

## BIO KEITH COHEN

Keith Cohen is the sole owner of Oven Artisans Inc. Keith is a long time New Yorker and grew up in Queens. He went to college at Suny Stony Brook and has a BA in history. Keith's family immigrated from Europe and were involved in several food businesses in the early 20<sup>th</sup> century (his grandfather was a butcher and mother's side were bread bakers).

In 2007 Keith acquired the iconic and famous retail bakery, Orwasher's, at 78<sup>th</sup> St. on the Upper Eastside. Since then, he has expanded this business by leasing in 2012 an approximately 9000 square-foot building at 156 Street in Hunts Point section of the Bronx. With state-of-the-art equipment the facility runs on three shifts 24/ seven, employing about 80 persons currently. Additionally, four years ago, Keith opened up a retail bakery on the west side of Manhattan at Amsterdam and 81st St. and it has become very successful

The Bronx location bakes all variety of artisanal and traditional breads, bagels, and sandwich rolls and the 78<sup>th</sup> St. retail store continues to produce the pastries and cakes.

A few years ago, an 8000 square-foot lease became available on Worthen Street AKA Truxton Ave. adjacent to the Oven Artisan commercial production facility at 156 Street. Even though there was no gas service at Truxton, Keith decided to lease the space and use it for storage and some packaging, shipping, receiving, etc. Management decided to expand operations and set up a previously purchased oven which could only become operational once the gas was hooked up. Service commenced finally after all these years within the last month. Since business has been doing so well recently, the Company has decided to upgrade some of the equipment at the 156 Street facility as part of this Application to the IDA.

The ASTEP program will allow Oven Artisans to take advantage of the ECSP program from the New York City Department of Small Business Services which the company had originally utilized seven years ago when they relocated and expanded to the Bronx from Manhattan. As part of this project, the company will be able to continue receiving those benefits at 156 Street as well as Truxton (Worthen) facility.

Oven Artisan sells to many high end and well-known food companies such as Fresh Direct, Baldor's, Zabars, Citarella, Whole Foods, other retail stores and many fine restaurants.



New York City Industrial Development Agency

# Accelerated Sales Tax Exemption Program (ASTEP) Application

Submit your electronically completed Core Application via email to your assigned Project Manager as a Word Document file or a Word Document saved as a PDF.

## A. APPLICANT OVERVIEW

Applicant Name (the "Applicant"): <b>OVEN ARTISANS INC</b>	Name of operating company (if different from Applicant):
Operating company Address: <b>1187 E. 156TH STREET BRONX NY 10474</b>	Website address: <b>ORWASHERS.COM</b>
EIN #: <b>[REDACTED]</b>	NAICS Code: <b>424990</b>
State and date of incorporation or formation: <b>NY 2007</b>	Qualified to conduct business in NY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Applicant is (check one of the following, as applicable):	
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Natural Person
<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> S Corporation	
Is the Applicant publicly traded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is the Applicant affiliated with a publicly traded company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, name the affiliated company:	

## B. APPLICANT CONTACT INFORMATION

	Name/Title	Company	Address	Email	Phone	Primary <sup>1</sup>
<b>Applicant Contact Person</b>	KEITH COHEN	OVEN ARTISANS INC	1187 E. 156TH STREET	KEITH@ORWASHERS.COM	[REDACTED]	<input type="checkbox"/>
<b>Attorney</b>						<input type="checkbox"/>
<b>Accountant</b>	LOUIS IRAACE	KIRKILES & KOTIADIS LLP	ALBERTSON NY	LIRACE@KLLPCPA.COM		<input type="checkbox"/>
<b>Consultant/Other</b>	ROB MOREL	CITY ONE ASSOCIATES INC	2424 BROADWAY SUITE 245, NYC	RMOREL@CITYONENYC.COM		<input checked="" type="checkbox"/>

## C. APPLICABLE FINANCIAL ASSISTANCE

Provide the estimated value of each of the following types of Project Financial Assistance being requested. Discuss the estimation of the Requested Financial Assistance with your assigned Project Manager, if needed.

Requested Financial Assistance	Estimated Value of Requested Financial Assistance
Sales Tax Waiver	\$20,000.00

## D. PROPOSED PROJECT ACTIVITIES

Describe the proposed Project, including its purpose and Project Location, in the text box below. Refer to the example below.

