

Department of Taxation and Finance

IDA Appointment of Project Operator or Agent For Sales Tax Purposes

For IDA use only

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. **IDA** information Name of IDA IDA project number (use OSC numbering system for projects after 1998) New York City Industrial Development Agency 600124005A

Street address					Telephone nun	mber			
1 Liberty Plaza					(212) 619	9-5000			
City		State ZIP code		е	Email address (optional)				
New York		NY	10006	5					
D									
Project operator or age		on				1-			
				lark an X in the box if directly Employer identification or Social Security number					
GA Industries Inc.				appointed by the					
Street address					Telephone num			Primary operator or	
214-41 42nd Avenue					(718)819	9-8065		Yes	No 🔀
City		State	ZIP cod	e	Email address (optional)				
Bayside		NY	11361				-114571	-22-12-55	
Project information									
Name of project						-127			
Heron Clean Energy LLC									
Street address of project site									
2118 Flatbush Avenue									
City		State	ZIP code		Email address	(ontional)			
10-10-1					Liliali address	(optional)			
Brooklyn Purpose of project		NY	11234						
(ii) a solar canopy system of hours total per day. The Bat batteries) and 500 square for parcel of land located at 21	tery System and eet (with respect	Solar	ystem will olar Syster	total approx n), and will t	mately 2,09 be located or	5 (with re	spect	to the footprint of t	the
Description of goods and services inter General contracting services a						project.			
Date project operator or agent appointed (mmddyy)	20706	7.0 0040	operator or ends (mmdd	(yy) 12	3127	Mark an X an original		box if this is an extensio t:	n to
Estimated value of goods and services exempt from New York State and local		9	\$11,289,69	Estimated v	alue of New Yor nption provided		local sa	ales and	\$1,001,960
Certification: I certify that the make these statements with the felony or other crime under Ne Tax Department is authorized	e knowledge the w York State La to investigate th	at willfully w, punish e validity	y providing hable by a	false or frau substantial ormation ent	idulent infor fine and pos	mation wi ssible jail s	ith this senter	s document may co	onstitute a
Print name of officer or employee signi	ng on behalf of the II	DA		Print title					
Emily Marcus	366	,		Senio	r Vice	Preside			
Signature	21/1				Date	0705	Te	elephone number	