#### City of Utica **Industrial Development Agency Application**

The information required by this form is necessary to determine the eligibility of your project for IDA benefits. Please answer all questions; insert "NONE", or "NOT APPLICABLE", where necessary. If an estimate is given, put "EST." after the figure. Attach additional sheets if more space is needed for a response than is provided. Return three copies of this application to the City of Utica Industrial Development Agency.

All information contained in this form will be treated confidentially, to the extent permitted by law.

A project financed through this Agency involves the preparation and execution of significant legal documents. Please consult with an attorney before signing any documents in connection with the proposed project.

### DADTI

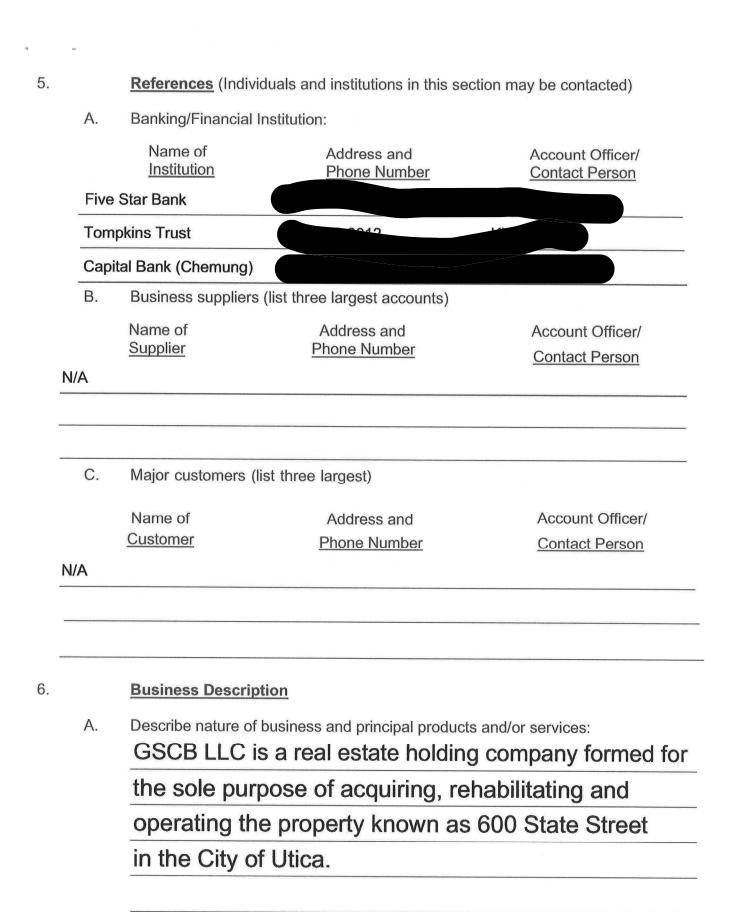
	PARTI	
Applicant		
Applicant's legal Na	ame: GSCB LLC	
Principal Address:	251 Ramblewood Drive	
	Deerfield, New York 13502	
Project Address:	600 State Street	
	Utica, New York	
Telephone Number	r(s): 315-729-4690	
Federal Identification		
Company IRS Filing	g Office Location: Electronically Filed	
	1	
Company Officer co	ompleting this application:	
Name: Timoth	y M. Lynn	
Title: Manage	er	
Phone.	cell offic	ce
Email:		

	A.	is the applicant a:		
		( ) Corporation: If YES, If a PUBLIC Corpora	Public() Private() ation, on which exchange is it liste	ed?
		( ) Sole Proprietorship ( ) Partnership ( ) Subchapter S ( ) DISC ( <sub>x</sub> ) Other (specify)	ited liability company	
	B.	State of incorporation/o	rganization, if applicable: New	York
			rs, Officers, Partners or Membe	
	A.	Provide the following in	formation in regard to principal st	ockholders or parties:
		<u>Name</u>	Home Address	Percentage of Ownership
	se	e attached SCHEDULE 1		
	В.	Provide the following in	formation in regard to officers and	d directors:
		company Officer	Name and Home Address	Other Principal Business Affiliation
Ste		urace, Manager	Deerfield Pin	-in Holdin
	-	c. Gehm, Manager		
Jos	eph C	. Gerini, Manager		
	•	ehfus, Manager		
Tod	ld Kee	ehfus, Manager		
Tod	ld Kee			

