



New York City
Industrial Development Agency



BENEFITS APPLICATION

Applicant Name: TRISTATE PLUMBING SERVICES CORP.	
Name of operating company (if different from Applicant):	
Operating Company Address: 336 WEST 37TH STREET, NEW YORK, N.Y. 10018	
Website Address: TRIPLUMBING.COM	
EIN #: [REDACTED]	NAICS Code: [REDACTED]
State and date of incorporation or formation: 9/26/2008	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"/> C Corporation	<input checked="" type="checkbox"/> S Corporation
<input type="checkbox"/> 501(c)(3) Organization	<input type="checkbox"/> Other: _____
Are any securities of Applicant publicly traded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Applicant Contact Information

	Name/Title	Company	Address	Email	Phone
Applicant Contact Person	MARC BRESLAW	TRISTATE PLUMBING	336 WEST 37 SUITE 910, NY NY 10018		[REDACTED]
Attorney	SANDER ASH	KASSOVITZ BENSON TORRES	1663 BROADWAY NY NY 10019	SASH@KASOWITZ.COM	[REDACTED]
Accountant	ISAAC RABINOWICZ	COBERT & SCHWARTZ, CPA	168 LINWOOD PL. FOR T LEE NJ		[REDACTED]
Consultant/Other	ROB MOREL	CITY ONE ASSOCIATES INC	2440 BROADWAY, SUITE 246, NYC	RMOREL@CityOneRealEstate.com	[REDACTED]

Applicable Financial Assistance

Please note the following: When Build NYC is the entity providing Financial Assistance, the Project Financial Assistance may be limited to an exemption from mortgage recording taxes and tax-exempt conduit bond financing.

Requested Financial Assistance	Estimated Value of Requested Financial Assistance
Bond Financing	Not Applicable
Real Estate Tax Benefits	[REDACTED]
Sales Tax Waiver	\$28,500
Mortgage Recording Tax Benefit	\$42,525

Background

Please provide a brief description of the Applicant's history and nature of its business, including a description of the industry, competitors and services offered, on a separate sheet. Please refer to the Private Schools Policy if the Applicant is a private elementary and/or secondary school that provides education for any or all of grades K through 12.

Proposed Project Activities

Please provide answers to the following four questions on a separate page.

1. Please provide a brief overview of the entire proposed Project, including the type, purpose and proposed location. If necessary, break down by tax lot to describe activities at each Project location
2. Please provide a brief description of how the proposed Project will affect current operations.
3. Please provide a brief description of renovations/construction of the proposed Project.
4. Please provide a brief timeline for the entire proposed Project.
5. Please provide a statement indicating the likelihood that the project would not be undertaken but for the financial assistance requested from the Agency or, if the project could be undertaken without such financial assistance, why the project should be undertaken by the Agency.

Project Financing

Amounts provided should be aggregates for all Project Locations.

Uses of Funds	Sources of Funds (If needed use an additional sheet to indicate all sources and uses)								Total Uses
	Bond Proceeds	Commercial Financing (Loan 1)	Commercial Financing (Loan 2)	Affiliate/Employee Loans	Capital Campaign	Company Funds	Public Funds (Identify)*:	Other (Identify):	
Land & Building Acquisition		2,250,000				450,000			4,500,000
Construction Hard Costs		450,000	360,000						900,000
Construction Soft Costs									
Fixed Tenant Improvements									
Furnishings & Equipment									
Debt Service Reserve Fund									
Capitalized Interest									
Costs of Issuance									
Fees (explain):									
Other (explain) closing costs						50,000			50,000
Total Sources			2,160,000						
% of each source category		50%	40%			10%			100%

TRISTATE PLUMBING SERVICES, CORP.

PROPOSED PROJECT ACTIVITIES

1) Tristate Plumbing Services, Inc. designs, fabricates and installs plumbing systems in restaurants, sporting facility, hospitals and office buildings in the tristate area. The company currently employs 109 persons-- many of them union-- in incredibly inefficient space in a congested Midtown Manhattan location at 37th St. between 8th and 9th avenues in scattered offices and warehouse space. It is truly remarkable that the company can be so successful in this location. However, their space constraints are seriously hampering growth and the company has located a building in the Bronx for the relocation and expansion for their fabrication, warehousing, estimating / project management and office headquarters .

The project consists of the acquisition of 2 properties: 1421 Cromwell Ave. (Block 2872, lot 74), a 7,000 square-foot building that will be used for their fabricating and warehousing; and 1431-1439 Cromwell Avenue (block 2782 lot 183) a two-story 20,000 square-foot building. This building will be divided into 4 sections: the top 10,000 ft.² will consist of the company offices, locker rooms, meeting rooms, estimating/design/engineering and project management etc. The lower 10,000 ft.² will consist of warehouse of about 7000 ft.² which will be occupied by Tristate; and one 3,000 ft.² pre-existing rental tenant.

The purchase price for the 2 properties will be \$4,500,000 and initial renovation budget is approximately \$900,000, consisting of demolition, setting up the fabricating and warehousing space; building offices, including bathrooms, locker rooms, lunchrooms, conference rooms, etc. on the 2nd floor and organizing and setting up the 3 spaces on the ground floor. The company anticipates that they will hire 10 new employees within the first 3 years of relocation. If the economy does not hit any significant speed bumps, that number of new employees (mostly union) could well double.

2) Tristate will relocate its entire operations from midtown Manhattan to the Bronx location. The Company will be able to maintain its existing core business and will be able to expand into several areas it currently only has a toe hold in : the hospitality industry (i.e., hotels); hospital work (building laboratories; doctor's offices; hospital cafeterias; and plumbing work in many of the hospital satellite facilities under construction and on the drawing boards in the Tristate area). Finally, New York City has a new local law that requires gas lines and their connections to the commercial properties be checked every 5 years. This requirement will also create an additional expansion opportunity for Tristate.

3) The renovation budget is estimated to be approximately \$900,000, consisting of the building offices, HVAC, setting up fabrication and warehouse spaces, etc.

4) The company anticipates that the IDA and financing (Signature Bank and SBA 504) closing can occur in late August and construction can commence in middle of October. Construction should take approximately 6 months. Management anticipates relocating to the new facility early in the summer 2018.

5) See attached Inducement Letter

Tristate Plumbing Services Corp.
336 West 37th Suite 910
New York, N.Y. 10018
May 28, 2017

Mr. Krishna Omolade
New York City Industrial Development Agency
110 William St.
New York, NY 10024

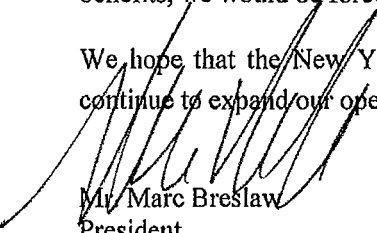
Dear Mr. Omolade,

Tristate Plumbing Services designs, fabricates and installs plumbing systems in restaurants, sporting facility, hospitals and office buildings in the tristate area. We currently employ 109 persons-- mostly union-- in incredibly inefficient space in a congested Midtown Manhattan location at 37th St. between 8th and 9th avenues in scattered offices and warehouse space. It is truly remarkable that we have grown to such a successful company in 9 short years in such difficult conditions. However, our space constraints are now seriously hampering us and we have determined to move to a larger less congested and consolidated location. We have looked in New Jersey where my wife- our Chief Operating Officer—and I live, and in the outer boroughs. We recently located a building in the Bronx and with the help of the IDA we hope to relocate our headquarters, fabrication, warehousing, estimating and project management operations there.

Our business model allows us to be quite footloose and we don't need to be so close to our clients – we have done work in Brooklyn (Industry City), Queens (St. John University), many retail sites in the Bronx (Toys R Us) and Staten Island. The costs for operating in New Jersey would be considerably cheaper than the Bronx. We saw a 26,000-sq. ft. building in Carlstadt, N.J. asking price \$2.7 million which was in move in condition and was in the NJMC Redevelopment Zone, a property in Newark (it needed too much renovation work), and a 30,000-sq. foot building also in Newark that was cheap (asking \$3.2million) but needed too much repair-- to site a few.

Through our business, we became aware of the Cromwell Avenue properties and though it was more expensive than the NJ properties, our banker suggested we utilize the IDA and SBA program to make it worth our while. We need the help of the IDA 25-year property tax abatement (our two sons are in the business- and maybe a third on the way) so we will be remaining in this facility for a long time. The MRT deferral, sales tax waiver, and ECSP savings will help us manage this extra debt. Without these IDA benefits, we would be forced to continue looking in NJ and elsewhere.

We hope that the New York City IDA will approve our project so we can remain in NYC and continue to expand our operations and business in The Bronx. Thank you for your consideration.


Mr. Marc Breslaw
President

* Please provide project costs to be financed from public sector sources (for example, City or State capital grant).

Sourcing

Please check where machinery, equipment and furnishings will be purchased and what percentage of total machinery, equipment, and furnishings relating to the Project this will represent:

<input type="checkbox"/> New York City	% of Total? <input type="text" value="100"/>
<input type="checkbox"/> New York State (excluding NYC)	% of Total? <input type="text"/>
<input type="checkbox"/> United States (excluding NYS & NYC)	% of Total? <input type="text"/>
<input type="checkbox"/> Outside United States	% of Total? <input type="text"/>
<input type="checkbox"/> N/A -- No equipment is planned to be purchased for this Project	

Operating Pro Forma (for NYCIDA applicants only)

Please provide an operating pro forma or other financial analysis demonstrating how NYCIDA assistance is needed in order to make the Project feasible.

Private School Questions (for Build NYC Private School applicants only)

Please review Build NYC's Private School Policy prior to completing the Benefit Application.

1. At least 50 percent of enrolled students are New York City residents. Yes No
2. If your school provides education to any of grades 9 through 12, it is registered with the New York State Department of Education as an eligible education institution. Yes No
3. If your school was formed under the Education Law of the State of New York, it is chartered by the New York Board of Regents. Yes No
4. If your school provides education to any of grades K through 8, it (a) is registered with the New York State Department of Education or (b) will be evaluated by an independent professional (acceptable to Build NYC's staff in their sole discretion) as providing an education equivalent to that provided by public schools in the State of New York. Yes No
5. Please provide a written plan that demonstrates an existing or planned commitment to aid the City's public school system, nonprofit organizations and/or community groups through the sharing of its facilities. Project Manager will identify appropriate and quantifiable metrics in respect of this requirement. The Private School will be required to provide annual written reports to Build NYC demonstrating its performance, as measured by such metrics.
6. The Board of Trustees or the Chief Executive Officer of your school will designate a full-time staff member to coordinate the community service activities and aid to be provided by your school pursuant to paragraph 5 above. Yes No
7. What is your school's maximum tuition for the 2015-2016 academic year? If it exceeds \$13,877, then please answer Question 8:
8. Please indicate whether your school meets the following criteria:
 - a. Financial aid equal to at least 12 percent of the Private School's gross tuition revenues must be made available to, and used by, students who are City residents. Yes No
 - b. At least 20 percent of students who are both City residents and recipients of financial aid must receive financial aid equal to or greater than 50 percent of tuition. Yes No
 - c. At least 10 percent of students who are both City residents and recipients of financial aid must receive financial aid equal to or greater than 75 percent of tuition. Yes No

Project Location Detail

Project Location		Project Location # 1 of 2	
Borough/Block/Lot: 2872/183	Street address and zip code: 1431-1439 Cromwell Ave, Bronx, NY 10452		
Zoning: <u>R7-1,C8-3</u>	Number of Floors: <u>2</u>		
Square footage of existing building: 20,000	Square footage of land: 12,500		
Anticipated square footage of building following construction and/or renovation: 20,000 sq ft	Anticipated square footage of non-building improvements following construction and/or renovation (i.e., parking lot construction): 12,500 sq feet. No change		
Intended use(s) of site (check <u>all</u> that apply): <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing/Industrial <input type="checkbox"/> Office <input type="checkbox"/> Non-profit <i>For ALL USES other than Non-profit or Retail, please also complete Energy Questionnaire</i>			
Is there any improved space which is currently occupied by existing subtenant(s) (whether Affiliates or otherwise)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will any improved space be occupied by subtenant(s) (whether Affiliates or otherwise)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes to either, please attach a separate sheet and provide details such as (1) name of subtenant business(es) (whether Affiliates or otherwise), (2) square footage of subtenant operations, (3) subtenant lease commencement and termination dates, and (4) copies of leases.			

Anticipated Ownership of Premises

1. Please check all that apply:

<input checked="" type="checkbox"/> Applicant or an Affiliate is or expects to be the fee simple owner of the Project Location	(Projected) Acquisition date: SEPT 2017
<input type="checkbox"/> Applicant or an Affiliate leases or expects to lease the Project Location	(Projected) Lease signing date:
If you checked the box above, please select one of the following: <input type="checkbox"/> Lease is for an entire building and property <input type="checkbox"/> Lease is for a portion of the building and/or property. <input type="checkbox"/> None of the above categories fully describe Applicant's interest or intended interest in the Project Location, which may be more accurately described in a supplementary document (attached).	

2. If an Affiliate owns or controls (or will own or control) a Project Location, then describe such Affiliate by choosing one of the following selections and completing the chart provided below:

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

Name of Affiliate: 1431 Cromwell LLC	EIN # of Affiliate: 82-1987536
Address of Affiliate:	
Affiliation of Affiliate to Applicant:	
Contact Person:	Title of Contact Person:
Phone Number(s):	

Project Location Detail

Project Location		Project Location # 2 of 2	
Borough/Block/Lot: block 2872 / lot 74	Street address and zip code: 1421 Cromwell Ave, Bronx, NY 10452		
Zoning: R7-1, C8-3	Number of Floors: 1		
Square footage of existing building: 7,000	Square footage of land: 12,500		
Anticipated square footage of building following construction and/or renovation: no change	Anticipated square footage of non-building improvements following construction and/or renovation (i.e., parking lot construction): N/A		
Intended use(s) of site (check <u>all</u> that apply): <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Manufacturing/Industrial <input type="checkbox"/> Office <input type="checkbox"/> Non-profit For ALL USES other than Non-profit or Retail, please also complete Energy Questionnaire			
Is there any improved space which is currently occupied by existing subtenant(s) (whether Affiliates or otherwise)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will any improved space be occupied by subtenant(s) (whether Affiliates or otherwise)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes to either, please attach a separate sheet and provide details such as (1) name of subtenant business(es) (whether Affiliates or otherwise), (2) square footage of subtenant operations, (3) subtenant lease commencement and termination dates, and (4) copies of leases.			

Anticipated Ownership of Premises

1. Please check all that apply:

<input checked="" type="checkbox"/> Applicant or an Affiliate is or expects to be the fee simple owner of the Project Location	(Projected) Acquisition date: <u>Sept 2017</u>
<input type="checkbox"/> Applicant or an Affiliate leases or expects to lease the Project Location	(Projected) Lease signing date:
If you checked the box above, please select one of the following: <input type="checkbox"/> Lease is for an entire building and property <input type="checkbox"/> Lease is for a portion of the building and/or property.	
<input type="checkbox"/> None of the above categories fully describe Applicant's interest or intended interest in the Project Location, which may be more accurately described in a supplementary document (attached).	

2. If an Affiliate owns or controls (or will own or control) a Project Location, then describe such Affiliate by choosing one of the following selections and completing the chart provided below:

- | | | |
|--|---|---|
| <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"/> 501(c)(3) Organization |
| <input type="checkbox"/> Natural Person | <input type="checkbox"/> Other (specify): _____ | |

Name of Affiliate: <u>TO BE DETERMINED</u>	EIN # of Affiliate:
Address of Affiliate:	
Affiliation of Affiliate to Applicant:	
Contact Person:	Title of Contact Person:
Phone Number(s):	

Employment Information

The following information will be used as part of the Agency's calculation of the benefit of the Project, and as a basis for the comparison with the employment information that the Applicant will be required to report on an annual basis for the term of the Project Agreement.

In addition, information included in the Estimated New-growth Employment (section 6) will be used to determine eligibility for participation in the HireNYC Program. For program information, visit nycedc.com/hirenyc. If eligible for HireNYC Program participation, NYCEDC will provide additional details.

For all responses below, please note that part-time ("PT") employees work an average of between 17.5 and 35 hours per week, and full-time ("FT") 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.

1. Anticipated Facility Operations Start Date at the Project Location: JULY 2018

2. Regarding employees the Applicant employed throughout New York City as of the last pay period:

Number of PT employees: 0 Number of FT employees: 109

3. Regarding employment if Applicant currently occupies and operates at the Project Location:

Hourly wage of lowest compensated PT employees: N/A Hourly wage of lowest compensated FPT employees: N/A
 Number of PT employees: Number of FT employees:
 Number of PT employees who are NYC residents: Number of FY employees who are NYC residents:

4a. Regarding employees the Applicant expects to employ throughout New York City on the Facility Operations Start Date:

Number of PT employees: N/A Number of FT employees: 109

4b. How many of these employees are expected to be located to the Project Location on or about the Facility Operations Start Date?

Number of PT employees: N/A Number of FT employees: 109

5. Regarding all employees at the Project Location on the Facility Operations Start Date:

	Industrial Jobs	Restaurant Jobs	Retail Jobs	Other Jobs	Total Jobs
Total Number of PT employees	N/A				
Number of PT employees who are NYC residents					
Average hourly wage	\$ per hour	\$ per hour	\$ per hour	\$ per hour	\$ per hour
Highest hourly wage	\$ per hour	\$ per hour	\$ per hour	\$ per hour	\$ per hour
Lowest hourly wage	\$ per hour	\$ per hour	\$ per hour	\$ per hour	\$ per hour
Average fringe benefit rate	\$ per year	\$ per year	\$ per year	\$ per year	\$ per year
Total Number of FT employees	109				
Number of FT employees who are NYC residents	70				
Average hourly wage	\$35 per hour	\$ per hour	\$ per hour	\$ per hour	\$ per hour
Highest hourly wage	\$84 per hour	\$ per hour	\$ per hour	\$ per hour	\$ per hour
Lowest hourly wage	\$14.71 per hour	\$ per hour	\$ per hour	\$ per hour	\$ per hour
Average fringe benefit rate	\$18/hr	\$ per year	\$ per year	\$ per year	\$ per year

6. **Estimated New-growth Employment.** Complete the following chart to indicate the number of new employees that are expected to be hired at the Project Location in each year. Note; Year 1 is the year following the Facility Operations Start Date; Year 2 is the second year following that date; Year 3 is the third, etc.

Years following Facility Operations Start Date	1	2	3	Total New Growth
Total PT employees	N/A			
PT employees who are NYC residents				
Industrial PT employees				
Restaurant PT employees				
Retail PT employees				
Other PT employees				
Total FT employees	5	3	2	10
FT employees who are NYC residents	5	3	2	10
Future assumption :				
Industrial FT employees	5	3	2	10
Restaurant FT employees				
Retail FT employees				
Other FT employees				

Wage and Benefits Information

7. For all new employees at the Project Location (again, excluding Principals) expected to be hired during the three-year period following the Facility Operations Start Date, please project the following:

	Industrial Jobs	Restaurant Jobs	Retail Jobs	Other Jobs	Total Jobs
Average hourly PT wage	\$N/A per hour	\$ per hour	\$ per hour	\$ per hour	\$ per hour
Lowest hourly PT wage	\$ per hour	\$ per hour	\$ per hour	\$ per hour	\$ per hour
Average fringe benefit PT rate	\$ per year	\$ per year	\$ per year	\$ per year	\$ per year
Average hourly FT wage	\$15 per hour	\$ per hour	\$ per hour	\$ per hour	\$ per hour
Lowest hourly FT wage	\$15 per hour	\$ per hour	\$ per hour	\$ per hour	\$ per hour
Average fringe benefit FT rate	\$7/hour	\$ per year	\$ per year	\$ per year	\$ per year

8. 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. UNION: 401(K), Healthcare thru Union. Office Staff: 401(K) and Medical
9. Please indicate whether the Applicant or any of its Affiliates will be required to provide health coverage to its employees pursuant to the federal Patient Protection and Affordable Care Act (the "Act"). If yes, please provide an overview of the applicable requirements under the Act and an explanation of how the Applicant plans to comply with such requirements. If no, please explain why. See above
10. Is your company currently providing paid sick time to employees in accordance with the Earned Sick Time Act (Chapter 8 of Title 20 of the NYC Administrative Code) and otherwise in compliance with such law? If yes, please provide an explanation of your company's paid and unpaid sick time policy. If no, please explain why. Yes Complies with ESTA

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"; but, 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, please explain on an attached sheet
2. Have any of the Companies received any federal and/or state unfair labor practices complaints asserted during the current calendar year or any of the five calendar years preceding the current calendar year?
 Yes No If Yes, please describe and explain current status of complaints on an attached sheet
3. Do any of the Companies have pending or threatened requests for arbitration, grievance proceedings or other labor disputes during the current calendar year or any of the five calendar years preceding the current calendar year?
 Yes No If Yes, please explain on an attached sheet
4. Are all employees of the Companies permitted to work in the United States?
 Yes No If No, please provide details on an attached sheet.
 Do the Companies complete and retain all required documentation related to this inquiry, such as Employment Eligibility Verification (I-9) forms?
 Yes No If No, please explain on an attached sheet
5. 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," please 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.
6. Have any of the Companies incurred, or potentially incurred, any liability (including withdrawal liability) with respect to an employee benefit plan, including a pension plan?
 Yes No If "Yes," please use an attached sheet to quantify the liability and briefly describe its nature. Refer to any governmental entities that have had regulatory contact with the Company in connection with the liability.
7. Are the practices of any of the Companies now, or have they been at any time during the current or preceding five calendar years, the subject of any complaints, claims, proceedings or litigation arising from alleged discrimination in the hiring, firing, promoting, compensating or general treatment of employees?
 Yes No If "Yes," provide details on an attached sheet. Note "discrimination" includes sexual harassment.

10. List unions (if applicable):

Union Name	Address	Contact	Phone	Fax	Email
Plumbers Local Union #1	50-02 5 th St LIC NY	Stewart O'Brien	212-481-4580	212481-4580	obrien.stewart@gmail.com

11. List banks:

Bank Name	Address	Contact	Phone	Fax	Email	Account Type and Number
Signature Bank	84 Broadway Brooklyn NY	Charles Dantone	718-290-1664	646-758-8358	CDANTONE@SIGNATURENY.COM	BUSINESS BANKING

12. List licensing authorities (if applicable):

Company Name	Address	Contact	Phone	Fax	Email

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," please 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," please 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," please continue and 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

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

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 applicable 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 Agency's Board to reject the request made in the Application Materials. I understand that the Agency will rely on the information contained within these Application Materials in producing and publishing a public notice and convening a public hearing. If any information in these Application Materials is found to be incorrect, the Applicant may have to provide new information and a new public notice and public hearing may be required. If a new public notice and public hearing is required, they will be at the Applicant's expense.

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 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, and if such background check performed by the Agency with respect to Applicant or any Affiliates reveals negative information, Applicant consents to any actions that the Agency or NYCEDC may take to investigate and verify such information; that the Agency may be required under SEQRA to make a determination as to the Project's environmental impact and that in the event the Agency determines 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 of the City; that under the New York State Freedom of Information Law ("FOIL"), the NYCIDA/Build NYC may be required to disclose the Application Materials and the information contained therein (see the Disclosure Policy section of the Policies and Instructions provided to Applicant and signed by Applicant on or about the date hereof (the "Policies and Instructions")); and that Applicant shall be entirely responsible and liable for the fees referred to in these Application Materials.

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 its Board for approval. If the Agency presents Applicant's proposed Project to its Board for approval, the Agency does not guaranty that such approval will be obtained. If upon presenting Applicant's proposed Project to its 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 the Agency Board of Directors for Approval.

That each of Applicant and each of its Affiliates (collectively, the "Indemnitors") hereby releases NYCIDA, Build NYC, 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 15 day of May, 2017.
Name of Applicant: TRISTATE PUMPING SERVICES INC
Signatory: [Signature]
Title of Signatory: Pres.
Signature: MARC BRESLAW

This 23rd day of May, 2017.
Name of Preparer: [Signature]
Signatory: [Signature]
Title of Signatory: PRES.
Signature: CITIGAN ASSOCIATES INC