to them below (unless provided otherwise with respect to specific questions in the Questionnaire):

"Affiliate" – A Person is "affiliated with" or an "affiliate" of another Person if the Person controls, is controlled by or is under common control with that other Person.

"Applicant" – The submitting business entity.

"Control" – A Person controls another Person if the Person (i) owns ten percent (10%) or more of the voting interest or has a ten percent (10%) or greater ownership interest in that other Person or (ii) directs or has the right to direct the management or operations of that other Person or (iii) is a member of that other Person's Board of Directors\*.

"Executive Officer" – Any individual who serves as chief executive officer, chief financial officer, or chief operating officer of the Applicant, by whatever titles known, and all other executive officers of Applicant.

"Family Member" – With respect to a particular Person, includes spouse, children, grandchildren, parents, parents-in-law, brothers, sisters, brothers-in-law, sisters-in-law, and all family members living in the same household as such Person (except if such individuals are minors).

"Person" – Any individual, corporation, partnership, joint venture, sole proprietorship, limited liability company, trust or other entity.

"Principal" – each of the following Persons is a Principal of the Applicant and must be identified in Section B, Part I on page 2 of the Questionnaire.

- Executive Officers
- Persons that "Control" the Applicant
- For Limited Liability Companies, ALL members
- For Partnerships, ALL general partners and ALL partners performing on the contract or able to bind the Partnership

\*For a not-for-profit corporation, ONLY the Chairperson of the Board of Directors and any director who is also an employee of Applicant needs to be considered for purposes of determining "Control" under this clause (iii).

**SECTION A**

The following questionnaire is to be completed by Persons desiring to do business with the New York City Economic Development Corporation or the New York City Industrial Development Agency or Apple Industrial Development Corp.

This form may be duplicated for additional space. PLEASE COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY.

Refer to attached instruction sheet for specific instructions and definitions of terms required to complete this Questionnaire.

BUSINESS NAME: Apple Science Corp EIN/SSN: 11-2422247

BUSINESS ADDRESS: 632 EAST New York Ave Brooklyn N.Y. 11203  
City State Zip Code

BUSINESS TELEPHONE: [REDACTED]  
TYPE OF ENTITY: S CORPORATION

BUSINESS FAX: [REDACTED]  
BUSINESS E-MAIL: SPALICE@ALSCIENTEC.COM

**SECTION B**

**I. PRINCIPALS OF APPLICANT**

PRINCIPAL NAME	TITLE	HOME ADDRESS	PERCENTAGE OF VOTING INTEREST	PERCENTAGE OF OWNERSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER/EMPLOYER IDENTIFICATION NUMBER
(1) <u>Anthony Vicini</u>	<u>Mrs</u>	[REDACTED]	<u>100%</u>	<u>100%</u>	[REDACTED]	[REDACTED]
(2)						
(3)						
(4)						
(5)						

**II. FAMILY MEMBERS OF EACH INDIVIDUAL PRINCIPAL**

Note: Only the following Family Members need to be identified in this Section B. Part II:

- Spouse
- Family Members who are employed by, are officers of or have a less than 10% voting or ownership interest in the Applicant
- Family Members who are directly or indirectly providing services and/or supplies with respect to the subject project (e.g. consultants, subcontractors, suppliers or an employee thereof)

PRINCIPAL NAME	IMMEDIATE FAMILY MEMBER	RELATIONSHIP TO PRINCIPAL	HOME ADDRESS
(1) Anthony Viorini	CATHLEEN Viorini	WIFE	916 LANARK ROAD BROOK CHANNEL NY 11683
(2)			
(3)			
(4)			
(5)			

SECTION B (Continued)

PROVIDE A DETAILED RESPONSE TO ALL QUESTIONS CHECKED "YES" ON THE FOLLOWING PAGE

NO YES

1. Does the Applicant or any Principal have any Affiliates? If yes, please identify the Affiliates, with SSN/EIN and respective addresses, and describe the nature of the affiliation, on the following page.
 

NO  YES
2. In the past 7 years, has the Applicant, any Principal, or any entity affiliated with the Applicant (each of the foregoing individually, a "Subject Person" and collectively, the "Subject Persons") been adjudicated bankrupt or placed in receivership, filed bankruptcy, or is any Subject Person currently the subject of any bankruptcy or similar proceedings? If yes, please explain on the following page.
 

NO  YES
3. In the past 5 years, has any Subject Person been a plaintiff or defendant in any civil proceeding (including any court and federal, state and local regulatory agency proceedings) other than a domestic relations proceeding (e.g., divorce, separation, support, alimony, maintenance, adoption, custody)? If yes, please identify all adjudicated, settled and pending lawsuits on the following page.
 

NO  YES
4. In the past 5 years, has any Subject Person or any Family Member identified in Section B, Part II (a "Subject Family Member"):
  - been disqualified as a bidder, or defaulted or terminated, on a permit, license, concession, franchise, lease, or other agreement with the City of New York or any governmental agency? If yes, please explain on the following page.
 

NO  YES
  - failed to file any required tax returns or to pay any applicable federal, state, or New York City taxes or other assessed New York City charges or fines, including but not limited to water and sewer charges and administrative fees? If yes, please explain on the following page.
 

NO  YES
5. In the past 10 years, has any Subject Person or any Subject Family Member used an EIN, SSN, name, trade name, or abbreviation other than the name or number provided in response to Section A or Section B, Part I or II of this Questionnaire or provided in response to question 1 above, as the case may be? If yes, please specify on the following page.
 