C.	Is the applicant or any of the persons listed in 2(A) above related, directly or indirectly, to any other entity by more than 50% common ownership? If also, indicate name of such entity and the relationship.
	See attached SCHEDULE 2
D.	Is the applicant affiliated with any other entity, directly or indirectly, other than as indicated in response to paragraph C above? If YES, please indicate name and relationship of such other entity and the address thereof:
	No
	Applicant's accountant  Name and Title: Daniel Griffin
	Name of Firm: Grossman St. Amour CPAs PLLC
	Address: 110 West Fayette Street
	Syracuse, New York 13202
	Telephone Number
	Applicant's attorney
	Name and Title: Timothy M. Lynn, Managing Member
	Name of Firm: Lynn D'Elia Temes & Stanczyk LLC
	Address: 100 Madison Street - Tower 1 Suite 1905
	Syracuse, New York 13202
	Telephone

3.

4.



	B.	Describe the geographical market(s) served:	
		City of Utica primarily, with tenants likely providing goods/services	to the surrounding region.
7.		Present location(s) of business operations	
	A.	List present location(s):	
		1. 600 State Street, Utica, New York	
		2.	
		3.	
	B.	For what purpose is each of these used?	
		1. Vacant historic building awaiting rehabilitation	
		2.	
		3.	X.
	C.	For each of your present locations which are RENTED, provide	
	D.	Name of Landlord Landlord's Address	Landlord's
			Telephone Number
		1. N/A	
		2	
		3	
		Amount of Space Annual Rental	Lease Termination Date
		1.	
		2	
		3.	

### A. Type of Project

Check category or categories best describing your project (O - Owner) and all end-users (T – Tenant(s)) and the square footage of each:

	To	otal 92,052	sf
	Other (specify)		sf
	Recreational		sf
	Retail		sf
	Multi-Tenant		sf
	Facility for Aging		sf
0	Back Office	500	sf
T	Housing	70,997	sf
	Pollution Control	,	sf
Т	Commercial	20,555	sf
	Warehousing		sf
	Research and Development		sf
	Industrial (Assembly or Service)		sf
	Manufacturing		sf

### B. <u>Description of Proposed Project</u>

Check all appropriate categories which apply to the proposed project:

Acquisition of land	YES( )	NO(x)
<ol><li>Acquisition of existing building</li></ol>	YES( )	NO(x)
<ol><li>Renovations to existing building</li></ol>	YES(x)	NO( )
<ol><li>Construction of addition to existing building</li></ol>	YES( )	NO(x)
5. Demolition	YES(X)	NO( )
<ol><li>Construction of a new building</li></ol>	YES( )	NO(x)
<ol><li>Acquisition of machinery and/or equipment</li></ol>	YES(x)	NO( )
<ol><li>Installation of machinery and/or equipment</li></ol>	YES(x)	NO()
9. Other (specify)	YES( )	NO(x)

## C. What is the zoning classification of the proposed site?

## I1 - Light industrial

Annual Mortgage Pa	
7 till dal Wortgage Fa	<u>yment</u> <u>Termination Da</u>
0	n/a
tions, if any, will be vacate	ed if IDA approval for your pro
sublet or sold, provide inf	ormation concerning your ab
	tions, if any, will be vacate

## PART II

### **Reasons for Project**

see attached SCHEDULE 3
Why are you requesting the involvement of the IDA in your project?
The project is not financially viable without the assistance provided by the IDA. Project costs would be inflated without
the sales tax exemption/mortgage tax exemption and without the PILOT agreement to allow for stabilization prior to full assessment
becoming effective the project cash flows would decrease. A reduction in cash flows would result in reduced borrowing
capacity and the construction loan would be insufficient for the project costs. Lender underwriting for
the construction loan is based upon the PILOT described below.

