



IDA Appointment of Project Operator or Agent For Sales Tax Purposes

ST-60

(1/18)

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 New York City Industrial Development Agency			IDA project number (use OSC numbering system for projects after 1998) 600115022A
Street address One Liberty Street			Telephone number (212) 619-5000
City New York	State NY	ZIP code 10006	Email address (optional)

Project operator or agent information

Name of IDA project operator or agent Capitol Fire Sprinkler Co., Inc.		Mark an X in the box if directly appointed by the IDA: <input type="checkbox"/>	Employer identification or Social Security number [REDACTED]
Street address 51-51 59th Place		Telephone number (718) 533-6800	Primary operator or agent? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
City Woodside	State NY	ZIP code 11377	Email address (optional)

Project information

Name of project 2016 Picture Car Services LTD		
Street address of project site 48-05 Metropolitan Avenue		
City Ridgewood	State NY	ZIP code 11385
Purpose of project Construction		

Description of goods and services intended to be exempted from New York State and local sales and use taxes Materials, supplies and equipment toward furnishing a vehicle production company.	
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Date project operator or agent appointed (mmddyy) 042018	Date project operator or agent status ends (mmddyy) 123120	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: 26,000,000.00		Estimated value of New York State and local sales and use tax exemption provided: 1,582,006.00

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 Executive Director
Signature 	Date 08/29/19
Telephone number (212) 619-5000	