OVEN ARTISANS INC. IS A COMMERCIAL BAKERY. APPLICANT IS SEEKING FINANCIAL ASSISTANCE IN CONNECTION WITH THE RENOVATING AND EQUIPING OF TWO ADJACENT PRODUCTION FACILITIES CONSISTING OF 7,471 SQ FT AT 1187 E. 156TH ST. AND ANOTHER 8,279 SQ FT AT 1188 WORTHEN ST. IN THE BRONX. THE PROPERTIES ARE OWNED BY AN UNRELATED THIRD PARTY LANDLORD. THE DEVELOPMENT COST IS APPROXIMATELY \$275,000 AND WILL BE COMPLETED IN 2 YEARS.

**Example:** [Applicant Name] ("Applicant") is a [supermarket operator and/or supermarket developer]. Applicant is seeking financial assistance in connection with the [list Project activities, such as acquisition, construction, furnishing, equipping, etc.] of a [ ] square foot [building or retail condominium] [to be located within a [ ] square foot mixed-use facility] on a [ ] square foot parcel of land at [address] (the "Facility"). The Facility will be owned by [Applicant or Holding Company] and operated by [Company Name] as a [Banner] supermarket. The total development cost is approximately [Project cost]. The project is anticipated to be completed in [ ] [months or years].

<sup>1</sup> Please select the individual to whom questions should be directed and who may speak on behalf of the Applicant.

## E. PROJECT LOCATION DETAIL

Complete this table for *each* Project Location with a distinct Block/Lot. For Projects with more than one Block/Lot, copy the Project Location table below and paste it directly underneath to complete it.

Project Location Information		
Project Address: 1188 WORTHEN ST. BRONX NY 10474	Location # 1 of 2	
Borough/Block/Lot: 2736 lot 213	Community Board #:	Neighborhood: Hunts Point
Square footage of land: 8,294	Square footage of existing building: 8,279	Number of Floors: 1
How is the anticipated Project Location currently used and what percentage is currently occupied? 100% occupied by Oven Artisan		
In the case of relocation, what will happen with the Applicant's current facility?		
Is there any space at the Project Location that is currently being/will be occupied and/or used by any entity other than the Applicant or operating company, whether Affiliates or otherwise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, attach a separate page and provide details about tenants such as (1) name of tenant business(es) (whether Affiliates or otherwise), (2) square footage of tenant operations, (3) tenant occupancy commencement and termination dates, and (4) copies of leases, licenses, or other documents evidencing a right to possession or occupancy.		
For the purposes of this question, any license or other right of possession or occupancy granted by the Applicant or operating company with respect to the Project Location shall be deemed a tenancy.		
Construction Information		
Construction Start Date (as defined in the Policies and Instructions): _____		
Facility Operations Start Date (as defined in the Policies and Instructions): _____		
Does the Project involve the construction of a new building or an expansion/renovation of an existing building? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, please complete the following questions and attach a separate page and provide drawings, plans, or a description of the proposed work.		
Does the Project involve subsurface disturbance or excavation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Anticipated square footage of Facility after construction and/or renovation: _____		
Anticipated square footage of <i>non-building improvements</i> after construction and/or renovation (e.g. parking lot construction): _____		
Please describe any <i>non-building improvements</i> on a separate page.		
Square feet of grocery space created: _____		
Percentage of retail space for perishable goods: _____		
Square feet of retail space for fresh produce: _____		
Are energy efficiency improvements or the installation of a renewable energy system anticipated as part of the Project? <sup>2</sup>		
Which of the below statements best reflects your current stage in the contractor procurement process?		
<input type="checkbox"/> A contractor has been selected and the procurement process is complete.		
<input type="checkbox"/> The procurement process has begun but a contractor has not been selected. Selection is anticipated by:		
<input type="checkbox"/> The procurement process has not begun. Procurement is anticipated to begin by:		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Not applicable		
Zoning Information		
Current zoning of Project Location:		
Is a zoning variance or special permit required for the Project to proceed at this Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, attach a separate page and describe the zoning variance or special permit required, which agencies are involved, and the anticipated schedule for zoning approval.		
Is the Project subject to any other city, state or federal approvals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, attach a separate page and describe the approval required, and if applicable, list any other environmental review that may be required.		
Is the Project subject to a tax lot or condominium apportionment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, attach a separate page and describe the approvals required, and the anticipated schedule for approval.		
Is the Project Location a designated historic landmark or located in a designated historic district? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is the Project Location within the NYC Coastal Zone Boundary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Intended use(s) of site (check all that apply):		
<input type="checkbox"/> Non-Supermarket Retail _____% <input type="checkbox"/> Office _____% <input type="checkbox"/> Restaurant _____% <input checked="" type="checkbox"/> Other 100.00 % <input type="checkbox"/> Residential financing _____%		
For residential use, please describe number of units, % affordable and affordable housing		

<sup>2</sup> More information on free energy efficiency advisory services can be found [here](#).

