

**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.

PART I

Applicant

Applicant's legal Name: Utica Travelers Building LLC

Principal Address: 100 Madison Street - Suite 1905  
Syracuse, New York 13202

Project Address: 70 Genesee Street  
Utica, New York 13502

Telephone Number(s): 315-729-4690

Federal Identification Number: [REDACTED]

Company IRS Filing Office Location: Cincinnati

Company Officer completing this application:

Name: Timothy M. Lynn

Title: Member

Phone: [REDACTED] office

Email: [REDACTED]

1. A. **Is the applicant a:**

( ) Corporation: If YES, Public ( ) Private ( )  
If a PUBLIC Corporation, on which exchange is it listed?

- ( ) Sole Proprietorship  
( ) Partnership  
( ) Subchapter S  
( ) DISC  
(x) Other (specify) limited liability company

B. State of incorporation/organization, if applicable: New York

2. **Stockholders, Directors, Officers, Partners or Members**

A. Provide the following information in regard to principal stockholders or parties:

<u>Name</u>	<u>Home Address</u>	<u>Percentage of Ownership</u>
Joseph Gehm	[REDACTED]	
LDTs Ventures Fund 1 LLC	[REDACTED]	
Braxton Capital LLC	[REDACTED]	
Night Train LLC	[REDACTED]	

B. Provide the following information in regard to officers and directors:

<u>Company Officer</u>	<u>Name and Home Address</u>	<u>Other Principal Business Affiliation</u>
Joseph Gehm	[REDACTED]	LLC
Charles Breuer	[REDACTED]	
Todd Keehfus	[REDACTED]	
Chad Keehfus	[REDACTED]	
Timothy M. Lynn	[REDACTED]	

- 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 1

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- 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

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3. **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: 

4. **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: 

5. **References** (Individuals and institutions in this section may be contacted)

A. Banking/Financial Institution:

<u>Name of Institution</u>	<u>Address and Phone Number</u>	<u>Account Officer/ Contact Person</u>
Five Star Bank	[REDACTED]	[REDACTED]
Tompkins Trust	[REDACTED]	[REDACTED]
Berkshire Bank	[REDACTED]	[REDACTED]

B. Business suppliers (list three largest accounts)

<u>Name of Supplier</u>	<u>Address and Phone Number</u>	<u>Account Officer/ Contact Person</u>
N/A		

C. Major customers (list three largest)

<u>Name of Customer</u>	<u>Address and Phone Number</u>	<u>Account Officer/ Contact Person</u>
N/A		

6. **Business Description**

A. Describe nature of business and principal products and/or services:

GSCB LLC is a real estate holding company formed for the sole purpose of acquiring, rehabilitating and operating the property known as 70 Genesee Street in the City of Utica.

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. 70 Genesee Street, Utica, New York  
\_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

B. For what purpose is each of these used?  
1. Vacant historic building awaiting rehabilitation  
\_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

C. For each of your present locations which are RENTED, provide the following information:

<u>Name of Landlord</u>	<u>Landlord's Address</u>	<u>Landlord's Telephone Number</u>
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1. N/A	_____	_____
2.	_____	_____
3.	_____	_____

	<u>Amount of Space</u>	<u>Annual Rental</u>	<u>Lease Termination Date</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

D. For each of your present locations which you OWN, provide the following information:

	<u>Location</u>	<u>Annual Mortgage Payment</u>	<u>Termination Date</u>
1.	None		
2.			
3.			

E. List which of your present locations, if any, will be vacated if IDA approval for your project is given:

None

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If any of these locations will be sublet or sold, provide information concerning your ability to do so:

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**PART II**

**Reasons for Project**

Please explain in detail why you want to undertake this project and define scope of project:  
**see attached SCHEDULE 2**

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**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.

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How will the applicant's plans be affected if IDA approval is not granted?

Without the sales tax exemption, mortgage recording tax exemption and the PILOT agreement, the project will not move forward due to reduced borrowing capacity.

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Please confirm by checking the box, below, if there is likelihood that the Project would not be undertaken but for the Financial Assistance provided by the Agency?