	will the applicant's plans be affected if II nout the sales tax exemption, mortgage re	DA approval is not granted? ecording tax exemption and the PILOT agreement,
		due to reduced borrowing capacity.
	se confirm by checking the box, below, if or the Financial Assistance provided by	there is likelihood that the Project would not be undertaker the Agency?
	Yes or No	
If the	Project could be undertaken without Fir	nancial Assistance provided by the Agency, then provide a ting why the Project should be undertaken by the Agency
		n without the Financial Assistance.
Wit	thout the Financial Assistance	, it will be abandoned.
lden	tify the assistance being requested of the	e Agency (select all that apply):
1.	Exemption from Sales Tax	X Yes or No
2.	Exemption from Mortgage Tax	X Yes or No
3.	Exemption from Real Property Tax	X Yes or No
4.	Tax Exempt Financing *	Yes or X No
	* (typically for not-for-profits & small of	uualified manufacturers)

ma	anufacturi	ing, assembly	,			
M	lostly v	vacant, p	art of 1st floor kitchen + bath showroom			
	Loca	ation(s)	Street Address Number of Floors/ SF/floor			
ls t	the site in	an Empire 7	Zone?(x)Yes()No			
			Zone certified at this location: ( ) Yes (x ) No			
			Business Annual Report filed.			
			located within the boundary of a Central New York Regional			
		ion (Centro) I				
1.	Pleas	se describe	in detail the facility to be acquired, constructed or renovated			
	(including number of buildings and other existing structures or facilities) and attach					
	plot p	olans, photos	or renderings, if available.			
00	o ottoob o	A COLIEDIU	F 2			
see	e attache	ed SCHEDUL	.E 3			
-						
0						
2.	If cor	nstruction or re vork in detail.	enovation work on this project has already begun, please describe			
W	ork h	as not be	egun			
-		9				
	<del></del>					
-						
3.	What	t is the estima	ated useful life of the:			
	a.	Facility:	40 years			
	b.	Equipment	20 years			
		-quipinoin				

Elev	
If any o and pu descrip	of this equipment has already been purchased or ordered, please attach all involute inchase orders and list amounts paid and dates of expected delivery as well as a otion:
No	purchases have been made or orders made
variand or bod	construction or operation of the proposed project will require any local ordinand be to be obtained or requires a permit or prior approval of any state or federal ago y (other than normal occupancy/construction permits), please specify: nal Park Service Part 2 approval NYS Office of Parks & Recreation
Part 2	2 approval City of Utica zoning and code enforcement approvals
Will the	2 approval City of Utica zoning and code enforcement approvals e project have a significant effect on the environment, YES ( ) NO (x). If elease describe the effect. Important: please attach Environmental Assessme to this Application
Will the	e project have a significant effect on the environment, YES()NO(x). If blease describe the effect. <b>Important: please attach Environmental Assessme</b>
Will the	e project have a significant effect on the environment, YES()NO(x). If blease describe the effect. <b>Important: please attach Environmental Assessme</b>
Will the YES, p	e project have a significant effect on the environment, YES ( ) NO (x). If please describe the effect. Important: please attach Environmental Assessme to this Application

M.	1. Name	With regard to the present owner of the project site, please give:  GSCB LLC		
	Address: 251 Ramblewood Drive			
		Deerfield, New York 13502		
	Telepl	none Number:		
	2.	If the applicant already owns the project site, indicate:  a. date of purchase: 03/16/2018		
		b. purchase price: \$400,000		
	3.	If the project site is mortgaged, please indicate:		
		<ul> <li>b. holder of mortgage: 0</li> <li>b. holder of mortgage: 0</li> </ul>		
N.	directly YES (	re a relationship, legally, by virtue of common control, or through related persons, y or indirectly, between the applicant and the present owner of the project site?  x ) NO ( ) If YES, please explain:  ne entity		
	-			
Ο.		company currently a tenant in the building to be occupied?		
P.		u planning to use/develop the entire proposed facility?		