## E. PROJECT LOCATION DETAIL

Complete this table for *each* Project Location with a distinct Block/Lot. For Projects with more than one Block/Lot, copy the Project Location table below and paste it directly underneath to complete it.

Project Location Information		
Project Address: 1187 E. 156th ST. BRONX NY 10474	Location # 2 of 2	
Borough/Block/Lot: 2736 lot 212	Community Board #:	Neighborhood: Hunts Point
Square footage of land: 7,471	Square footage of existing building: 7,471	Number of Floors: 1
How is the anticipated Project Location currently used and what percentage is currently occupied? 100% occupied by Oven Artisan		
In the case of relocation, what will happen with the Applicant's current facility?		
Is there any space at the Project Location that is currently being/will be occupied and/or used by any entity other than the Applicant or operating company, whether Affiliates or otherwise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, attach a separate page and provide details about tenants such as (1) name of tenant business(es) (whether Affiliates or otherwise), (2) square footage of tenant operations, (3) tenant occupancy commencement and termination dates, and (4) copies of leases, licenses, or other documents evidencing a right to possession or occupancy.		
For the purposes of this question, any license or other right of possession or occupancy granted by the Applicant or operating company with respect to the Project Location shall be deemed a tenancy.		
Construction Information		
Construction Start Date (as defined in the Policies and Instructions): _____		
Facility Operations Start Date (as defined in the Policies and Instructions): _____		
Does the Project involve the construction of a new building or an expansion/renovation of an existing building? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, please complete the following questions and attach a separate page and provide drawings, plans, or a description of the proposed work.		
Does the Project involve subsurface disturbance or excavation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Anticipated square footage of Facility after construction and/or renovation: _____		
Anticipated square footage of <i>non-building improvements</i> after construction and/or renovation (e.g. parking lot construction): _____		
Please describe any <i>non-building improvements</i> on a separate page.		
Square feet of grocery space created: _____		
Percentage of retail space for perishable goods: _____		
Square feet of retail space for fresh produce: _____		
Are energy efficiency improvements or the installation of a renewable energy system anticipated as part of the Project? <sup>2</sup>		
Which of the below statements best reflects your current stage in the contractor procurement process?		
<input type="checkbox"/> A contractor has been selected and the procurement process is complete.		
<input type="checkbox"/> The procurement process has begun but a contractor has not been selected. Selection is anticipated by:		
<input type="checkbox"/> The procurement process has not begun. Procurement is anticipated to begin by:		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Not applicable		
Zoning Information		
Current zoning of Project Location:		
Is a zoning variance or special permit required for the Project to proceed at this Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, attach a separate page and describe the zoning variance or special permit required, which agencies are involved, and the anticipated schedule for zoning approval.		
Is the Project subject to any other city, state or federal approvals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, attach a separate page and describe the approval required, and if applicable, list any other environmental review that may be required.		
Is the Project subject to a tax lot or condominium apportionment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, attach a separate page and describe the approvals required, and the anticipated schedule for approval.		
Is the Project Location a designated historic landmark or located in a designated historic district? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is the Project Location within the NYC Coastal Zone Boundary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Intended use(s) of site (check all that apply):		
<input type="checkbox"/> Non-Supermarket Retail _____% <input type="checkbox"/> Office _____% <input type="checkbox"/> Restaurant _____% <input checked="" type="checkbox"/> Other 100.00% <input type="checkbox"/> Residential financing _____%		
For residential use, please describe number of units, % affordable and affordable housing		

<sup>2</sup> More information on free energy efficiency advisory services can be found [here](#).

