

Core Application - Applicant General Information

The Core Application captures specific and general information about the Applicant and the Project. This section begins with a survey of "General Information," followed by a section that describes the Applicant's interest or relationship to the project site. This helps establish eligibility and which benefits will be applied to the project.

| | |
|-----------------------|---|
| Name: | Simons Hardware + Bath, LLC owned by Goels, LLC |
| Address: | 35-15 41 st Street, Long Island City, N.Y. 11101 |
| Phone Number(s): | [REDACTED] |
| Fax Number(s): | [REDACTED] |
| E-mail Address: | |
| Website Address: | WWW.SIMONS-HARDWARE-AND-BATH.COM |
| Applicant EIN Number: | [REDACTED] |
| S.I.C. Code: | Business Code [REDACTED] |
| NAICS Code: | |

Date of Application: Apr 14, 2006

1. Applicable Program (please check one):

- | | |
|--|---|
| <input type="checkbox"/> Manufacturing Facilities Bond Program | <input type="checkbox"/> Empowerment Zone Facilities Bond Program |
| <input checked="" type="checkbox"/> Industrial Incentive Program ("IIP") | <input type="checkbox"/> Exempt Facilities Bond Program |
| <input type="checkbox"/> Small Industrial Incentive Program ("SIIP") | |

IIP is only available for Applicants with annual revenues of less than \$5 million and fewer than 100 employees; IIP is only available for Applicants with either annual revenues that are \$5 million or greater or 100 or more employees.

2. Officer of Applicant serving as contact person:

| | |
|--------------------------------|--|
| Name: <u>Alison Murray</u> | Firm: <u>Simons Hardware + Bath LLC</u> |
| Phone #: <u>(212) 532-9220</u> | Fax #: <u>(212) 725-3609</u> |
| E-mail Address: _____ | Address: <u>421 Third Ave, N.Y. N.Y. 10016</u> |

3. Attorney of Applicant:

| | |
|---------------------------------|---|
| Name: <u>STEPHEN TREACY Esq</u> | Firm: <u>Mohr + TREACY, LLP</u> |
| Phone #: <u>(516) 759-1212</u> | Fax #: <u>(516) 759-3234</u> |
| E-mail Address: _____ | Address: <u>186 Birch Hill Rd. Levitt Valley N.Y. 11560</u> |

4. Accountant of Applicant:

| | |
|--------------------------------|--|
| Name: <u>Jim Maney</u> | Firm: <u>Wild & Maney LLP</u> |
| Phone #: <u>(516) 364-8888</u> | Fax #: <u>(516) 364-3717</u> |
| E-mail Address: _____ | Address: <u>20 Crossway Park North Suite 40 Woodbury, N.Y. 11797</u> |

5. Other Advisor/Consultant to Applicant (if applicable):

Name: VALERIA MICELI Firm: VAL FUNDING, INC.
Phone #: (845) 356-8039 Fax #: (845) 356-1053
e-mail Address: VALFUNDING@AOK.COM Address: 16 CLAY ST. NEW CITY N.Y. 10956

6. Applicant is (check one of the following, as applicable):

- | | | |
|---|---|---|
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> C Corporation |
| <input type="checkbox"/> S Corporation | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Natural Person |
| <input type="checkbox"/> 501(c)(3) Organization | <input type="checkbox"/> Other (specify): _____ | |

7. Are any securities of Applicant publicly traded?

- Yes No

8. Applicant's state of incorporation or formation: NEW YORK

9. Applicant's date of incorporation or formation: SIMON'S HANDWRITING BLDG LLC (8-2000) Gabel LLC (1-2003)

10. States in which Applicant is qualified to do business: ALL STATES

11. Please provide a brief description of Applicant and nature of its business: _____

COMPANY / WHOLESALE DISTRIBUTES AND CUSTOMIZES ARCHITECTURAL HARDWARE

Core Application - Applicant Interest in Project Realty

Please note: An "Affiliate" means any individual, corporation, partnership, joint venture, sole proprietorship, limited liability company, trust or other entity that controls, is controlled by or is under common control with the Applicant or the "SPE" (defined herein below).

