City of Utica Industrial Development Agency <u>Application</u>

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 <u>confidentially</u>, 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

Applica	<u>nt</u>				
Applica	nt's legal Nam	_{e:} Jaychlo, L	LC		
	ıl Address:	1821 Broad			
		Utica, NY	1350)1	
Project	Address:	Same			
-	_				
Telepho	one Number(s)	315-732-62	271 e	ext.231	
Federal	Identification	Number:	KOOK	88	
		Office Location:			
Compar	ny Officer com	pleting this applica	tion:		
Name:	Joseph C	Cattadoris			
Title:	Member	/Owner			le
Phone:	99999999	95255	cell	315-732-6271 ext 225	_ office
Email:	jcattadori	is@metalsol	utior	sinc.com	

1. A	A. Is the	e applicant a:					
	, ,	•	S, Public() Private (ម្ល eration, on which exchan				
	()P	ole Proprietorship artnership ubchapter S ISC ther (specify)			-		
В			, if applicable:				
<u>)</u> .	Stoc	kholders, Direct	tors, Officers, Partners	or Members			
Α	. Provi	de the following i	information in regard to p	principal stockholders	s or parties:		
	<u>Na</u>	<u>ame</u>	Home Address		Percentage of Ownership		
	Catherine Thiaville XMARRARICA				50%		
	NAVAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
	Joseph C	attadoris	KINIMIMIMIMI	RX .	50%		
В	3. Provi	de the following i	information in regard to	officers and directors	:		
	Compan	у	Name and Home		er Principal iness Affiliation		
	Officer		Address				
Cathe	erine Thiavi	lle CEC	O/Secretary	51% owner o	f Metal Solutions		
		san	ne address as above				
Josep	h Cattador	ris Pre	sident/Treasurer	47% owner of	Metal Solutions,		

	1.						

	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.
		Yes, Catherine Thiaville, owner of Metal Solutions, Inc.
	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:
		Yes, Metal Solutions, Inc.
3.		Applicant's accountant Name and Title: Karl Jacob, Partner, CPA
		Name of Firm: Dannible & McKee LLP
		Address: 221 S Warren St.
		Syracuse, NY 13202-2687
		Telephone Number: 315-472-9127 Email: kjacob@dmcpas.com
4.		Applicant's attorney
		Name and Title: Jef Saunders
		Name of Firm: Saunders Kahler, LLP
		Address:185 Genesee St.
		Suite 400, Utica, NY 13501
		Telephone: 315-733-0419 Email: jsaunders@saunderskahler.com

5.			References (Individual	duals and institutions in this section	on may be contacted)
		A.	Banking/Financial I	nstitution:	
			Name of Institution	Address and Phone Number	Account Officer/ Contact Person
		NBT E	Bank	270 Genesee St.	Adam Burback
	•			Utica, NY 135011	315-738-8701
			S J		
	•	B.	Business suppliers	(list three largest accounts)	
			Name of Supplier	Address and Phone Number	Account Officer/ Contact Person
	Pa	cemak	er Millar	501 Main St. Utica, NY 13501	Rich Evans 315-797-2161
	JT	Ryers	on #	3915 Walden Ave. Lancaster, N	Wade Rynning 763-792-75
	На	un We	lding Supply	728 Broad St. Utica, NY 13501	Joel Malagese 315-724-338
		C.	Major customers (l	ist three largest)	
			Name of	Address and	Account Officer/
			Customer	Phone Number	Contact Person
	No	va Bus	3	260 Banker Rd. Plattsburgh, NY	1 Isabelle Cote 450-974-6032
	Co	ld Poir	nt Corp.	7500 Cold Point Dr. Rome, NY 1	3 Kathy Marmol 315-339-23
	Air	Innova	ations, Inc.	7000 Performance Dr. North Syr	John Stone 315-452-7411
6.			Business Descrip	<u>tion</u>	
		Α.		business and principal products a	
			providing precision fabricated	metal products for mass transit bus and rail, air con	ditioning and refrigeration, furniture and lighting
			among others. Metal Sc	plutions has been in business since 1954	(originally New Hartford Sheet Metal),
			employs 110 full-ti	me employees, operates 2 shifts	s, in a 100,000 sq ft building.

6.