If NO, give the following information with respect to present tenants: 1. Present Tenant Information Name of a. Floors Square Feet Nature of Tenant's **Business** Business Occupied Occupied Which of the above tenants will be vacating upon your initial use of the facility? How many b. jobs will be affected? Name of Firm <u>Jobs</u> Square Footage Now Occupied For those tenants who will remain after your initial occupancy of the site, provide the C. following transaction: Name of Term of Renewal Square Footage Tenant Lease **Options** Now Occupied Are any of the above tenants related to the owner of the facility? YES ( ) NO ( ) If the applicant will be occupying the premises of any of the tenants listed in (c) when their d. lease expires, please list. N/A

e. Please provide copies of all present lease(s) at the proposed project site.

The building is currently vacant. When the rehabilitation is complete, it will have approximately 21,000 SF
of commercial space available for lease. This space consists of the entire first floor of the building as well
as the former showroom attachment. With the new hospital across the street, this would
be prime medical use space. However, Applicant has not yet identified a tenant for the space
Will financing by the Agency for the Project result in the removal or abandonment of a p
or other facility of the applicant or any related entity presently located in another area in
State of New York? YES ( ) NO (x )
If the answer is YES, please explain briefly the reasons for the move.
Is the proposed project reasonably necessary to discourage the project occupant for removing such other plant or facility to a location outside the State of New York? YES ( ) NO ( $_{\rm X}$ ) Vacant building
Is the proposed project reasonably necessary to preserve the competitive position of project occupant in its respective industry? YES ( ) NO ( $_{\rm X}$ )
If any of the parties who will be tenants in this project are related to or affiliated with applicant, please identify them:
None

Applicant already owns the real property and has not yet entered into any agreements to acquire any equipment for the facility.

concerning the acquisition of the real property or equipment for this proposed facility.

## 2. Employment \* SEE SCHEDULE 5 ATTACHED

a. List your present employment in the City of Utica, if any, and an estimate of the employment at the <u>proposed facility</u> at the end of two years. NOTE: New York State considers Full Time employment as 35 hours or more. Full-time jobs, plus the combination of two or more part-time jobs that, when combined together, constitute the equivalent hours of a full-time position (35 or more hours).

Employment	Current # of applicant's jobs at/or to be located at proposed project location	Number of FTE jobs to be RETAINED	Number of FTE jobs to be CREATED two years after project completion	Estimate number of residents in Labor Market Area that will fill projected jobs two years after project completion
Full-Time (FTE)	0	0	0	0

The Labor Market Area consists of the following counties: Oneida, Lewis, Herkimer, Otsego, Madison and Oswego

b. Characterize the labor force to be associated with this project location according to the following categories:

Category	Current/ Anticipated	Avg Salary or Salary Range	Avg Fringe Benefits or Range
Officers	0	0	0
Sales/Supervisory	0	0	0
Clerical	0	0	0
Plant/Production	0	0	0
Other (specify)	0	0	0

Notes:

c. Estimate the Annual Payroll for the employees associated with the project location.

Currently	End of Year One	End of Year Two	
\$ 0	\$ O	\$0	***************************************

<sup>\*</sup> Company/Applicant will be required to submit Annual Project Monitoring Reports (attached) along with a copy of the NYS 45 (four quarters) for a minimum of five (5) years for any commercial project and ten (10) years for any industrial/manufacturing project, or for the length of UIDA involvement in the project. Annual Project Monitoring Reports will be compared to employment counts as stated above and companies whose reported counts fall below those levels above will be subject to the Agency's Recapture Provisions Policy.

**		
Sources of Funds for Project Costs:		% of Total project costs
Bank Financing:	<sub>\$_</sub> 12,585,897	69
Equity (excluding equity attributed to grants/tax credits)	\$ 285,828	2
Tax Exempt Bond Issuance (if applicable)	\$	
Taxable Bond Issuance (if applicable)	\$	
Public Sources (Include sum total of all state and federal grants and tax credits)	\$ 5,285,014	29
Identify each state and federal grant/credit:		
CFA <sub>\$ 7</sub>	750,000	
	250,000	
\$		
\$		
Total Sources of Funds for Project Costs:	\$_18,156,739	100
Have any of the above costs been paid or incurred as of	the date of this Applica	tion?
Yes No. If Yes, describe particulars:		
Mortgage Recording Tax Exemption Benefit: Amount of mortgage recording tax:	of mortgage that would	be subject to
Mortgage Amount (include sum total of construction/perma	anent/bridge financing):	\$15,400,408
Estimated Mortgage Recording Tax Exemption Benefit (pro Amount as indicated above multiplied by 0.75%):	oduct of mortgage	\$ <u>115,503</u>