1. Please check all that apply:

- Applicant or an Affiliate is the fee simple owner of the Project realty.
- Applicant or an Affiliate is not currently, but expects to be the fee simple owner of the Project realty.
- Applicant or an Affiliate is not the owner of the Project realty, but is the occupant of a material portion thereof for the conduct of its business pursuant to a lease or other occupancy agreement.
- Applicant or an Affiliate is not the owner of the Project realty, but expects, immediately following the closing, to be the occupant of a material portion thereof for the conduct of its business pursuant to a lease or other occupancy agreement.
- None of the above categories fully describe Applicant and its relation to the Project realty, which may be more accurately described as follows (please provide copies of supporting documentation, as applicable):

Please note: Please pay particular attention to items 5, 6 and 16 in the Required Documents List (attached), which request additional information specific to the Project realty.

2. If a special-purpose entity ("SPE") that is owned and controlled by the Applicant will own or otherwise control the Project realty, the SPE will be a (check one of the following as applicable):

- General Partnership
- Limited Partnership
- C Corporation
- S Corporation
- Limited Liability Company
- Not-for-profit 501(c)(3) Entity
- Natural Person
- Other (specify): _____

| | |
|--|---------------------------|
| Name of SPE: | PIERCEUS LLC. |
| Address: | 421 THIRD AVE NY NY 10016 |
| Phone Number(s): | (212) 532-9220 |
| Contact Person: | ALISON MURPHY |
| Title of Contact Person: | MEMBER |
| Affiliation of SPE to Applicant: | same ownership. |
| Owners of SPE and each respective ownership share: | SEE ATTACHED |
| SPE EIN Number: | |

Please note: If information required above for the SPE is unknown at time of Application submission, then please submit any missing information to the NYCIDA as soon as it becomes available.

3. Give the following information with respect to all present and proposed tenants and sub-tenants at the proposed project site. Provide information on an additional sheet if space is needed.

| Company Name | Phone | Affiliation with Applicant | SF & Floors (Percent of Occupancy) | Lease Expiration | Tenant Business |
|--------------|-------|----------------------------|------------------------------------|------------------|-----------------|
| | | N/A | | | |
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Core Application - Project Description and Financial Information

Please complete this section of the Application for each of the Project sites, defined as a facility (perhaps encompassing more than one address and/or block and lot) with either a distinct employment base (as evidenced through D.O.L. reporting) or with a separate and distinguishable source of funding for the acquisition, renovation or construction of the facility. If more than one site exists for this Project, please make the requisite number of copies of this section and fill it out for each site.

| | |
|---|---|
| Site # | 1 |
| Borough: | Queens |
| Neighborhood: | Long Island City |
| Block(s): | 307 |
| Lot(s): | 24 |
| Street address and zip code: | 51-15 35 th Street Long Island City NY |
| Zoning: | M1-1 |
| Square footage of land: | 20,000 |
| Square footage of existing building(s): | 16,000 |
| Number of floors: | 1 |
| Intended use(s) (e.g., office, retail, etc.): | WAREHOUSE + FABRICATION |

1. Please provide the following Project information:

a. Please provide a brief description of the proposed Project: Company wishes to purchase and REWINDS property to expand their wholesale distribution + customize Architectural Hardware.

b. When does Applicant want Closing to occur (i.e., when does Applicant want the proceeds from the Bonds or other benefits sought to be available for the Project costs)? JUNE 2006

c. Indicate the estimated date for commencement of the Project: JUNE 2006

d. Indicate the estimated date for the completion of the Project: JUNE 2007

e. Is the Project site located in a New York State Empire Zone? _____

Yes No BUT IN AN IBE ZONE

If Yes, which zone? _____

f. Is the Project site located in the Federal Empowerment Zone? _____

Yes No

g. Will the Project require Uniform Land Use Review Procedure ("ULURP") approval? _____

Yes No

h. Will the Project require any other special permit or approval? _____

Yes No

If Yes, please explain: _____

i. Is any governmental entity intended or proposed to be an occupant at the Project site?

- Yes No

If Yes, please provide details: _____

j. Will the Project require a tax lot apportionment or subdivision? (Tax lot apportionment will be required for real estate tax benefits to commence.)