## F. ANTICIPATED OWNERSHIP

1. Check the accurate description of the Project Location's anticipated ownership.

<input type="checkbox"/> Applicant or an Affiliate is/expects to be the Project Location's fee simple owner.	(Projected) Acquisition date:
<input checked="" type="checkbox"/> Applicant or an Affiliate leases/expects to lease the Project Location.	
<input checked="" type="checkbox"/> Lease is for an entire building and property.	(Projected) Lease signing date:
<input type="checkbox"/> Lease is for a portion of the building and/or property.	(Projected) Possession date:
<input type="checkbox"/> Neither of the above categories fully describes Applicant's interest or intended interest in the Project Location. Describe the anticipated ownership of the Project Location premises:	

2. Does/will an Affiliate own/control the Project Location?  Yes  No

If yes, complete the table below:

Name of Affiliate:	Address of Affiliate:		
Affiliate is (check one of the following, as applicable):			
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Other:
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Natural Person	<input type="checkbox"/> S Corporation	

## G. PROJECT FINANCING

1. Sources of Financing. Provide amounts as aggregates for all Project Locations. Add table rows, if needed.

Sources	Total Amount	Percent of Total Financing
Equity	\$ [REDACTED]	27.27 %
Commercial Loan (Bank Name): <i>VENDOR FINANCING</i>	\$ [REDACTED]	72.73 %
New York City Public Funds	\$ [REDACTED]	0.00 %
Source:	\$ [REDACTED]	0.00 %
Source:	\$ [REDACTED]	0.00 %
New York State Public Funds	\$ [REDACTED]	0.00 %
Other:	\$ [REDACTED]	0.00 %
<b>Total</b>	<b>\$ [REDACTED]</b>	<b>100.00 %</b>

2. Mortgage amount on which tax is levied (exclude SBA 504 financing<sup>3</sup>): \$ 0.00

3. Anticipated closing date between the Issuer and the Project Company: April 2022

<sup>3</sup> The SBA 504 Loan Program, administered by the Small Business Administration, is designed to provide small businesses with long-term financing to acquire and improve major fixed assets, such as owner-occupied commercial real estate and heavy machinery.

4. **Uses of Financing.** Provide amounts as aggregates for all Project Locations

Uses	Total Amount	Percent of Total Financing
Land and Building Acquisition	\$	0.00 %
Construction Hard Costs (i.e. site excavation, building materials, labor, landscaping, construction materials, etc.)	\$	0.00 %
Construction Soft Costs (i.e. pre-planning, legal, financing, design, etc.)	\$	0.00 %
Furnishings, Fixtures, & Equipment (FF&E) and Machinery & Equipment (M&E) (i.e. generators, desks, chairs, electronic equipment, specialized manufacturing equipment, assembly equipment, etc.)	\$	0.00 %
FF&E purchased in NYC	\$	0.00 %
M&E purchased in NYC	\$	0.00 %
Closing Fees (costs associated the execution of deal, i.e. debt service reserve fund, financing fees, loan origination fees, attorney fees, pre-payment penalties, etc.)	\$	100.00 %
Other (please describe):	\$	0.00 %
<b>Total</b>	\$	100.00 %

4a. Indicate anticipated budgeting of Hard Costs: Electrical: \_\_\_\_\_ % Carpentry: \_\_\_\_\_ % Painting: \_\_\_\_\_ % Plumbing: \_\_\_\_\_ %  
Excavation or Demolition: \_\_\_\_\_ % Other: \_\_\_\_\_ %

4b. Indicate anticipated budgeting of Soft Costs: Architecture: \_\_\_\_\_ % Engineering: \_\_\_\_\_ % Design: \_\_\_\_\_ % Other: \_\_\_\_\_ %

## H. EMPLOYMENT INFORMATION

For all responses below, please note that part-time employees work an average of between 17.5 and 35 hours per week, and full-time employees work 35 hours or more per week. Hourly wages should represent the pay rate and are exclusive of overtime. For any salaried employees, please divide the annual salary by 1,820 (working hours per year) to produce an hourly wage. Wage information should exclude principals.

