

TOWN OF LOCKPORT INDUSTRIAL DEVELOPMENT AGENCY

6560 Dysinger Road
Lockport, NY 14094
(716) 439-9535

APPLICATION FOR INCENTIVES

Project Applicant: _____

Project Title: _____

Total Project Cost: \$ _____

Date of Application: _____

Type of Project*:

- ___ Acquisition of Existing Facility
- ___ Civic Facility (Not for Profit)
- ___ Commercial
- ___ General Office
- ___ Industrial/ Producer Services
- ___ Life Care Community
- ___ Multi-tenant Facility
- ___ Research & Development
- ___ Retail
- ___ Other _____

Location of Project: _____

Bank: _____

* All projects will be reviewed and approved in accordance with the provisions of Article 18A of the New York State General Municipal Law. In certain instances, project applicants may be required to complete a retail questionnaire supplement based on the information contained within this application. For the purposes of determining if an Applicant qualifies for Incentives offered by the Agency, this Application for Incentives serves as the Eligibility Questionnaire for such determination.

For Office Use Only

Date Application Received: _____ Project #: _____

Date of approval by IDA Board: _____

Date copy was forwarded to IDA Counsel: _____

Check Amount: _____ Received on: _____ Date remitted to IDA CFO: _____

Revised 4/2015

The information listed on this form is necessary to determine the eligibility of the project applicant.

Please fill in all blanks, using "None" or "Not Applicable" where necessary. If an estimate is given, put "EST" after the figure. Attach additional sheets if necessary. This application may be used to determine the Applicant's eligibility for any of the benefit programs of the Town of Lockport IDA, an extension of the current benefits and/or an expansion of the Applicant's current project. In certain instances, additional information may be required.

I. PROJECT APPLICANT

A. Project Applicant: _____

B. Company Officer (Partner) completing this application:

Name: _____

Title: _____

Business Address: _____

Telephone: () _____

Email: _____

Website: _____

C. IRS Identification Number: _____

D. Is Applicant currently receiving assistance from the Town of Lockport IDA?
___ Yes ___ No

E. Business Organization:

___ Company

___ Corporation

___ Joint Venture

___ Limited Liability

___ Partnership

___ Sole Proprietorship

___ Other (specify) _____

F. State of Incorporation or Organization: _____

G. Business Description: _____

H. If Applicant is a corporation, is it publicly or privately held?

___ Public

___ Private

I. List officers, stockholders, members or partners in the Company **

Name	Percentage	Home Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

** If the Company is publicly owned, it can answer this and other succeeding questions by reference to an attached copy of the company's most recent Form 10-K (Company means ultimate project occupant where known, otherwise the developer).

J. Is the Applicant/Company related, directly or indirectly, to any other entity by more than 50% common ownership? If so, indicate name of such entity and the relationship:

K. If any of the persons or group of persons listed in the response to question J above owns more than 50% of the Company, list all other entities which are related to the company by virtue of such person (or group of persons) having more than a 50% interest in such other entities:

L. Is the Applicant/Company affiliated with any other entity, directly or indirectly, other than as indicated in response to questions J & K above? If yes, indicate name and relationships of such other entity and the address thereof:

M. Has the Applicant/Company (or any entity listed above) made a public offering or private placement of its stock within the last year? If so, please provide Offering Statement used. _____ Yes _____ No

N. Complete the following information:

Officers and Directors

Phone

O. Applicant Counsel: _____

1. Name of Attorney: _____

2. Name of Firm: _____

3. Address: _____

4. Telephone Number _____ Fax: _____

5. Email: _____

P. Applicant Accountant: _____

1. Name of Accountant: _____

2. Name of Firm: _____

3. Address: _____

4. Telephone Number: _____ Fax: _____

5. Email: _____

6. Principal Bank: _____

Q. Is the Applicant and/or any person listed in item **I**:

1. Now a plaintiff or a defendant in any civil or criminal litigation?

____ Yes ____ No

2. Ever been convicted of a crime (other than a minor traffic violation)?

____ Yes ____ No

3. Been declared bankrupt within the last 10 years? ____ Yes ____ No

4. Delinquent in the payment of any state or municipal property taxes?

____ Yes ____ No

5. Delinquent in the payment of any income tax obligation? ____ Yes ____ No

6. Delinquent in the payment of any loans? ____ Yes ____ No

7. Currently in default on any of its loans? ____ Yes ____ No

8. The subject of any unsatisfied judgment? ____ Yes ____ No

If the answer to any of the questions in Section Q is Yes, please furnish details in a separate attachment.