Please Note: The New York State General Municipal Law was recently amended to reflect that industrial development agencies are not exempt from the additional mortgage recording tax of .25% that is assessed to properties that are located within a regional transportation district. Oneida County is located within the Central New York Regional Transportation District; as such, all UIDA projects will be exempt from .75% of mortgage recording tax, but must pay .25% of mortgage recording tax, which will be directed to the Transportation District.

### 3. Estimated Project Cost

Listed the costs necessary for the construction, acquisition or renovation of the project (this should NOT include working capital needs, moving expenses, work in progress, stock in trade, applicant's debt repayment, real estate broker fees or your legal fees):

Acquisition of Land	<u>\$</u> 0
Acquisition of Building(s)	<u>\$</u> 0
Renovation Costs	<sub>\$</sub> 11,860,871
New Construction of Buildings	\$_0
Machinery and Equipment (other than furniture costs)	\$_1,551,808
Furniture and Fixtures	<sub>\$</sub> 248,000
Installation Costs	<u>\$</u> 0
Architectural/Engineering Fees	<sub>\$</sub> 450,000
Fees (other than your own counsel and brokerage fees)	\$ <u>2,874,671</u>
Interest on Interim Financings	<sub>\$</sub> 556,016
Other (specify) Soft Costs	\$556,016 \$615,373
Total Project Cost	<sub>\$</sub> 18,156,739

Sales and Use Tax: Gross amount of costs for goods and services that are subject to State and local Sales and Use tax - said amount to benefit from the Agency's Sales and Use Tax exemption benefit: \$4,417,359

Estimated State and local Sales and Use Tax Benefit (product of 8.75% multiplied by the figure, above):  $\$ 386,\!519$ 

#### 4. Real Estate Taxes

List separately the proposed project's Real Estate Taxes and/or Assessed Value as it applies to land and building:

Project's	Real Estate Taxes	Assessed Value	
Land(s)	\$2, <b>4</b> 51	\$37,000	
Building(s)	\$12,455	\$188,000	
Total	\$14,906	\$225,000	

Calculate the value of the PILOT exemption anticipated for the project described:

<sub>\$</sub> 1,190,844

#### 5. Project Schedule

Indicate the estimated dates for the following:

- a. Construction commencement: January 2021
- b. Construction completion:

March 2022

c. Project financing: List the dates and in what amounts the estimated funds will be required:

# \$15,542,228 Construction Loan January 2021

\$4,398,525 Historic Tax Credit Equity various times January 2021 to June 2022

# \$12,585,897 Permanent Loan December 2022

d. Indicate the name of the incorporated municipality in which the facility will be located and the applicant's (or any related entity's) estimated capital expenditures in such municipality during the past three years:

### Utica, zero

e. What do you expect the applicant's (or any related entities) capital expenditures to be in the above municipality during the next three years (including this project):

## This project cost above

f.	If the applicant or any related entity has previously secured the benefit of tax exempt financing in the City of Utica, whether through IDA, the New York Job Development Authority or any other entity, please explain (indicate date, location of financed facility, and outstanding balance):
	None
g.	Has the applicant or any related entity received the benefit of tax exempt financing anywhere within the United States within the past 90 days or is the applicant or any related entity contemplating the receipt of such financing assistance within the next 90 days? YES ( ) NO (×) if YES, please explain.
6. <u>Project Fina</u>	ncing Efforts
<u>BO</u> que	IS THE APPLICANT'S RESPONSIBILITY TO SECURE A PURCHASER FOR IDA NDS ISSUED IN CONJUNCTION WITH THIS PROJECT. Below are a series of estions relating to your efforts to secure financing for your project if IDA approval is nted.
to the fina	applicant contacted any bank, financial/lending institution or private investor in regard noting for this project? YES ( $x$ ) NO ( ) If YES, please give details: t is talking to two lenders for the construction and permanent financing.
Applic	ant has received a term sheet from Five Star Bank.
Applic	ant is awaiting a term sheet from the other lender.
-	

