



IDA Appointment of Project Operator or Agent For Sales Tax Purposes

The industrial development agency or authority (IDA) **must** submit this form within **30 days** of the appointment of a project operator or agent, whether appointed directly by the IDA or indirectly by the operator or another agent.

For IDA use only

IDA information

Name of IDA NYCIDA	IDA project number (use OSC numbering system for projects after 1998) 600119003A		
Street address 110 William Street	Telephone number (888) 692-0100		
City New York	State NY	ZIP code 10038	Email address (optional)

Project operator or agent information

Name of IDA project operator or agent Italian Food Philosophy LLC	Mark an X in the box if directly appointed by the IDA: <input checked="" type="checkbox"/>	Employer identification or Social Security number [REDACTED]
Street address 232 East 11th Street	Telephone number (646) 812-8221	Primary operator or agent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
City New York	State NY	ZIP code 10029
Email address (optional)		

Project information

Name of project Italian Food Philosophy LLC			
Street address of project site 232 East 11th Street			
City New York	State NY	ZIP code 10029	Email address (optional)
Purpose of project Italian Food Philosophy LLC is constructing, furnishing, equipping a single floor building to be made into a wholesale coffee roaster and wholesale food manufacturing space.			

Description of goods and services intended to be exempted from New York State and local sales and use taxes Building materials, construction materials, furnishings, equipment.
--

Date project operator or agent appointed (mmddyy) 040119	Date project operator or agent status ends (mmddyy) 040121	Mark an X in the box if this is an extension to an original project: <input type="checkbox"/>
Estimated value of goods and services that will be exempt from New York State and local sales and use tax: \$212,000	Estimated value of New York State and local sales and use tax exemption provided: \$18,815	

Certification: I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements with the knowledge that willfully providing false or fraudulent information with this document may constitute a felony or other crime under New York State Law, punishable by a substantial fine and possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity of any information entered on this document.

Print name of officer or employee signing on behalf of the IDA Krishna Omolade	Print title Deputy Executive Director	
Signature <i>Krishna Omolade</i>	Date 4/4/19	Telephone number (212) 312-3589