



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) 600119015A
Street address 1 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 MB Mechanical of NY INC.		Mark an X in the box if directly appointed by the IDA <input type="checkbox"/>	Employer identification or Social Security number [REDACTED]
Street address 179-19 134th Avenue		Telephone number (718) 869-3484	Primary operator or agent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
City Jamaica	State NY	ZIP code 11434	Email address (optional)

Project information

Name of project 500 Stagg Street LLC Project			
Street address of project site 500 Stagg Street			
City Brooklyn	State NY	ZIP code 11237	Email address (optional)
Purpose of project Acquisition, renovation, equipping and furnishing of an industrial facility as further described in the Agency Lease Agreement between the New York City Industrial Development Agency and 500 Stagg Street LLC.			

Description of goods and services intended to be exempted from New York State and local sales and use taxes HVAC equipment for heating and cooling	
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Date project operator or agent appointed (mmdyy) 110121	Date project operator or agent status ends (mmdyy) 040122	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: 1,150,197.00		Estimated value of New York State and local sales and use tax exemption provided: 71,456.00

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 11/1/2021
	Telephone number (212) 619-5000