C	continuing discussions with two lenders
P	roposed term sheet attached
2.	If NO places evalois how you will be able to finence this posicate
200	If NO, please explain how you will be able to finance this project:  pplicant is negotiating with Five Star Bank and anothe
-	nder for construction loan and permanent loan commitmen
-	•
-	
re the	ere any other governmental agencies that you have contacted concerning fi
ıssista	nce in regard to your proposed project? YES (x ) NO ( ) If YES, please
ssista <b>Awar</b> d	nce in regard to your proposed project? YES (x) NO () If YES, pleaseded \$750,000 CFA grant by Empire State Development
ssista <b>Awar</b> o	nce in regard to your proposed project? YES (x ) NO ( ) If YES, please
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Award Plan	nce in regard to your proposed project? YES (x ) NO ( ) If YES, pleaseded \$750,000 CFA grant by Empire State Development to apply for a DRI grant
ssista Award Plan	nce in regard to your proposed project? YES (x) NO () If YES, pleaseded \$750,000 CFA grant by Empire State Development
ssista Award Plan	nce in regard to your proposed project? YES (x ) NO ( ) If YES, pleaseded \$750,000 CFA grant by Empire State Development to apply for a DRI grant
Award Plan	nce in regard to your proposed project? YES (x ) NO ( ) If YES, pleas ded \$750,000 CFA grant by Empire State Development to apply for a DRI grant

- E. Financial Information (Attach the Following).
  - Financial Statements for the last three fiscal years.
  - Pro forma Balance Sheet as at start of operations at project site.
  - 3. Projected Profit and Loss Statements for first two years of operation at project site.
  - Projected "Cash Flow" Statement, by quarters, for first year of operation at project site.

#### REPRESENTATIONS AND CERTIFICATION BY APPLICANT

The undersigned requests that this Application be submitted for review to the City of Utica Industrial Development Agency (the "Agency") and its Board of Directors.

Approval of the Application can be granted solely by this Agency's Board of Directors. The undersigned acknowledges that Applicant shall be responsible for all costs incurred by the Agency and its counsel in connection with the attendant negotiations whether or not the transaction is carried to a successful conclusion.

The Applicant further understands and agrees with the Agency as follows:

- 1. Annual Sales Tax Filings. In accordance with Section 858-b(2) of the New York General Municipal Law, the Applicant understands and agrees that, if the Project receives any sales tax exemptions as part of the Financial Assistance from the Agency, in accordance with Section 874(8) of the General Municipal Law, the Applicant agrees to file, or cause to be filed, with the New York State Department of Taxation and Finance, the annual form prescribed by the Department of Taxation and Finance, describing the value of all sales tax exemptions claimed by the Applicant and all consultants or subcontractors retained by the Applicant.
- 2. Annual Employment Reports. The Applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, the Applicant agrees to file, or cause to be filed, with the Agency, on an annual basis, reports regarding the number of people employed at the project site as well as tax benefits received with the action of the Agency. Failure to provide such reports as provided in the transaction documents will be an Event of Default under the Lease (or Leaseback) Agreement between the Agency and Applicant. In addition, a Notice of Failure to provide the Agency with an Employment Report may be reported to Agency board members, said report being an agenda item subject to the Open Meetings Law.
- 3. Absence of Conflict of Interest. The Applicant has consulted the Agency website of the list of the Agency members, officers and employees of the Agency. No member, officer, or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as herein after described (if none, state "none"):
- 4. Hold Harmless. Applicant hereby releases the Agency and its members, officers, servants, agents and employees from, agrees that the Agency shall not be liable for and agrees to indemnify, defend and hold the Agency harmless from and against any and all liability arising from or expense incurred by (A) the Agency's examination and processing of, and action pursuant to or upon, the attached Application, regardless of whether or not the Application or the Project described therein or the tax