- Yes No

If Yes, please provide details and timing: _____

2. Please complete the following summary of Project sources and uses:

| Uses of Funds | | Sources of Funds | |
|--|--|-------------------------------|--|
| Land acquisition ² | | Bonds | |
| Building acquisition ² | | Loan (1) <i>BANK</i> | |
| New construction ⁴ | | Loan (2) | |
| Renovations | | Capital campaign ³ | |
| Fixed tenant improvements | | Affiliate/employee loans | |
| Machinery and/or equipment | | Company funds | |
| Soft costs (define): | | Fund balance ³ | |
| Furnishings | | Other equity (explain) | |
| Debt Service Reserve Fund ⁴ | | Other (explain) | |
| Capitalized interest ³ | | Other (explain) | |
| Other (explain) | | Other (explain) | |
| Total Project Uses | | Total Project Sources | |

3. Please list where machinery and equipment will be purchased and what percentage of total machinery and equipment relating to the Project this will represent:

- | | |
|---|----------------------------|
| <input type="checkbox"/> New York City | Percentage of Total? _____ |
| <input type="checkbox"/> New York State (excluding NYC) | Percentage of Total? _____ |
| <input type="checkbox"/> United States (excluding NY State) | Percentage of Total? _____ |
| <input type="checkbox"/> Outside United States | Percentage of Total? _____ |

² Please estimate Land and Building acquisition costs separately if possible.

⁴ Define New Construction on a separate piece of paper.

³ Applies to not-for-profit bond financings only.

Simon's Hardware & Bath

Major Customers-

Claus Rademacher Architects
136 East 73rd Street
NY, NY 10021

Phone: 212-535-1800
Fax: 212-535-0829
Contact: Clause Rademacher

Vesta Development Group, Inc.
50 Murray Street
#1612
New York, NY 10007

Phone: 212-228-0101
Fax: 212-202-4097
Contact: Chris Prokop

Wise Construction
81 Barrow Street
New York, NY 10014

Phone: 212-929-6181
Fax: 212-647-9705

Contact: Bill Hinson

NYKB
1504 2nd Ave
New York, NY 10021

Phone : 212-737-5600
Fax: 212-532-5081

Contact: Raviv Turner

Pre Application - Background Information on Applicant & Applicant's Affiliates

Please note: "Principal" means the following with respect to the Applicant and/or the SPE: all persons (entities or individuals) that control the Applicant and/or the SPE, and/or own more than 10 percent of either; all executive officers; all directors; and all members and general partners for, respectively, limited liability companies and partnerships.

Please answer the following questions and, if necessary, include additional information as an attachment:

1. Has Applicant, or any Affiliate or Principal, ever received, or is any such person or entity currently receiving, financial assistance or any other kind of discretionary benefit from any local, state or federal governmental entity or agency, or any public authority or public benefit corporation, or any local development corporation? *Affiliate Company Manhattan Associates Received NYCIDA in 2004*
- Yes No If Yes, please provide details on an attached sheet.

Please note: local, state and federal governmental entities or agencies, public authorities or public benefit corporations, and local development corporations, shall be referred to as "Public Entity(ies)."

2. Has Applicant, or any Affiliate or Principal, or any existing or proposed occupant at the Project site, obtained, or is any such person or entity in the process of obtaining, or contemplating obtaining, other assistance from the NYCIDA?
- Yes No If Yes, please 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, please provide details on an attached sheet.

4. Has real property in which Applicant, or Affiliate or Principal, holds or has ever held an ownership interest and/or controlling interest of 25 percent or more, now or ever been (i) the subject of foreclosure (including a deed in lieu of foreclosure), or (ii) in arrears with respect to any type of tax, assessment or other imposition?
- Yes No If Yes, please provide details on an attached sheet.

5. Does Applicant, or any Affiliate or Principal, have any contingent liabilities not already covered above (e.g., judgment liens, lis pendens, other liens, etc.)? Please include mortgage loans and other loans taken in the ordinary course of business only if in default.
- Yes No If Yes, please provide details on an attached sheet.

5. Has the 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, please provide details on an attached sheet.

Please answer the following questions relating to the Applicant (if the space provided below is insufficient, please provide complete information on an attached sheet):

7. List major customers:

| Company Name | Address | Contact | Phone | Percent of Revenues |
|--------------|---------------------|---------|-------|---------------------|
| | <i>SEE ATTACHED</i> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



WWW.SIMONSHARDWAREANDBATH.COM

MAIN STORE:

421 THIRD AVENUE

NEW YORK, NY 10016

PHONE:

212-532-9220

FAX: 212-725-3609

Owners/Members of Simon's Hardware & Bath, LLC Owned by Gaels, LLC

| | |
|---------------|--------|
| Timothy Mohen | 42.97% |
| Kevin Brady | 13.43% |
| Pano, LLC | 26.86% |
| Richard Belli | 10.47% |
| Alison Murray | 6.27% |



WWW.SIMONSHARDWAREANDBATH.COM

MAIN STORE:

421 THIRD AVENUE

NEW YORK, NY 10016

PHONE:

212-532-9220

FAX: 212-725-3609

Suppliers for Simon's Hardware & Bath, LLC

1. Ginger's USA
460-N Greenway Industrial Drive
Fort Mill, SC 29715
Phone: 803-547-5786
Fax: 803-547-6356
Contact: Mr. Mark Bickler
2. Omnia Industries
Five Cliffside Drive Box 330
Cedar Grove, New Jersey 07009
Phone: 973-239-7272
Fax: 800-542-7611
Contact: Robin Horn
3. Colonial Bronze
511 Winsted Rd. Box 207
Torrington, CT 06790
Phone: 860-489-9233
Fax: 860-482-8760
Contact: Mr. James Gregg
4. Baldwin Hardware Corp.
P.O. Box 15048
Reading, Pa 19612-5048
Phone: 800-437-7448
Fax: 610-777-7256
Contact: Mr. Bob Bergner

Simon's Hardware & Bath, LLC

Bank

National Penn Bank
528 East Lancaster Avenue
St. Davids, PA 19087
Phone : 610-254-9149
Fax: 610-254-9105
Contact: Kirk Soxman
Type of Account- Line of Credit

8. List major suppliers:

| Company Name | Address | Contact | Phone |
|--------------|---------------------|---------|-------|
| | <i>SEE ATTACHED</i> | | |
| | | | |
| | | | |
| | | | |
| | | | |

9. List unions (if applicable):

| Union Name | Address | Contact | Phone | Contact Expiration |
|------------|------------------|---------|-------|--------------------|
| | <i>NON UNION</i> | | | |
| | | | | |
| | | | | |

10. List banks:

| Bank Name | Address | Contact | Phone | Type of Account |
|-----------|---------------------|---------|-------|-----------------|
| | <i>SEE ATTACHED</i> | | | |
| | | | | |
| | | | | |

11. List licensing authorities, if applicable:

| Company Name | Address | Contact | Phone | Percent of Revenues |
|--------------|------------|---------|-------|---------------------|
| | <i>N/A</i> | | | |
| | | | | |
| | | | | |
| | | | | |
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Core Application - Request, Certification, etc.

I, the undersigned officer/member/partner of Applicant, on behalf of Applicant, 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 NYCIDA Board, in order to obtain from the NYCIDA Board an expression of intent to provide the benefits requested herein for the Project. I understand that this expression of intent will take the form of an inducement resolution to be adopted by the Board.

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

I certify to the best of my knowledge and belief that all of the information provided in these Application Materials is accurate, true and correct. 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 Board to reject the request made in the Application Materials.

I understand the following: that Applicant and Principals will be subject to a background check and actual or proposed subtenants may be subject to a background check; that the NYCIDA may be required under SEQR to make a determination as to the Project's environmental impact and that in the event the NYCIDA does determine that the Project will have an environmental impact, Applicant will be required to prepare, at its own expense, an environmental impact statement; that the decision of the Board to approve or to reject the request made in the Application Materials is a discretionary decision; that no Bonds may be issued (if Bonds are being requested) unless such Bonds are approved by the Mayor; that under the New York State Freedom of Information Law ("FOIL"), the NYCIDA may be required to disclose the Application Materials and the information contained therein (see Disclosure Policy and Procedure); and that Applicant shall be entirely responsible and liable for the fees referred to in these Application Materials, including (in the case of Bonds) but not limited to payment of the New York State bond issuance fees (if applicable to the Bonds in question) based upon the aggregate principal amount of the Bonds.

I further understand and agree as follows:

That in the event the Application Materials are not submitted to the Board for any reason including negative results obtained through the background check, and/or, with respect to Application Materials that are submitted to the Board, in the event the Board rejects same, then, under either of said circumstances, Applicant shall have no recourse against the NYCIDA or any other public or governmental entity or public benefit corporation (including NYCEDC), or any directors, officers, employees or agents of the foregoing (collectively, the "Public Participants"), for the Application Fee, or for other expenses incurred by Applicant or other parties on behalf thereof, or for damages or specific performance; and that the Application Fee is under all circumstances (including but not limited to the ones just described and the ones described in the next succeeding paragraph) non-refundable; and

That if the Board adopts an inducement resolution with respect to the request made in the Application Materials, such adoption shall not be deemed a guaranty that the Board will adopt an authorizing resolution; or that the NYCIDA will then provide the induced benefits; and

That Applicant shall indemnify the NYCIDA for fees and disbursements incurred by bond counsel (in the case of a Bond transaction) or by project counsel (in the case of a straight-lease transaction); and that bond counsel or project counsel (as applicable) shall be a third-party beneficiary of this indemnity to the NYCIDA regardless of whether a Closing occurs and if no Closing occurs, regardless of the reason thereafter and regardless of whether a Closing was within or without the control of any of the Public Participants; and

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

I acknowledge and agree that the NYCIDA reserves the 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,

this _____ day of 4-14, 2006.

Name of Applicant: Simon's Hardware & Bath d/b/a owned by Baels, LLC

By: Printed Name of Signer: Alison Murray

Title of Signer: President

Signature: Alison Murray

Environmental Assessment Form

Please note: This document is designed to assist in determining whether the action proposed may have a significant effect on the environment. Please complete the entire form. Answers to these questions will be considered as part of the application for approval and may be subject to further verification and public review. It is expected that completion of the full EAF will be dependent on the information currently available and will not involve new studies, research or investigation. If information requiring such additional work is unavailable, so indicate and specify each instance.

| | |
|--|----------------------------------|
| Name of action: <i>Simon's Hardware + Bath LLC owned by Gaele</i> | |
| Location of action (or show site location on a copy of a Hagstrom or other street map): <i>51-15 35th Street, L.I.C., N.Y.</i> | |
| Name of Applicant: <i>Simon's Hardware + Bath LLC</i> | Telephone: <i>(212) 532-9220</i> |
| Address of Applicant: <i>35-15 41st Street L.I.C., N.Y. 11101</i> | FAX: <i>(212) 25-3609</i> |
| | Contact: <i>Alison Murray</i> |
| Name of Owner (if different): | Telephone: |
| Address of Owner: | FAX: |
| | Contact: |
| Description of action (please be precise): <i>Company plans to acquire property known as 51-15 35th St. and renovate with improvements, loading dock, windows, plumbing, electric, office. No in-ground construction.</i> | |

Site Description

(Physical setting of overall Project, both developed and undeveloped areas.)

1. Present land use:
- | | | |
|---|--|---|
| <input type="checkbox"/> Urban | <input checked="" type="checkbox"/> Industrial | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Forest | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Residential (suburban) |
| <input type="checkbox"/> Rural (non-farm) | <input type="checkbox"/> Other: _____ | |

2. Total acreage of Project area: *10,000* acres of *just app.*

| Approximate Acreage | Presently (in acres) | After Completion (in acres) |
|---|--|--------------------------------|
| Meadow or brushland (non-agricultural) | — | — |
| Forested | — | — |
| Agricultural (includes orchards, cropland, pasture, etc.) | — | — |
| Wetland (freshwater or tidal as per Articles 24, 25 of ECL) | — | — |
| Water surface area | — | — |
| Unvegetated (rock, earth or fill) | — | — |
| Roads, building and other paved surfaces | <i>4,000 sq feet of asphalt</i> | <i>Same</i> |
| Other (indicate type) | <i>4,000 sq feet of gravel parking</i> | <i>Same</i> |

3. What is predominant soil type(s) on Project site?

- a. Soil drainage: Well-drained _____ percent of site
 Moderately well drained _____ percent of site
 Poorly drained _____ percent of site

b. If any agricultural land is involved, how many acres of soil are classified within soil group 1 through 4 of the NY Land Classification System? N/A acres. (See I NYCRR 370).

4. Are there bedrock outcroppings on Project site?

- Yes No

If Yes, what is depth to bedrock? (in feet) _____

5. Approximate percentage of proposed Project site with slopes:

- 0-10 percent
 10-15 percent
 15 percent or greater

6. Is Project substantially contiguous to, or contain a building, site or district listed on the State or the National Registers of Historic Places?

- Yes No

7. Is Project substantially contiguous to a site on the Register of National Natural Landmarks?

- Yes No N/A

8. What is the depth to water table? N/A (in feet)

9. Is site located over a primary, principal or sole source aquifer?

- Yes No

10. Do hunting, fishing or shellfishing opportunities currently exist in the Project area?

- Yes No

11. Does Project site contain any species of plant or animal life that is identified as threatened or endangered?

- Yes No

If Yes, according to: _____

If Yes, please identify each species: _____

12. Are there any unique or unusual landforms on the Project site? (i.e., cliffs, dunes, other geological formations)

- Yes No

If Yes, please describe: _____

13. Is the Project site currently used by the community or neighborhood as an open space or recreation area?

- Yes No

If Yes, please explain: _____

14. Does the present site include scenic views known to be important to the community?

- Yes No

15. Please list the streams within or contiguous to Project area: _____

Please list the name of stream and name of river to which it is tributary: _____

16. Please list lakes, ponds, wetland areas within or contiguous to Project area:

a. Name: _____

b. Size (in acres): _____

Environmental Assessment Form

17. Is the site served by existing public utilities?

Yes No

If Yes, does sufficient capacity exist to allow connection? Yes No

If Yes, will improvements be necessary to allow connection? Yes No

18. Is the site located in an agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304?

Yes No

19. Is the site located in or substantially contiguous to a Critical Environmental Area designated pursuant to Article 8 of the ECL and 6 NYCRR6177?

Yes No

20. Has the site ever been used for the disposal of solid or hazardous wastes?

Yes No

21. Is any part or the entire site listed on the National Priorities List, CERCLA Information System List ("CERCLIS LIST"), the New York State Inactive Hazardous Waste Disposal Site Registry and/or the New York State Petroleum Spill List?

Yes No

If Yes, please provide specific information regarding such listing on a separate piece of paper.

22. Has any part or all of the site been listed on the National Priorities List, CERCLIS LIST, the New York State Inactive Hazardous Waste Disposal Site Registry and/or the New York State Petroleum Spill List?

Yes No

23. Are there any hazardous and/or toxic or similar material(s), substance(s) and/or waste(s), including but not limited to petroleum products, present at the site that may pose a health or physical hazard to persons employed at or visiting the Project site?

Yes No

If Yes, please provide specific information regarding all such materials(s), substance(s) and/or waste(s): _____

24. Are there any properties which are or have been listed on the National Priorities List, CERCLIS LIST, the New York State Inactive Hazardous Waste Disposal Site Registry and/or the New York State Petroleum Spill List within a 1/4-mile radius of the site?

Yes No

If Yes, please provide specific information regarding all such property(ies) on a separate piece of paper.

25. Are there any properties which are or have been listed on the National Priorities List, CERCLIS LIST, the New York State Inactive Hazardous Waste Disposal Site Registry and/or the New York State Petroleum Spill List that may pose a health or physical hazard to persons employed at or visiting the site?

Yes No

If Yes, please provide specific information regarding all such property(ies) on a separate piece of paper.

26. Does the Applicant have any reason to believe that there are any hazardous and/or toxic or similar material(s), substance(s) and/or waste(s), including but not limited to petroleum products, present at properties in the vicinity of the site that which may pose a health or physical hazard to persons employed at the visiting site?

Yes No

If Yes, please explain on a separate piece of paper.

Project Description

1. Physical dimensions and scale of Project (fill in dimensions as appropriate)

- a. Total contiguous acreage owned or controlled by Project sponsor: acres.
- b. Project acreage to be developed: acres initially; acres ultimately.
- c. Project acreage to remain undeveloped: acres.
- d. Length of Project, in miles: (if appropriate).
- e. If the Project is an expansion, indicate percent of expansion proposed: percent.
- f. Number of off-street parking spaces: existing ; proposed .
- g. Maximum vehicular trips generated in the AM and PM peak hours upon completion of Project: .
- h. If residential, number and type of housing units:

Trucks will be used at New location

2 Trucks allowed cause between 7-8 AM to Deliver + RETURN 4:30 to 5:30 Employees take TRAIN

Have project on road; proposed street

| | One Family | Two Family | Multiple Family | Condominium |
|------------|------------|------------|-----------------|-------------|
| Initially | N/A | N/A | N/A | N/A |
| Ultimately | N/A | N/A | N/A | N/A |

- i. Dimensions (in feet) of largest proposed structure: height; width; length.
- j. Linear feet of frontage along a public thoroughfare Project will occupy: ft.
- 2. How much natural material (i.e., rock, earth, etc.) will be removed from the site? tons/cubic yards.
- 3. Will disturbed areas be reclaimed?
 - Yes No N/A

If Yes, for what intended purpose is the site being reclaimed?

 - If Yes, will topsoil be stockpiled for reclamation? Yes No
 - If Yes, will upper subsoil be stockpiled for reclamation? Yes No
- 4. How many acres of vegetation (trees, shrubs, ground covers) will be removed from site? acres
- 5. Will any mature forest (over 100 years old) or other locally important vegetation be removed by this Project?
 - Yes No
- 6. If single phase Project, anticipated period of construction months (including demolition).
- 7. If multi-phased:
 - a. Total number of phases anticipated
 - b. Anticipated date of commencement phase 1 month year (including demolition)
 - c. Approximate completion date of final phase month year.
 - d. Is phase 1 functionally dependent on subsequent phases? Yes No
- 8. Will blasting occur during construction?
 - Yes No
- 9. Number of jobs generated: during construction after Project is complete
- 10. Number of jobs eliminated by this Project 0
- 11. Will Project require relocation of any Projects or facilities?
 - Yes No

If Yes, please explain:

Environmental Assessment Form

12. Is surface liquid waste disposal involved?

Yes No

If Yes, indicate type of waste (sewage, industrial, etc.) and amount: _____

If Yes, name of water body into which effluent will be discharged: _____

13. Is subsurface liquid waste disposal involved?

Yes No

If Yes, please explain: _____

14. Will surface area of an existing water body increase or decrease by proposal?

Yes No

If Yes, please explain: _____

15. Is Project or any portion of Project located in a 100-year flood plain?

Yes No

16. Will the Project generate solid waste?

Yes No

If Yes, what is the amount per month? 142 tons tons.

If Yes, will an existing solid waste facility be used? Yes No

If Yes, please give name: GIUGLI PARTING Co. and location: 19-11 GILMERTOWN DEL. TAMMUN NJ

Will any wastes not go into a sewage disposal system or into a sanitary landfill? Yes No

11432

If Yes, please explain: _____

17. Will the Project involve the disposal of solid waste?

Yes No

If Yes, what is the anticipated rate of disposal? _____ tons/month.

If Yes, what is the anticipated site life? _____ years.

18. Will Project use herbicides or pesticides?

Yes No

19. Will Project routinely produce odors (more than one hour per day)?

Yes No

20. Will Project produce operating noise exceeding the local ambient noise levels?

Yes No

21. Will Project result in an increase in energy use?

Yes No

If Yes, indicate type(s): _____

22. If water supply is from wells, indicate pumping capacity: 2.5 gpm gallons/minute.

23. Total anticipated water usage: 1000 gallons/day.

24. Does Project involve local, state or federal funding?

Yes No

If Yes, please explain: _____

25. Approvals Required:

- City, Town, Village Planning Board Yes No Type: _____ Submittal Date: _____
- City, Town Zoning Board Yes No Type: _____ Submittal Date: _____
- City, County Health Department Yes No Type: _____ Submittal Date: _____
- Other Local Agencies Yes No Type: _____ Submittal Date: _____
- Other Regional Agencies Yes No Type: _____ Submittal Date: _____
- State Agencies Yes No Type: _____ Submittal Date: _____
- Federal Agencies Yes No Type: _____ Submittal Date: _____

Zoning and Planning Information

1. Does proposed action involve a planning or zoning decision?

- Yes No

If Yes, indicate decision required:

- Zoning amendment Zoning variance Special use permit
- Subdivision Site plan New/revision of master plan
- Resource Management Plan Other (specify): _____

2. What is the zoning classification(s) of the site? MI-1

3. What is the maximum potential development of the site if developed as permitted by the present zoning? MI-1

4. What is the proposed zoning of the site? MI-1

5. What is the maximum potential development of the site if developed as permitted by the proposed zoning? MI-1

Is the proposed action consistent with the recommended uses in adopted local land use plans?

- Yes No

7. What are the predominant land use(s) and zoning classifications within a 1/4-mile radius of proposed action? _____

MI-1

8. Is the proposed action compatible with adjoining/surrounding land uses within a 1/4-mile radius?

- Yes No

9. If the proposed action is the subdivision of land, how many lots are proposed?

What is the minimum lot size proposed? N/A

10. Will proposed action require any authorization(s) for the formation of sewer or water districts?

- Yes No

11. Will the proposed action create a demand for any community provided services (recreation, education, police, fire protection)?

- Yes No

If Yes, is existing capacity sufficient to handle projected demand? Yes No

12. Will the proposed action result in the generation of traffic significantly above present levels?

- Yes No

If Yes, is the existing road network adequate to handle the additional traffic? Yes No

Informational Details

Attach any additional information that may be needed to clarify your Project. If there are or could be any adverse environmental impacts with your proposal, please discuss such impacts and the measures you propose to mitigate or avoid them.

Certification

THE UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above, and in any statement attached hereto, are true and correct.

Name of Applicant: SIMON'S HARDWARE - BETH, LLC.

By: Printed Name of Signer: ALISON MURPHY

Title of Signer: PRESIDENT

Signature: *Alison Murphy*

Date: 4-14-06

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.

1. Will any portion of the Project consist of facilities or property that are or will be primarily used in making retail sales of goods to customers who personally visit the Project?
 Yes No
2. If the answer to question 1 is "Yes," will the applicant or any other project occupant be a registered vendor under Article 28 of the Tax Law of the State of New York (the "Tax Law") primarily engaged in the "retail sale of tangible personal property" (as defined in Section 1101(b)(4)(i) of the Tax Law)?
 Yes No
3. Will any portion of the Project consist of facilities or property that are or will be primarily used in making retail sales of services to customers who personally visit the Project?
 Yes No
4. If the answer to question 1 or question 3 is "Yes," what percentage of the cost of the Project will be expended on such facilities or property primarily used in making retail sales of goods or services to customers who personally visit the Project?
N/A percent
5. If the answer to question 1 or question 3 is "Yes," and the answer to question 4 is more than 33.33 percent, indicate whether any of the following apply to the Project:
 - a. Will a not-for-profit corporation operate the Project?
 Yes No
 - b. Is the Project likely to attract a significant number of visitors from outside New York City?
 Yes No
 - c. Would the Applicant, but for the contemplated financial assistance from the NYCIDA, locate the related jobs outside the State of New York?
 Yes No
 - d. Is the predominant purpose of the Project to make available goods or services that would not, but for the Project, be reasonably accessible to New York City residents because of a lack of reasonably accessible retail trade facilities offering such goods or services?
 Yes No
 - e. Will the Project be located in one of the following: (a) an area designated as an economic development zone pursuant to Article 18-B of the General Municipal Law; or (b) a census tract or block numbering area (or census tract or block numbering area contiguous thereto) that, according to the most recent census data, has (i) a poverty rate of at least 20 percent for the year to which the data relates, or at least 20 percent of its households receiving public assistance, and (ii) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates?
 Yes No
6. If the answers to any of subdivisions (c) through (e) of question 5 are "Yes," will the Project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York?
 If "Yes", please furnish details in a separate attachment.
7. If the answers to any of subdivisions (a) through (e) of question 5 are "Yes," please furnish details in a separate attachment.

THE UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above, and in any statement attached hereto, are true and correct.

Name of Applicant: SIMON'S HAIRDOONE & BATH, LLC. owned by Gault LLC.

Jy: Printed Name of Signer: Alison Murray

Title of Signer: PRESIDENT

Signature: 

Date: 4-14-06

1. Will the completion of the Project result in the removal of a plant or facility of Applicant, or of a proposed occupant of the Project, from an area in New York State (but outside of New York City) to an area within New York City?

Yes No

If "Yes," please provide the following information:

Address of the to-be-removed plant or facility:

Names of all current occupants of the to-be-removed plant or facility:

2. Will the completion of the Project result in the abandonment of one or more plants or facilities of the Applicant, or of any proposed occupant of the Project, located in an area of New York State other than New York City?

Yes No

If "Yes," please provide the following information:

Addresses of the to-be-abandoned plant(s) or facility(ies):

Names of all current occupants of the to-be-abandoned plants or facilities:

3. Will the completion of the Project in any way cause the removal and/or abandonment of plants and facilities anywhere in New York State (but outside of New York City)?

Yes No

If "Yes," please provide all information relevant to such future removal and/or abandonment:

If the answer to either question 1, 2 or 3, is "Yes," please continue and answer questions 4 and 5. *N/A*

4. 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

5. 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 4 and/or question 5 is "Yes," please provide on a separate sheet of paper a detailed statement explaining same.

THE UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above, and in any statement attached hereto, are true and correct.

Name of Applicant: SIMON'S HARDWARE & BATH LLC. owned by Gaele LLC

By: Printed Name of Signer: ALISON MURRAY

Title of Signer: PRESIDENT

Signature: 

Date: 4-14-09

VAL FUNDING, INC.
A Financial Consulting Resource

16 Clay Street, New City, New York 10956
Tel (914) 261-0611 * Fax (845) 356-1053

6-7-06

Important

Fax

To: Maura Cobi

Fax: (212) 312-3908

From: Valcia Miceli

Dear Maura

The following is the amended Employment
Schedule as you requested.
Please let me know you got it.
and call to review.
Thank you
VM

Sincerely,
Val
Val Miceli