



IDA Appointment of Project Operator or Agent For Sales Tax Purposes

ST-60

(1/18)

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 110 William Street			Telephone number (212) 619-5000
City New York	State NY	ZIP code	Email address (optional)

Project operator or agent information

Name of IDA project operator or agent Bogopa BTM, 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 610 Exterior Street		Telephone number (718) 346-6500	Primary operator or agent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
City Bronx	State NY	ZIP code 10451	Email address (optional)

Project information

Name of project Bogopa BTM, LLC			
Street address of project site 610 Exterior Street			
City Bronx	State NY	ZIP code 10451	Email address (optional)
Purpose of project Renovation and equipping of a supermarket.			

Description of goods and services intended to be exempted from New York State and local sales and use taxes Renovation goods and services and equipment.			
Date project operator or agent appointed (mmddyy) 070119	Date project operator or agent status ends (mmddyy) 062821	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: 4,095,000.00		Estimated value of New York State and local sales and use tax exemption provided: 674,056.00	

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 Krishna Omolade		Print title Deputy Executive Director	
Signature 		Date 07-01-2019	Telephone number (212) 619-5000