II. DESCRIPTION OF PROJECT OCCUPANT

A. Applicant/Company History

1. Location of current facility:

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

2. NAICS Code: _____

3. Description of current facility: _____

Number of buildings: _____

Square footage of facilities: _____

____ Own or ____ Rent present facilities

4. Is the facility currently receiving property tax abatement? ____Yes ____No
 If Yes, at what date does this abatement expire: _____
5. Does the project involve the relocation of a company(s) from another municipality within Niagara County? ____Yes ____No
6. If Yes, has the Supervisor / Mayor been notified?
 ____Yes ____No (Please provide additional information if necessary)

B. Principal product / service: _____

C. Percentage of Gross Revenue (from products & services) derived from sales outside of Niagara County: _____

D. Market served: _____

III. ELIGIBILITY

A. What effect will this project have on your business (why is it necessary)?

B. Is Agency participation necessary for this project to proceed?

C. Is the project occupant moving its entire operation to this proposed facility or a Division thereof? ____Yes ____No
 Does the project involve the consolidation of existing facilities? ____Yes ____No

D. Is this project necessary to prevent the Applicant/Company from moving out of Niagara County and / or New York State and / or to remain competitive with its industry? _____

E. What are the current market conditions which necessitate the construction of this project? _____

F. Describe any unique features / effects that this project will have on the area:

IV. PROJECT INFORMATION

A. Summary of Project: (Identify each element of the project)

Does the project consist of (check appropriate categories):

	Yes	No
1. Acquisition of vacant land		
2. Land Lease		
3. Construction of a new building If Yes, indicate number and size _____		
4. Renovations to an existing building If Yes, indicate nature of renovations _____		
5. Construction of an addition to an existing building If Yes, indicate nature of expansion _____		
6. Acquisition of an existing building If Yes, indicate number and size of buildings _____		
7. Acquisition, installation of machinery and/or equipment		
8. Equipment lease		

B. Site Plan Approval

1. Have site plans been submitted to the Town Planning Department for approval?

___ Yes ___ No Date of submittal and current status: _____

If Yes, state date of submittal and current status, also include one set of plans/ renderings with this application.

2. Have any plans been submitted to the US Army Corps of Engineers and the NYS Department of Environmental Conservation for approval?

___ Yes ___ No

If YES, date of submittal and current status: _____

3. Identify school district pertaining to Project location: _____

4. Utilities and services presently serving site. Provide name of utility provider.

Gas	Size
Electric	Power
Water	Size
Sewer	Size
Other (Specify)	

C. Project Site

1. Are there buildings now on the project site? ____ Yes ____ No

2. Indicate the present use of the project site: _____

3. Indicate present owner(s) of project site: _____

4. If the Applicant/Company now owns the project site, indicate:

a. Date of purchase: _____

b. Purchase price: _____

5. Has the Applicant/Company entered into a contract and/or option to purchase the site? ____ Yes ____ No

6. If the Applicant/Company is **not** the owner of the project site, does the Applicant/Company now lease the site or any buildings on the site?

____ Yes ____ No

7. Is there a relationship legally or by virtue of common control or ownership between the Applicant/Company and the seller of the project: ____ Yes ____ No

If Yes, describe the relationship: _____

8. Is the proposed Project Site located on a site where the known, or potential presence of, a contaminant is complicating the development/use of the property?

____ Yes ____ No

9. If so, is this a "Brownfield" project? ____ Yes ____ No

10. Has a Phase I Environmental Assessment been prepared or will one be prepared with respect to the property? ____ Yes ____ No

11. Have any other studies or assessments been undertaken with respect to the proposed Project Site that indicate the known or suspected presence of contamination that would complicate the site's development? ____ Yes ____ No

12. If any space in the project is to be leased to third parties, indicate total gross square footage of the project, percent and square feet to be leased to each tenant, and proposed use by each tenant (attach signed leases, if any) _____
13. List principal items or categories of equipment to be acquired as part of the project: _____

14. Has any of the above equipment been ordered or purchased? ____ Yes ____ No
If Yes, indicate items: _____
15. Total Estimated Project Costs