exemptions and other assistance requested therein are favorably acted upon by the Agency, (B) the Agency's acquisition, construction and/or installation of the Project described therein and (C) any further action taken by the Agency with respect to the Project; including without limiting the generality of the foregoing, all causes of action and attorneys' fees and any other expenses incurred in defending any suits or actions which may arise as a result of any of the foregoing. If, for any reason, the Applicant fails to conclude or consummate necessary negotiations, or fails, within a reasonable or specified period of time, to take reasonable, proper or requested action, or withdraws, abandons, cancels or neglects the Application, or if the Agency or the Applicant are unable to reach final agreement with respect to the Project, then, and in the event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, its agents or assigns, all costs incurred by the Agency in the processing of the Application, including attorneys' fees, if any.

- The Applicant acknowledges that the Agency has disclosed that the actions and activities of the Agency are subject to the Public Authorities Accountability Act signed into law January 13, 2006 as Chapter 766 of the 2005 Laws of the State of New York.
- 6. The Applicant acknowledges that the Agency is subject to New York State's Freedom of Information Law (FOIL). Applicant understands that all Project information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions.
- 7. The Applicant acknowledges that it has been provided with a copy of the Agency's recapture policy (the "Recapture Policy"). The Applicant covenants and agrees that it fully understands that the Recapture Policy is applicable to the Project that is the subject of this Application, and that the Agency will implement the Recapture Policy if and when it is so required to do so. The Applicant further covenants and agrees that its Project is potentially subject to termination of Agency financial assistance and/or recapture of Agency financial assistance so provided and/or previously granted.
- 8. The Applicant understands and agrees that the provisions of Section 862(1) of the New York General Municipal Law, as provided below, will not be violated if Financial Assistance is provided for the proposed Project:
  - § 862. Restrictions on funds of the agency. (1) No funds of the agency shall be used in respect of any project if the completion thereof would result in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state or in the abandonment of one or more plants or facilities of the project occupant located within the state, provided, however, that neither restriction shall apply if the agency shall determine on the basis of the application before it that the project is reasonably necessary to discourage the project occupant from removing such other plant or facility to a location outside the state or is reasonably necessary to preserve the competitive position of the project occupant in its respective industry.
- 9. The Applicant confirms and acknowledges that the owner, occupant, or operator receiving Financial Assistance for the proposed Project is in substantial compliance with applicable local, state and federal tax, worker protection and environmental laws, rules and regulations.
- 10. The Applicant confirms and acknowledges 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 exemption claimed by reason of the Agency's involvement the Project.

- 11. The Applicant confirms and hereby acknowledges that as of the date of this Application, the Applicant is in substantial compliance with all provisions of Article 18-A of the New York General Municipal Law, including, but not limited to, the provision of Section 859-a and Section 862(1) of the New York General Municipal Law.
- 12. The Applicant and the individual executing this Application on behalf of the Applicant acknowledge that the Agency will rely on the representations made herein when acting on this Application and hereby represent that the statements made herein do not contain any untrue statement of a material fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.

COUNTY OF ONEIDA ) ss.:
JoSEPH 6EHM, being first duly sworn, deposes and says:
1. That I am the MANAGE (Corporate Office) of ASCB, LC (Applicant) and that I am duly authorized on behalf of the Applicant to bind the Applicant.
2. That I have read the attached Application, I know the contents thereof, and that to the best of my knowledge and belief, this Application and the contents of this Application are true, accurate and complete.  (Signature of Officer)
Subscribed and affirmed to me under penalties of perjury this 24 day of November, 2026.  STEPHANIE A. SMITH Notary Public, State of New York No. 01SM4995504 Qualified in Madison County My Commission Expires April 27, 20
If the application has been completed by or in part by other than the person signing this application for the applicant please indicate who and in what capacity:
By:
Name:
Title:
Date:

Return the original application and six copies with a check in the amount of \$250.00 made payable to: Utica Industrial Development Agency, 1 Kennedy Plaza, Utica, New York, Attn.: Jack N. Spaeth, Executive Director.