Yes or  No

If the Project could be undertaken without Financial Assistance provided by the Agency, then provide a statement in the space provided below indicating why the Project should be undertaken by the Agency:

The Project cannot be undertaken without the Financial Assistance.

Without the Financial Assistance, it will be abandoned.

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Identify the assistance being requested of the Agency (select all that apply):

1. Exemption from Sales Tax  Yes or  No
2. Exemption from Mortgage Tax  Yes or  No
3. Exemption from Real Property Tax  Yes or  No
4. Tax Exempt Financing \*  Yes or  No

\* (typically for not-for-profits & small qualified manufacturers)



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:

	Manufacturing		sf
	Industrial (Assembly or Service)		sf
	Research and Development		sf
	Warehousing		sf
T	Commercial	10,000	sf
	Pollution Control		sf
T	Housing	30,000	sf
O	Back Office		sf
	Facility for Aging		sf
	Multi-Tenant		sf
	Retail		sf
	Recreational		sf
	Other (specify)		sf
		Total	40,000 sf

B. **Description of Proposed Project**

Check all appropriate categories which apply to the proposed project:

- |  |  |   |
|--|--|---|
| 1. Acquisition of land                           | YES( <input checked="" type="checkbox"/> ) | NO( <input type="checkbox"/> )            |
| 2. Acquisition of existing building              | YES( <input checked="" type="checkbox"/> ) | NO( <input type="checkbox"/> )            |
| 3. Renovations to existing building              | YES( <input checked="" type="checkbox"/> ) | NO( <input type="checkbox"/> )            |
| 4. Construction of addition to existing building | YES( <input type="checkbox"/> )            | NO( <input checked="" type="checkbox"/> ) |
| 5. Demolition                                    | YES( <input checked="" type="checkbox"/> ) | NO( <input type="checkbox"/> )            |
| 6. Construction of a new building                | YES( <input type="checkbox"/> )            | NO( <input checked="" type="checkbox"/> ) |
| 7. Acquisition of machinery and/or equipment     | YES( <input checked="" type="checkbox"/> ) | NO( <input type="checkbox"/> )            |
| 8. Installation of machinery and/or equipment    | YES( <input checked="" type="checkbox"/> ) | NO( <input type="checkbox"/> )            |
| 9. Other (specify) _____                         | YES( <input type="checkbox"/> )            | NO( <input checked="" type="checkbox"/> ) |

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

Light industrial

D. For what purpose was the site most recently used (e.g. light manufacturing, heavy manufacturing, assembly, etc.)?

Utica Travelers Insurance commercial office space

E.	<u>Location(s)</u>	<u>Street Address</u>	<u>Number of Floors/ SF/floor</u>
	Utica	70 Genesee Street	5

F. Is the site in an Empire Zone?  Yes  No

Is the business Empire Zone certified at this location:  Yes  No

Attach a copy of the last Business Annual Report filed.

Is the proposed project located within the boundary of a Central New York Regional Transportation (Centro) District?  Yes  No

G. 1. Please describe in detail the facility to be acquired, constructed or renovated (including number of buildings and other existing structures or facilities) and attach plot plans, photos or renderings, if available.

The Utica Travelers Building is an historic building located at 70 Genesee Street.

The property consists of a 39,000sf building, together with on-site parking.

The Developers will undertake a full certified historic rehabilitation into a mixed-use residential and commercial building.

2. If construction or renovation work on this project has already begun, please describe the work in detail.

Work has not begun

3. What is the estimated useful life of the:

a. Facility: 40 years

b. Equipment: 20 years

H. List the principal items or categories of equipment to be acquired as part of the project.  
Elevators, HVAC systems, fire safety, tenant equipment

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I. If any of this equipment has already been purchased or ordered, please attach all invoices and purchase orders and list amounts paid and dates of expected delivery as well as a brief description:

No purchases have been made or orders made

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K. If the construction or operation of the proposed project will require any local ordinance or variance to be obtained or requires a permit or prior approval of any state or federal agency or body (other than normal occupancy/construction permits), please specify:

National Park Service Part 2 approval NYS Office of Parks & Recreation

Part 2 approval City of Utica zoning and code enforcement approvals

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L. Will the project have a significant effect on the environment, YES ( ) NO ( x ). If YES, please describe the effect. **Important: please attach Environmental Assessment Form to this Application**

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M. Will a related real estate holding company, partnership or other entity be involved in the ownership structure of the Transaction? YES ( ) NO ( x ) If YES, please explain:

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M. 1. With regard to the present owner of the project site, please give:

Name: Commercial Travelers Life Insurance Co

Address: 70 Genesee Street

Utica, NY 13502

Telephone Number: 315-797-5200

2. If the applicant already owns the project site, indicate:

a. date of purchase: N/A

b. purchase price: N/A

3. If the project site is mortgaged, please indicate:

a. balance of mortgage: N/A

b. holder of mortgage: N/A

N. Is there a relationship, legally, by virtue of common control, or through related persons, directly or indirectly, between the applicant and the present owner of the project site?  
YES ( ) NO (x) If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_

O. Is the company currently a tenant in the building to be occupied?

YES ( ) NO (x)

P. Are you planning to use/develop the entire proposed facility?

YES (x) NO ( )

If NO, give the following information with respect to present tenants:

1. Present Tenant Information

a.	<u>Name of Business</u>	<u>Floors Occupied</u>	<u>Square Feet Occupied</u>	<u>Nature of Tenant's Business</u>
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None

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b. Which of the above tenants will be vacating upon your initial use of the facility? How many jobs will be affected?

<u>Name of Firm</u>	<u>Jobs</u>	<u>Square Footage Now Occupied</u>
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N/A

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c. For those tenants who will remain after your initial occupancy of the site, provide the following transaction:

<u>Name of Tenant</u>	<u>Term of Lease</u>	<u>Renewal Options</u>	<u>Square Footage Now Occupied</u>
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N/A

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Are any of the above tenants related to the owner of the facility? YES ( ) NO ( )

d. If the applicant will be occupying the premises of any of the tenants listed in (c) when their lease expires, please list.

N/A

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

f. Do you propose to lease part of the project facility to firms not presently tenants?

YES (x) NO ( ) If YES, provide details of your proposals:

\_\_\_\_\_  
The building is currently vacant. When the rehabilitation is complete, it will have approximately 10,000 SF  
\_\_\_\_\_  
of commercial space available for lease. Approximately 8,000SF will be leased to Barton & Loguidice.  
\_\_\_\_\_

**The remainder of the 1st floor will be co-working space and  
small professional offices.**

g. Will financing by the Agency for the Project result in the removal or abandonment of a plant or other facility of the applicant or any related entity presently located in another area in the 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 from removing such other plant or facility to a location outside the State of New York?  
YES ( ) NO (x) Vacant building

Is the proposed project reasonably necessary to preserve the competitive position of the project occupant in its respective industry? YES ( ) NO (x)

h. If any of the parties who will be tenants in this project are related to or affiliated with the applicant, please identify them:

**None**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Please attach any written agreements (e.g., options, purchase contracts, invoices, etc.) concerning the acquisition of the real property or equipment for this proposed facility.

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

2. Employment \* **SEE SCHEDULE 3 ATTACHED**

- a. List your present employment in the City of Utica, if any, and an estimate of the employment at the proposed facility 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	\$ 0	\$0

\* 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:	\$ <u>6,500,000</u>	<u>61</u>
Equity (excluding equity attributed to grants/tax credits)	\$ <u>1,300,000</u>	<u>12</u>
Tax Exempt Bond Issuance (if applicable)	\$ <u>0</u>	<u>      </u>
Taxable Bond Issuance (if applicable)	\$ <u>0</u>	<u>      </u>
Public Sources (Include sum total of all state and federal grants and tax credits)	\$ <u>2,875,000</u>	<u>27</u>

Identify each state and federal grant/credit:

<u>Historic tax credit equity</u>	\$ <u>2,625,000</u>
<u>National Grid</u>	\$ <u>250,000</u>
_____	\$ _____
_____	\$ _____

Total Sources of Funds for Project Costs: \$ 10,675,000 \_\_\_\_\_

Have any of the above costs been paid or incurred as of the date of this Application?