	Metal Solutions currently serves both do	mestic and international customers include	ding upstate New York and Canada.
	Present location(s) of busin	ness operations	
A.	List present location(s):		
	1. 1821 Broad St. Utica, NY	13501	
	2.		
	3.		
B.	For what purpose is each of	these used?	
	1. manufacturing of fabricate	ed sheet metal products.	
	2.		
	3.		1
	3.		
C.	For each of your present locat	tions which are <u>RENTED</u> , prov	vide the following informati
C.		tions which are <u>RENTED</u> , prov Landlord's Address	vide the following informati
	For each of your present locat		-
	For each of your present locat		<u>Landlord's</u>
	For each of your present locat Name of Landlord	Landlord's Address	<u>Landlord's</u>
	For each of your present locat Name of Landlord 1. Jaychlo, LLC	Landlord's Address	<u>Landlord's</u>
	Name of Landlord 1. Jaychlo, LLC 2.	Landlord's Address	<u>Landlord's</u>
	Name of Landlord 1. Jaychlo, LLC 2.	<u>Landlord's Address</u> 1821 Broad St.	<u>Landlord's</u> <u>Telephone Number</u>
	Name of Landlord 1. Jaychlo, LLC 2. 3. Amount of Space 1. 100,000 sq ft.	<u>Landlord's Address</u> 1821 Broad St.	<u>Landlord's</u> <u>Telephone Number</u>

For each of your present location	ns which you <u>OWN</u> , provide th	ne following information
<u>Location</u>	Annual Mortgage Payment	Termination Date
1. 1821 Broad St. Utica, NY 🔓	\$131,637	SBA loan 2/14/38
2.		NBT loan 11/21/27
3.		
List which of your present location given: n/a	ns, if any, will be vacated if IDA	approval for your proje
		9
If any of these locations will be su	blet or sold, provide informatic	on concerning your abilit
do so:		
do so:	-	
do so:		
do so:		

PART II

Reasons for Project

Please explain in detail why you want to undertake this project and define scope of project: MSI will be expanding into the remainder of it's existing
building at 1821 Broad St. The purpose of the project is to
increase our manufacturing capacity to meet customer demand.
This involves building fit out of the former warehouse space to
meet our manufacturing needs and to improve product flow
This involves rehab of the space for mechanical, electrical,
lighting, concrete flooring etc before the space can be
occupied with existing and new equipment purchases to
support a growth rate of 12 to 15 percent each year.
Why are you requesting the involvement of the IDA in your project? To help offset cost of sales taxes related to the project and
future exemption of real property taxes.

How will the applicant's plans be affected if IDA approval is not granted? This will reduce our competitive ability in the marketplace causing slower growth and employment opportunities in the regional area. We are expanding because our major customers which are mostly in NY, are growing and are asking for additional capacity which includes additional powder coating capabilities. This project keeps grown and regional economic impact within the central New York. 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: Identify the assistance being requested of the Agency (select all that apply): X Yes or ____ No 1. Exemption from Sales Tax ___ Yes or X No 2. Exemption from Mortgage Tax X Yes or ____ No 3. Exemption from Real Property Tax ____ Yes or No 4. Tax Exempt Financing * * (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	85,000	sf
 Industrial (Assembly or Service)		sf
Research and Development		sf
 Warehousing	15,000 shipping	sf
Commercial		sf
 Pollution Control		sf
 Housing		sf
Back Office		sf
 Facility for Aging		sf
Multi-Tenant		sf
Retail		sf
Recreational		sf
 Other (specify)		sf
To	otal	sf

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

Check all appropriate categories which apply to the proposed project:

1. Acquisition of land	YES()	NO(x)
2. Acquisition of existing building	YES()	NO(x)
3. Renovations to existing building	YES(x)	NO()
4. Construction of addition to existing building	YES()	NO(x)
5. Demolition	YES()	NO(x)
6. Construction of a new building	YES()	NO(x)
7. Acquisition of machinery and/or equipment	YES(x)	NO()
8. Installation of machinery and/or equipment	YES(x)	NO()
9. Other (specify)	YES()	NO(x)

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

O.	man	ufactu	ring, assembly		e.g. light manufacturing, heavy
Ξ.		Loc	cation(s)	Street Address	Number of Floors/ SF/floor
₹.	Is th	e site i	n an Empire Z	Zone?() Yes(x) No	
	Is th	e busii	ness Empire Z	one certified at this location: () Yes (x) No
	Atta	ch a co	opy of the last	Business Annual Report filed.	
	ls th	ne prop	oosed project	located within the boundary o	f a Central New York Regional
	Tran	nsporta	tion (Centro) l	District? (x) Yes () No
3.	1.	Plea	ase describe	in detail the facility to be acqu	uired, constructed or renovated
		(incl	uding number	of buildings and other existing s	structures or facilities) and attach
		plot	plans, photos	or renderings, if available.	
	Ren	ovatio	n and rehabilit	ation of 50,000 sq ft attached w	arehouse to meet the needs
				apacity. This includes a new powder coating system, ne	
			_	ing and receiving department to handle the in	
				embly department in large	
	2.	If co			s already begun, please describe
	Re	nova	ations is	schedule to begin Mi	d April 2019
	wit	h eq	uipment	purchases beginning	g in late May
	Th	e pro	oject will	be completed by	
		•	•		
	3.	Wha	at is the estima	ated useful life of the:	
		a.	Facility:	30 yrs	
		b.	Equipment	15 to 20 yrs	