NO  YES
6. In the past 5 years, has any Subject Person, any Subject Family Member, any Affiliate of any Subject Family Member or any managerial employee of Applicant:
  - been the subject of any criminal investigation and/or civil anti-trust investigation (by any federal, state or local prosecuting or investigative agency) and/or investigation by any governmental agency (including, but not limited to federal, state and local regulatory agencies)? If yes, please explain on the following page.
 

NO  YES
  - had any judgment, injunction or sanction obtained against it in any judicial or administrative action or proceeding other than a domestic relations proceeding or motor vehicle proceeding? If yes, please explain on the following page.
 

NO  YES
7. In the past 10 years, has any Subject Person, any Subject Family Member, any Affiliate of any Subject Family Member or any managerial employee of Applicant been convicted, after trial or by plea, of any criminal offense and/or are there any felony or misdemeanor charges pending against any of them? If yes, please explain on the following page.
 

NO  YES



**Section B (Continued)**

**INDICATE QUESTION #**      **BELOW PROVIDE A DETAILED EXPLANATION TO ALL QUESTIONS CHECKED "YES". IF YOU NEED MORE SPACE, PHOTOCOPY THIS PAGE AND ATTACH IT TO THIS QUESTIONNAIRE.**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Section C - IDENTIFICATION OF PROPERTY INTERESTS**

1. Identify Protect Property:

Block & Lot(s): 3856 Lot 156  
 Street Address: 8805 76<sup>th</sup> Ave  
 Borough of QUEENS

2. The following, together with attachment(s) hereto, if any, is a complete list of properties in which any of the Subject Persons or any of the Subject Family Members have an ownership interest and which are located in the City of New York, together with a statement as to each such property of any current arrears in real estate taxes, sewer rents, sewer surcharges, water charges or assessments due and owing to the City of New York.

**PROPERTY OWNED IN THE CITY OF NEW YORK**

PROPERTY OWNER	BOROUGH	BLOCK/LOT	STREET ADDRESS	DATE OF PURCHASE	AMOUNT OF ARREARS	TYPE OF ARREARS
ANTHONY VIGARI	BROOKLYN	B-4744 L-21	632 EAST NEW YORK AVE BROOKLYN	1976	—	—

SECTION C (Continued)

PROVIDE A DETAILED RESPONSE TO ALL QUESTIONS CHECKED "YES" ON THE FOLLOWING PAGE

NO YES

3. In the past 5 years, has any Subject Person or any Subject Family Member, been a former owner of the Project Property?
4. Is any Subject Person or any Subject Family Member a tenant of the City of New York? If yes, please list below; Agency, Borough, Block, Lot, Account Number, Monthly Rent, and Current Balance.
5. Has any Subject Person or any Subject Family Member previously purchased property from the City of New York? If yes, please list below; Agency, Borough, Block, Lot, Sale Date, Parcel Number, and Closing Date.
6. Does any Subject Person or any Subject Family Member have a mortgage with the City of New York? If yes, please list below; Agency, Borough, Block, Lot, Account Number, Monthly Installment, and Current Balance.

**Section C (Continued)**

**INDICATE** **BELOW PROVIDE A DETAILED EXPLANATION TO ALL QUESTIONS CHECKED "YES". IF YOU NEED MORE SPACE,**  
**QUESTION #** **PHOTOCOPY THIS PAGE AND ATTACH IT TO THIS QUESTIONNAIRE.**

Below the instructions are 28 horizontal lines for providing a detailed explanation to all questions checked "YES".

A FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE OR ANY FALSE INFORMATION WILLFULLY OR FRAUDULENTLY SUBMITTED IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE APPLICANT NOT RESPONSIBLE WITH RESPECT TO THE PRESENT PROJECT OR FUTURE PROJECTS INVOLVING THE NEW YORK CITY ECONOMIC DEVELOPMENT CORPORATION, THE NEW YORK CITY INDUSTRIAL DEVELOPMENT AGENCY, APPLE INDUSTRIAL DEVELOPMENT CORP. AND THE CITY OF NEW YORK AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Anthony Vicari, being duly sworn, state that I have read and understand the items contained in the foregoing eight pages of this Questionnaire and pages of attachments, if any, and that, having made due inquiry, I supplied full, complete and truthful answers to each item therein to the best of my knowledge, information and belief; that I will notify the New York City Economic Development Corporation, the New York City Industrial Development Agency or Apple Industrial Development Corp., as the case may be, in writing of any change in circumstance occurring after the submission of this Questionnaire and before (i) the execution of any contract or agreement with any of them and/or the City of New York and (ii) in the case of an agreement to purchase or enter into a ground lease for real property and/or a financing through or straight lease or retention transaction with the New York City Industrial Development Agency, the closing of the transaction; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the New York City Economic Development Corporation, the New York City Industrial Development Agency or Apple Industrial Development Corp., as the case may be, will rely on the information supplied by me in this Questionnaire as an inducement to enter into a contract or agreement and to close a transaction with the Applicant.

Sworn to me, this 12th day of July, 2009.  
Notary Public: CHRISTOPHER J. TESI  
Notary Public, State Of New York  
No. 01TE5045208  
Qualified In Bronx County  
Commission Expires June 12, 2011

Name of Applicant: ALL SCIENTIFIC

By: [Signature] Signature of Authorized Person:

Print Name and Title of Authorized Person: Anthony Vicari

Date: