

Shawn Griffin

(by Tuesday)

**Application
To
County of Lewis Industrial Development Agency
For
Financial Assistance**

I. Applicant Information:

Company Name: Victorian Lake, LLC Lowville Medical Associates, LLC
Address: 7696 North State Street
Lowville, NY 13367
Phone No: (315) 376-8885
Fax No: _____
Fed ID No: 20-5993149
Contact Person: Sherreen Palmer or Steve Lyndaker

Principal Owners/Officers/Directors:

(list owners with 15% or more in equity holdings with percentage ownership)

Steven Lyndaker, MD _____
Sherreen Palmer, MD _____

Corporate Structure (attach schematic if Applicant is a subsidiary or otherwise affiliated with another entity)

Form of Entity:

- Corporation
- Partnership (General ___ or Limited ___; number of general partners and, if applicable, number of limited partners ___).
- Limited Liability Company/Partnership (number of members 2)
- Sole Proprietorship

If corporation, partnership, limited liability company/partnership:

What is the date of establishment _____,

Place of organization _____ and,

If a foreign organization, is the Applicant authorized to do business in the State of New York? _____

Applicant's Counsel

Name: Tom Company
Address: 7571 South State Street
Lowville, NY 13367
Phone No: (315) 376-9445
Fax No. _____

II. Project Information

A) Describe the proposed acquisitions, construction or reconstruction and a description of the costs and expenditures expected.

We are renovating an existing office building to make a medical arts office building.
We also need to build a small addition for an entrance with handicap accessibility with an elevator.
Finally, we are purchasing some land from community bank for additional parking.

Cost Benefit Analysis:

Costs = Financial Assistance

Benefits = Economic Development

Estimated Sales Tax Exemption ^{x7.75%}	\$ <u>7,800</u>	Jobs created	<u>15</u>
Estimated Mortgage Tax Exemption	\$ <u>10,000</u>	Jobs retained	<u>11</u>
Estimated Property Tax Abatement	\$ <u>77,965</u>	Private funds invested	<u>\$260,000</u>
Estimated Interest Savings IRB Issue	\$ <u>0</u>	Other Benefits	<u>0</u>

B) Project Address: 5402 Dayan Street
Lowville, Ny 13367

C) Are Utilities on Site
Water
Gas
Electric
Sanitary/Storm Sewer

D) Present legal owner of the site Victorian Lake, LLC
Of other than Applicant by what means will this site be acquired for this Project: _____

E) Zoning of Project Site: Current: CA Proposed: _____

F) Are any variances needed: no

G) Principal Use of Project upon completion: Medical Arts

H) Will the Project result in the removal of a plant or facility of the Applicant from one area of the State of New York to another? no

Will the Project result in the removal of a plant or facility of another proposed occupant of the Project from one area of the State of New York to another area of the State of New York? no

Will the Project result in the abandonment of one or more plants or facilities located in the State of New York? no

I) Estimate how many construction/permanent jobs will be created or retained as a result of this Project:

Construction: 8-10 Permanent: 15 Retained: 11

J) Financial Assistance being applied for:

	Estimated Value
<u>yes</u> Real Property Tax Abatement	\$ <u>70,800</u>
<u>yes</u> Mortgage Tax Exemption	\$ <u>10,000</u>
<u>yes</u> Sales and Use Tax Exemptions	\$ <u>7,800</u>
<u>no</u> Issuance by the Agency of Tax Exempt Bonds	\$ _____

K) Project Costs (Estimates)

Land	<u>76,500</u> purchase building + land
Building	<u>1.2 million</u>
Equipment	<u>75,000</u>
Soft costs	<u>30,000</u>
Other	_____
Total	<u>1,381,500</u>

III. Representations By The Applicant

The Applicant understands and agrees with the Agency as follows:

A) **Job Listings.** 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 Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the Project will be listed with the New York State Department of Labor Community Services Division (the "DOL") and with the administrative entity (collectively with the DOL, the "JTPA Entities") of the service delivery area created by federal job training partnership act (Public Law 97-300) ("JTPA") in which the project is located.

B) **First Consideration for Employment.** 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 Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, where practicable, the Applicant will first consider persons eligible to participate in JTPA programs who shall be referred by the JTPA Entities for new employment opportunities created as a result of the Project.

C) **Annual Sales Tax Filings.** In accordance with Section 874(8) of the New York General Municipal Law, the Applicant understand and agrees that, if the Project receives any sales tax exemptions as part of the Financial Assistance from the Agency, 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.

D) **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.

E) **Absence of Conflicts of Interest.** The Applicant has received from the Agency a list of the 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 hereinafter described: _____

None

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.

Shereen Palmer MD

(Applicant)

By: Shereen Palmer MD

Name:

Title: Vice President

This Application should be submitted with a \$250.00 Application Fee to: Richard H. Porter, Executive Director, County of Lewis Industrial Development Agency, P.O. Box 106, Lowville, New York 13367

The Agency will collect a 1% fee at the time of closing for the administration of a PILOT Agreement.

The Agency will collect a 10% fee on the savings resulting from the exemption of Sale/Use Tax or Mortgage Recording Tax per transaction for the life of the Project.

All legal expenses are collected at closing.

Hold Harmless Agreement

Applicant hereby releases County of Lewis Industrial Development Agency and the members, officers, servants, agents and employees thereof (the "Agency") 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 favorable 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 attorney's 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 attorney's fees, if any.

Shereen E Palmer MD
(Applicant)

By: Shereen Palmer MD
Name: Vice President
Title:

Sworn to before me this

28th day of May, 2013.

Kimberly L. Ritz

KIMBERLY L. RITZ
Notary Public, State of New York
Qualified in Lewis County
Reg. No. 01RI6209864
My Commission Expires Aug. 3, 2013