- Number of Employees Applicant employed throughout New York City as of the last pay period:  
Part-time (working between 17.5 and 35 hours per week): 26 Full-time (working 35 or more hours per week): 104
- If Applicant currently occupies and operates at the Project Location, how many Full- and Part-time Employees are employed at Project Location?  
Part-time (working between 17.5 and 35 hours per week): 7 Full-time (working 35 or more hours per week): 77
- How many Full- and Part-time Employees will be employed at Project Location upon project completion?  
Part-time (working between 17.5 and 35 hours per week): 1 Full-time (working 35 or more hours per week): 4
- Number of Employees Applicant employed throughout New York City as of the last pay period: 130

## I. WAGE INFORMATION

For all responses, the questions in this section, *besides question 1*, apply only to permanent employees employed or to be employed at the Project Location. Please note that this information is required to be provided to the Corporation on an annual basis.

- Are any of your employees (including part-time and seasonal employees) paid less than \$13.30 per hour (an hourly wage rate of \$12.15 plus a health benefits supplement of \$1.80)? 0
- Regarding employment if Applicant currently occupies and operates at the Project Location  
Average hourly wage per part-time employee: \$16.50 Average hourly wage per full-time employee: \$43  
Hourly wage of highest compensated part-time employee: \$18 Hourly wage of highest compensated full-time employee: \$71  
Hourly wage of lowest compensated part-time employee: \$15 Hourly wage of lowest compensated full-time employee: \$15
- Regarding employment at the Project Location upon completion of the proposed project  
Average hourly wage per part-time employee: \$15 Average hourly wage per full-time employee: \$20  
Hourly wage of highest compensated part-time employee: \$15 Hourly wage of highest compensated full-time employee: \$25  
Hourly wage of lowest compensated part-time employee: \$15 Hourly wage of lowest compensated full-time employee: \$15
- Generally describe all other forms of compensation and benefits that Permanent Employees will receive. Examples: healthcare, employer-contributions for retirement plans, on-the-job training, reimbursement for educational expenses, etc.

401(K) WITH A 4% MATCH; PAID BREAKS; REIMBURSEMENT FOR EDUCATION; ON THE JOB TRAINING; GENEROUS SICK TIME AND PAID VACATIONS; HEALTH CARE KEY EMPLOYEES.

# Payroll Details

Hours and Earnings				Taxes		Deductions		Employer		
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount	Net Pay	Liability	Amount

1099 Compensation 0.00 600.00 600.00

Check Date: 02/18/2022 / Direct Deposit / Checking / Account No: XXXXXX8311 \$600.00

**Department Totals: 4 - G&A**

Regular	17.00		\$30,392.78	FED FIT	\$4,188.19	New York	\$5.40	\$20,536.00	FED SOCSEC-ER	\$1,876.76
1099	0.00		\$600.00	FED SOCSEC	\$1,876.76	voluntary disability			FED MEDCARE-ER	\$438.94
Compensation			\$65.50	FED	\$438.92	ADP RS	\$1,225.26		FED FUTA	\$11.10
Misc pay	17.00		\$30,998.28	MEDCARE		employee			NY SUI-ER	\$188.59
				NY SIT	\$30.00	before-tax %	\$127.87		NY3305 - Metro	\$85.90
				NY PFL	\$1,520.96	Medical pre-tax 1	\$1,358.53		Commuter Trans	
				NY3301 - New	\$155.35				Mobility TaxLTER	
				York City	\$893.57				ADP RS employer	\$393.26
				Resident LIT					match	
<b>Total Employees - 4 - G&amp;A: 10</b>					\$9,103.75					\$3,540.55

**Pay Frequency Totals: Weekly**

Regular	2,653.00		\$85,474.55	FED FIT	\$7,486.77	New York	\$63.60	\$73,063.78	FED SOCSEC-ER	\$6,077.43
Overtime	447.75		\$11,785.20	FED SOCSEC	\$6,077.43	voluntary disability			FED MEDCARE-ER	\$1,421.37
1099	0.00		\$600.00	FED	\$1,421.31	ADP RS	\$2,756.15		FED FUTA	\$245.67
Compensation			\$498.00	MEDCARE		employee			NY SUI-ER	\$2,151.57
Vacation	24.00		\$128.00	NY SIT	\$30.00	before-tax %	\$127.87		NY3305 - Metro	\$213.15
Sick	8.00		\$200.00	NY PFL	\$4,054.09	Medical pre-tax 1	\$250.00		Commuter Trans	
Bonus	0.00		\$65.50	NY3301 - New	\$492.15	Advance	\$40.00		Mobility TaxLTER	
Misc pay	0.00		\$98,751.25	York City	\$2,822.92	Loan	\$265.18		ADP RS employer	\$1,837.49
				Resident LIT		ADP RS 401(k)			match	
<b>Total Employees - Weekly: 87</b>					\$22,184.67	loan 1 repayment	\$3,502.80			\$11,946.68