Press Brakes, Punch tooling, Shrink Wrap machine
If any of this equipment has already been purchased or ordered, please attach all invoice and purchase orders and list amounts paid and dates of expected delivery as well as a brid description:
n/a
If the construction or operation of the proposed project will require any local ordinance of 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: n/a
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
Will a related real estate holding company, partnership or other entity be involved in th
ownership structure of the Transaction? YES() NO(x) If YES, please explain:

M.	1. Name	With regard to the present owner of the project site, please give: Jaychlo, LLC
	Addre	1921 Prood Ct
		Utica, NY 13501
	Teleph	none Number: 315-732-6271
	2.	If the applicant already owns the project site, indicate: a. date of purchase: b. purchase price: \$1,187,000
	3.	If the project site is mortgaged, please indicate: a. balance of mortgage: SBA/Wells Fargo & NBT Bank b. holder of mortgage:
N.	directly	e a relationship, legally, by virtue of common control, or through related persons, or indirectly, between the applicant and the present owner of the project site?) NO (x) If YES, please explain:
О.		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. <u>Pre</u>	esent Tenant Information			
a.	Name of Business	Floors Occupied	Square Feet Occupied	Nature of Tenant's <u>Business</u>
Meta	l Solutions, Inc.	1	100,000	Manufacturing
				36
b.	Which of the above tenal jobs will be affected?	nts will be vaca	ting upon your initial	use of the facility? How many
	Name of Firm	<u>Jobs</u>	Square Footage N	low Occupied
n/a				
C.	For those tenants who following transaction:	will remain afte	er your initial occup	ancy of the site, provide the
	Name of	Term of	Renewal	Square Footage
	Tenant	<u>Lease</u>	<u>Options</u>	Now Occupied
Meta	al Solutions, Inc.	Indefinite		100,000
	Are any of the above ter	nants related to	the owner of the fac	cility? YES(X) NO()
d.	If the applicant will be oc lease expires, please list		emises of any of the t	tenants listed in (c) when their

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

e.

f.	Do you propose to lease part of the project facility to firms not presently tenants?
	YES () NO (x) If YES, provide details of your proposals:
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)
	Is the proposed project reasonably necessary to preserve the competitive position of the project occupant in its respective industry? YES ($_{\rm X}$) NO ()
h.	If any of the parties who will be tenants in this project are related to or affiliated with the applicant, please identify them:
	Metal Solutions, Inc and Jaychlo, LLC have common ownership.
	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.

2. Employment *

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)	110	110	10	

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	2	\$180,000-\$235,000	\$25,000
Sales/Supervisory	8	\$55,000-\$110,000	\$15,000
Clerical	14	\$30,000-\$65,000	\$15,000
Plant/Production	86	\$25,000-\$65,000	\$15,000
Other (specify)			

Notes:

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

Currently	End of Year One	End of Year Two	
\$ 4,462,444	\$ 4,768,645	\$5,173,244	

^{*} 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:	_{\$} 1,460,000	78%	
Equity (excluding equity attributed to grants/tax credits)	\$ <u>400,000</u>	22%	
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)	\$	¥	
Identify each state and federal grant/credit:			
\$			
\$_			
Total Sources of Funds for Project Costs:	\$ 1,860,000	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 mortgage recording tax:	of mortgage that would	be subject to	
Mortgage Amount (include sum total of construction/perm	anent/bridge financing):	_{\$} n/a	
Estimated Mortgage Recording Tax Exemption Benefit (pr		_{\$} <u>n/a</u>	
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	_{\$_n/a} Currently Owned
Acquisition of Building(s)	_{\$} n/a
Renovation Costs	\$400,000
New Construction of Buildings	_{\$} n/a
Machinery and Equipment (other than furniture costs)	\$1,400,000
Furniture and Fixtures	\$\frac{10,000}{\$50,000}
Installation Costs	_{\$} 50,000
Architectural/Engineering Fees	\$
Fees (other than your own counsel and brokerage fees)	\$
Interest on Interim Financings	\$
Other (specify)	\$
Total Project Cost	_{\$_} 1,860,000
	osts for goods and services that are subject to State and benefit from the Agency's Sales and Use Tax exemption \$\frac{300,000}{}\$
Estimated State and local Sales and Usabove):	se Tax Benefit (product of 8.75% multiplied by the figure, $\$26,250$

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)	\$	\$	
Building(s)	\$25,525	\$581,000	
Total	\$25,525	\$581,000	

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

_{\$} 103,877

5. Project Schedule

Indicate the estimated dates for the following:

Construction commencement: 4/5/2019

a.