Yes  No. If Yes, describe particulars: \_\_\_\_\_

**Mortgage Recording Tax Exemption Benefit:** Amount of mortgage that would be subject to mortgage recording tax:

Mortgage Amount (include sum total of construction/permanent/bridge financing): \$ 7,500,000

Estimated Mortgage Recording Tax Exemption Benefit (product of mortgage \$ 56,250)

Amount as indicated above multiplied by 0.75%):

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	\$ 100,000
Acquisition of Building(s)	\$ 1,400,000
Renovation Costs	\$ 6,505,438
New Construction of Buildings	\$ 0
Machinery and Equipment (other than furniture costs)	\$ 204,992
Furniture and Fixtures	\$ 185,000
Installation Costs	\$ 0
Architectural/Engineering Fees	\$ 309,000
Fees (other than your own counsel and brokerage fees)	\$ 1,097,761
Interest on Interim Financings	\$ 242,130
Other (specify) <u>Soft Costs</u>	\$ 520,679
<hr/>	
Total Project Cost	\$ 10,675,000

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:

\$ 3,447,715

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

\$ 301,675

**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)	\$ 1,034	\$ 15,600
Building(s)	\$ 34,781	\$ 525,000
Total	\$ 35,815	\$ 540,600

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

\$ 487,579

**5. Project Schedule**

Indicate the estimated dates for the following:

- a. Construction commencement: June 2021
- b. Construction completion: March 2022
- c. Project financing: List the dates and in what amounts the estimated funds will be required:

\$6,500,000 Construction Loan June 2021

\$2,625,000 Historic Tax Credit Equity various times June 2021 to June 2022

\$250,000 National Grid grant May 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

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- 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 (x) if YES, please explain.

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6. Project Financing Efforts

IT IS THE APPLICANT'S RESPONSIBILITY TO SECURE A PURCHASER FOR IDA BONDS ISSUED IN CONJUNCTION WITH THIS PROJECT. Below are a series of questions relating to your efforts to secure financing for your project if IDA approval is granted.

- A. Has the applicant contacted any bank, financial/lending institution or private investor in regard to the financing for this project? YES (x) NO ( ) If YES, please give details:

Applicant is talking to four lenders for the construction and permanent financing.

Applicant has offers from Berkshire Bank and M&T Bank.

Applicant is awaiting a term sheet from NBT/Tompkins  
and from Five Star Bank.

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B. Have you obtained a financial commitment for this project? YES ( ) NO (x )

1. If YES, please briefly describe this commitment and attach related correspondence:

Continuing discussions with four lenders

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2. If NO, please explain how you will be able to finance this project:

The project has generated significant interest among lenders, with four assembling offer sheets.

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C. Are there any other governmental agencies that you have contacted concerning financial assistance in regard to your proposed project? YES ( ) NO (x ) If YES, please explain:

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D. 1. Will the applicant's obligations be guaranteed, and if so, by whom?

Each member will be providing guarantees to the lender

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2. Is the guarantor related to or affiliated with the applicant?

Yes - each is a member of applicant

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E. Financial Information (Attach the Following).

1. Financial Statements for the last three fiscal years.
2. 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.
4. 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



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.

STATE OF NEW YORK )  
COUNTY OF ONEIDA ) ss.:

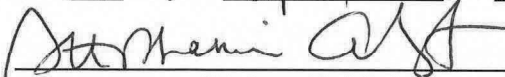
Timothy M. Lynn, being first duly sworn, deposes and says:

1. That I am the Authorized Representative (Corporate Office) of Utica Travelers Building LLC (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 29th day of April, 2021

  
(Notary Public)

STEPHANIE A. SMITH  
Notary Public, State of New York  
No. 01SM4995504  
Qualified in Madison County  
My Commission Expires April 27, 2022

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.**

