



IDA Appointment of Project Operator or Agent For Sales Tax Purposes

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

For IDA use only

IDA information

Name of IDA New York City Industrial Development Agency			IDA project number (use OSC numbering system for projects after 1998)	
Street address One Liberty Plaza			Telephone number (212) 619-5000	
City New York	State NY	ZIP code 10006	Email address (optional)	

Project operator or agent information

Name of IDA project operator or agent Hartland Supermarket LLC		Mark an X in the box if directly appointed by the IDA: <input checked="" type="checkbox"/>	Employer identification or Social Security number [REDACTED]	
Street address 1192 Park Avenue		Telephone number ()	Primary operator or agent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City New York	State NY	ZIP code 10128	Email address (optional)	

Project information

Name of project Hartland Supermarket LLC				
Street address of project site 605 Hart Street, Condominium No. 5074				
City Brooklyn	State NY	ZIP code 11221	Email address (optional)	
Purpose of project Supermarket				

Description of goods and services intended to be exempted from New York State and local sales and use taxes Goods and services related to renovation, furnishing and equipping of a supermarket.				
Date project operator or agent appointed (m/d/yy) 092321	Date project operator or agent status ends (m/d/yy) 093022	Mark an X in the box if this is an extension to an original project: <input type="checkbox"/>		
Estimated value of goods and services that will be exempt from New York State and local sales and use tax: 1,666,771.84		Estimated value of New York State and local sales and use tax exemption provided: 147,926.00		

Certification: I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements with the knowledge that willfully providing false or fraudulent information with this document may constitute a felony or other crime under New York State Law, punishable by a substantial fine and possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity of any information entered on this document.

Print name of officer or employee signing on behalf of the IDA Emily Marcus		Print title Deputy Executive Director		
Signature 	Date 11/8/21	Telephone number (212) 619-5000		