- Construction completion: b.
- Project financing: List the dates and in what amounts the estimated funds will be C. required:

Phase 1 will be self funded by Metal Solutions which will include the renovations of the building such as a new concrete floor,

repairing the west wall of the building and other renovations for new shipping, assembly and welding areas.

Phase 2 which will include the machinery and equipment will be funded through the application of a CFA and NBT Bank loans.

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:

City of Utica, \$1,873,000

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

\$2,560,000

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):
	We have engaged with the IDA in 2008 when we purchased the building.
	We also obtained a low interest loan from the City of Utica.
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.
	No
6. Project Financ	ing Efforts
BONI	THE APPLICANT'S RESPONSIBILITY TO SECURE A PURCHASER FOR IDADS ISSUED IN CONJUNCTION WITH THIS PROJECT. Below are a series of ions relating to your efforts to secure financing for your project if IDA approval is ed.
	pplicant contacted any bank, financial/lending institution or private investor in regard ing for this project? YES () NO (x) If YES, please give details:
not yet b	ut will begin application process of CFA then NBT Bank.

_	
8	
2. A	If NO, please explain how you will be able to finance this project: portion of the project will be self funded
A	oplying for CFA Grant in July through ESD and
-	
Are the	re any other governmental agencies that you have contacted concerning finance in regard to your proposed project? YES () NO (χ) If YES, please κ
Are the	re any other governmental agencies that you have contacted concerning fina
Are the	re any other governmental agencies that you have contacted concerning fina
Are the	re any other governmental agencies that you have contacted concerning fina

- 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

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.

- 5. 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.

1. That I am the Quillet (Corporate Office) of JAYCHLO 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. Subscribed and affirmed to me under penalties of perjury this 3 day of Application and the contents of Notary Public, State of New York No. 01CA4906318 Qualified Toneida County My Commission Expires Oct. 5, 20 21. 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: Kristen Sheppins Name: Hand Sheppins Date: 4/3/19	STATE OF NEW YORK) COUNTY OF ONEIDA) ss.:
Anthony J. Carlo Notary Public, State of New York No. 01CA4906318 Qualified in Oneida County My Commission Expires Oct. 5, 20 21. 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: RISTER SAEPARD (Applicant) and that I am duly authorized on behalf of the Applicant. (Applicant) and that I am duly authorized. (Applicant) and that I am duly authorized. (Applicant) and that I am duly authorized.	Joseph CAπADORIS JR., being first duly sworn, deposes and says:
best of my knowledge and belief, this Application and the contents of this Application are true, accurate and complete. Subscribed and affirmed to me under penalties of perjury this 3 day of ANTHONY J. CARLO Notary Public, State of New York No. 01CA4906318 Qualified in Oneida County My Commission Expires Oct. 5, 20 21. 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: KISTEN SHEPPIND Name: Business Manager Title: Business	JAYCHLO LLC (Applicant) and that I am duly
this 3 day of April 2019. Notary Public, State of New York No. 01CA4906318 Qualified in Oneida County My Commission Expires Oct. 5, 20 21. 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: Kristen Sheppard Notary Public, State of New York No. 01CA4906318 Qualified in Oneida County My Commission Expires Oct. 5, 20 21. Why Commission Expires Oct. 5, 20 21. Title: Business Manager Title: Business M	best of my knowledge and belief, this Application and the contents of this Application are true, accurate and complete.
For the applicant please indicate who and in what capacity: By: KRISTEN SAEPPARD Name: Susten Suppard Title: Business Manageta	this 3 day of April , 2019. Notary Public, State of New York No. 01CA4906318 Qualified in Oneida County My Commission Expires Oct. 5, 20 31.
Name: Kusten Sheppard Title: Business MANAGER	
Title: Business MANAGER	BY: KRISTEN SHEPPARD
11/2/20	Name: Susten Sheppard
Date: 4/3/19	Title: BUSINESS MANAGER
	Date: 4/3/19

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.