**Company Totals:**

Regular	2,653.00		\$85,474.55	FED FIT	\$7,486.77	New York	\$63.60	\$73,063.78	FED SOCSEC-ER	\$6,077.43
Overtime	447.75		\$11,785.20	FED SOCSEC	\$6,077.43	voluntary disability			FED MEDCARE-ER	\$1,421.37
1099	0.00		\$600.00	FED	\$1,421.31	ADP RS	\$2,756.15		FED FUTA	\$245.67
Compensation			\$498.00	MEDCARE		employee			NY SUI-ER	\$2,151.57
Vacation	24.00		\$128.00	NY SIT	\$30.00	before-tax %	\$127.87		NY3305 - Metro	\$213.15
Sick	8.00		\$200.00	NY PFL	\$4,054.09	Medical pre-tax 1	\$250.00		Commuter Trans	
Bonus	0.00		\$65.50	NY3301 - New	\$492.15	Advance	\$40.00		Mobility TaxLTER	
Misc pay	0.00		\$98,751.25	York City	\$2,822.92	Loan	\$265.18		ADP RS employer	\$1,837.49
				Resident LIT		ADP RS 401(k)			match	
<b>Total Employees - Company: 87</b>					\$22,184.67	loan 1 repayment	\$3,502.80			\$11,946.68

## J. LABOR

The Applicant and its Affiliates hereinafter will be referred to collectively as the "Companies" or individually as a "Company." If none of the following questions apply to any of these Companies, answer *No*. For any question that does apply, be sure to specify to which of the Companies the answer is relevant.

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

Yes  No If Yes, explain on an attached sheet.

2. Are any of the Companies' employees *not* permitted to work in the United States?

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

3. 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 or preceding three year calendar years?

Yes  No If "Yes," use an attached sheet to briefly describe the nature and date of the inspection and the inspecting governmental entity. 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 any of the Companies as a consequence.

## K. FINANCIALS

1. Has the Applicant, Affiliate(s), Principal(s), or any close relative of the Principal(s), ever received, or is any such person or entity currently receiving, financial assistance or any other kind of non-discretionary benefit from any Public Entities?

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

2. Has Applicant, or any Affiliate or Principal, or any existing or proposed occupant at the Project Location(s), obtained, or is any such person or entity in the process of obtaining, or contemplating obtaining, other assistance from the NYCIDA/Build NYC and/or other Public Entities?

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

4. Has 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, provide details on an attached sheet.

## L. ANTI-RAIDING

1. Will the completion of the Project result in the relocation of any plant or facility located within New York State, but outside of New York City, to New York City?  Yes  No

If "Yes," provide the names of the owners and addresses of the to-be-removed plant(s) or facility(ies):

2. Will the completion of the Project result in the abandonment of any plants or facilities located in an area of New York State other than New York City?  Yes  No

If "Yes," provide the names of the owners/operators and the addresses of the to-be-abandoned plant(s) or facility(ies):

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

3. 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

4. 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 3 or 4 is "Yes," provide a detailed explanation in a separate document.**



## M. COMPLIANCE WITH LAW

1. The Applicant and any owner or occupant of the proposed project is in substantial compliance with applicable local, state and federal tax, worker protection and environmental laws, rules and regulations.  Yes  No
2. The proposed project, as of the date of this application, is in compliance with all provisions of Article 18-A of the General Municipal Law, including, but not limited to the provisions of Section 859-a and Section 862(1) thereof.  Yes  No

## N. SUPERMARKET DEVELOPMENT & OPERATIONS - IF APPLICABLE

1. Will the Project Location participate in the Supplemental Nutrition Assistance Program ("SNAP")?  Yes  No  
If "No," please describe why:
2. Will the Project Location participate in the Special Supplemental Nutrition Program for Women, Infants and Children ("WIC")?  Yes  No  
If "No," please describe why:
3. Will the Project Location participate in any other community-focused programs or partnerships (e.g. senior discounts, cooking demonstrations, volunteer days, etc.)?  Yes  No  
If "Yes," please describe each activity and its frequency (e.g. daily senior discounts, weekly healthy cooking demonstrations, etc.):
4. Do Applicant and/or its Affiliates own and/or operate other supermarkets or supermarket-related businesses in New York City?  Yes  No  
If "Yes," please complete the following table and add rows as needed:

Store & Company Name	Address	Size (sf)	Years in Operation	Owned or Leased

5. Do the Applicant and/or its Affiliates own and/or operate any other businesses in New York City?  Yes  No  
If "Yes", please describe the nature of business and years in operation:
6. Has the Project Location been approved for/is currently seeking FRESH Zoning benefits?  Yes  No  
If "Yes", please describe the applicable FRESH Zoning benefits (i.e. additional development rights, reduction in required parking, larger as-of-right in M1), primary applicant company, and anticipated schedule for approval:

## O. ADDITIONAL QUESTIONS

1. How does the Applicant intend to utilize the tax savings provided through the NYCIDA?  
REINVEST SAVINGS BACK INTO WORKING CAPITAL TO MAINTAIN AND CONTINUE TO UPGRADE OPERATIONS.
2. What are the primary sources of revenue supporting Applicant's operations?  
WHOLESALE REVENUES TO LARGE FOOD DISTRIBUTORS SUCH AS FRESH DIRECT, WHOLE FOODS, RESTAURANTS AND OTHER RETAILERS
3. If the Applicant's income statement categorizes any revenues as "Other operating revenues," describe what revenues are captured in that category:  N/A
4. If the Applicant's income statement categorizes any revenues as "Other general and administrative," describe what revenues are captured in that category:  N/A

# CERTIFICATION

I, the undersigned officer/member/partner of Applicant, on behalf of Applicant and its Affiliates, 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 Agency's Board of Directors (the "Board"), in order to obtain from the Board an expression of Intent to provide the benefits requested herein for the Project.

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

I certify under penalty of perjury to the best of my knowledge and belief, after due investigation, that the information contained in these Application Materials is accurate, true and complete and does not contain a misstatement of a material fact or omit to state a material fact necessary to make the statements contained herein not misleading. 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 Corporation to reject the request made in the Application Materials.

I acknowledge that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any tax exemptions claimed by reason of Agency involvement in the project.

I further understand and agree as follows:

That notwithstanding submission of this Application, the Agency shall be under no obligation to present Applicant's proposed Project to the Board for approval. If the Agency presents Applicant's proposed Project to the Board for approval, the Agency does not guaranty that such approval will be obtained. If upon presenting Applicant's proposed Project to the Board for approval the Agency obtains such approval, such approval shall not constitute a guaranty from the Agency to Applicant that the Project transaction will close.

That preparation of this Application and any other actions taken in connection with the proposed Project shall be entirely at Applicant's sole cost and expense. Under all circumstances, the Application Fee is non-refundable, including but not limited to the circumstance where the Agency decides, in its sole discretion, to not present Applicant's proposed project to the Board for Approval.

That each of Applicant and each of its Affiliates (collectively, the "Indemnitors") hereby releases the Agency and NYCEDC and their respective directors, officers, employees and agents (collectively, the "Indemnitees") from and against any and all claims that any Indemnitor has or could assert and which arise out of, or are related to, any Application Materials, any actions taken in connection therewith or any other actions taken in connection with the proposed Project (collectively, the "Actions"). Each Indemnitor hereby indemnifies and holds harmless each of the Indemnitees from and against any and all claims and damages brought or asserted by third parties, including reasonable attorneys' fees, arising from or in connection with the Actions. As referred to herein, "third parties" shall include, but shall not be limited to, Affiliates.

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

That capitalized terms used but not defined in this Application have the respective meanings specified in the Policies and Instructions.

I acknowledge and agree that the Agency reserves its 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,

I certify that, using due care, I know of no misstatement of material fact in the Application Materials, and know of no material fact required to be stated in the Application Materials to make the statements made therein not misleading. Certified by Preparer,

This \_\_\_\_\_ day of 02/22/2022

This \_\_\_\_\_ day of 02/22/2022

Name of Applicant: OVEN ARTISANS INC

Name of Preparer: CITY ONE ASSOCIATES INC

Signatory: KEITH COHEN

Signatory: ROBERT MOREL

Title of Signatory: PRESIDENT

Title of Signatory: PRESIDENT

Signature: 

Signature: 