

IDA information

Department of Taxation and Finance

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

Name of IDA				IDA project numbe	er (use C	OSC numbering system for projects after 1998)	
New York City Industrial Development	Agency						
Street address				Telephone numbe			
1 Liberty Plaza, 14th Floor				(212) 619-5	5000		
City	State	ZIP code		Email address (or	otional)		
New York	NY	10006	1. 1				
Project operator or agent infor	mation						
Name of IDA project operator or agent		1	Mark an X in the	box if directly	Em	ployer identification or Social Security number	
Best Choice Trading Corporation		6	appointed by th	e IDA	X 1		
Street address				Telephone numbe	r	Primary operator or agent?	
146 Stewart Ave				(718) 366-2	999	Yes 🔀 No 🗌	
City	State	ZIP code		Email address (or	tional)		
Brooklyn	NY	11237					
Project information							
Name of project							
2022 Best Choice Trading Corporation	Project						
Street address of project site	TOJECL						
179 Stewart Ave							
City City	State	ZIP code		Email address (or	tional)		
	NY	11237		bestchoiceseafood@yahoo.com			
Brooklyn Purpose of project	INT	11237		Desicrocesea	1000@	yanoo.com	
Description of goods and services intended to be	exempted from New	York State and	local sales and	d use taxes			
Materials, goods, personal property and described in more detail in the Agency	Lease Agreeme	nt between		nd Ideal Palace	e LLC		
Date project operator or agent appointed (mmddyy) 051322	Date project agent status	ends (mmddy	y) 05	054004		rk an X in the box if this is an extension to original project:	
Estimated value of goods and services that will be exempt from New York State and local sales and use tax: \$1,040,000				Estimated value of New York State and local sales and use tax exemption provided: \$92,300			
Certification: I certify that the above st make these statements with the knowle felony or other crime under New York S Tax Department is authorized to investi Print name of officer or employee signing on beha Emily Marcus FALDA Signature	edge that willfully state Law, punish gate the validity	providing nable by a s	false or frau substantial f	dulent informatine and possible end on this do Director Date	ation wi	ith this document may constitute a sentence. I also understand that the nt. Telephone number	
Emily Narus Halda				051322		(212) 619-5000	
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