<u>Description of Costs</u>	<u>Allocations of Costs</u>
Land	\$
Building(s)	\$
Renovation	\$
Equipment	\$
Site Work & Preparation	\$
Installation	\$
Interest during Construction	\$
Engineering Fees	\$
Architectural Fees	\$
Agency Fees	\$
Legal Fees	\$
TOTAL	\$

16. Have any of these expenditures already been made by the Company?
____ Yes ____ No If Yes, indicate particulars: _____
17. Project Schedule: Indicate the estimated date for:
- a. Commencement of construction: _____
- b. Completion of construction: _____
18. Is this a single phase or multi-phase project? ____ Single ____ Multi
- Phase I Activities: _____
- Phase II Activities: _____
- Phase III Activities: _____

D. Project Employment Information

NOTE: Report information for the Town of Lockport Facility only

1. Will Niagara County contractors and/or sub-contractors be utilized for the Construction project? Yes No

2. What is the estimated number of **construction jobs** to be created at the project site from:
Niagara County: _____
Erie County: _____
Other areas: _____

3. What is the **present** number of employees of the Applicant/Company **before** IDA Status?
Full Time Employees: _____
Estimated Annual Salary: _____
Part Time Employees: _____
Estimated Annual Salary: _____

4. Estimate how many full time and part time jobs will be **retained** as a result of this project over the next three years:
Full Time Employees: _____
Estimated **annual** salary range of jobs to be retained
From \$ _____ to \$ _____
Part Time Employees: _____
Estimated **annual** salary range of jobs to be retained
From \$ _____ to \$ _____

5. Estimate how many full time and part time jobs will be **created** as a result of this project over the next three years:
Full Time Employees: _____
Estimated **annual** salary range of jobs to be created
From \$ _____ to \$ _____
Part Time Employees: _____
Estimated **annual** salary range of jobs to be created
From \$ _____ to \$ _____

6. Approximate Annual Applicant/Company Sales for previous year:

V. PROJECT FINANCING

A. Financial and Feasibility Data

Provide any marketing, economic, business plan or feasibility studies that have been developed particularly for this facility. The Agency may also require financial statements for the last three (3) years.

B. Financial Assistance Requested from the Agency

1. Is the Applicant requesting a real property/tax abatement (payment in lieu of taxes agreement)? Yes No

2. Is the Applicant expecting to be appointed agent of the Agency for purposes of being exempt from payment of NYS Sales and Use Tax Abatement? Yes No

If Yes, what is the amount of purchases which the Applicant *requests* to be exempt from the NYS Sales and Use Taxes?

\$ _____

3. Is the Applicant expecting to be appointed agent of the Agency for purposes of being exempt from payment of Mortgage Tax Abatement?

Yes No

4. Is the Applicant expecting that the financing of the project will be secured by one or more mortgages? Yes No

If Yes, what is the approximate amount of financing to be secured by mortgages? \$ _____

CERTIFICATION

(to be executed by the principal of the Applicant)

I. _____ affirms under penalty of perjury he/ she is the _____ of _____ named in the attached Application (the "Applicant"); that he/she has read the foregoing Application and knows the content thereof, and that the same is true to his/her knowledge, upon information and belief.

II. As an officer of the Applicant, deponent acknowledges and agrees that the Applicant shall be and is responsible for all cost incurred by the Agency and all legal counsel for the Agency, including its general counsel and/or bond/transaction counsel, whether or not the Application, the proposed project it describes, the attendant negotiations, or the issue of bonds or other transaction or agreement are ultimately ever carried to successful conclusion and agrees that the Agency be held 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 Application, regardless of whether or not the Application or the proposed project described herein or the tax exemptions and other assistance requested herein are favorably acted upon by the Agency, (B) the Agency's acquisition, construction and/or installation of the proposed project described herein, and (C) any further action taken by the Agency with respect to the proposed project.

III. By executing and submitting this Application, the Applicant covenants and agrees to pay the fee to the Agency and the Agency's general counsel and the Agency's transaction counsel, as well as fees of other consultants, if any, retained by the Agency in connection with the proposed project.

IV. By executing and submitting this Application, and in the event the closing does not occur, the Applicant further covenants and agrees to pay the fees of the Agency and the Agency's general counsel and the Agency's transaction counsel incurred and to forego the application fee.

V. By executing and submitting this Application, the Applicant covenants and agrees to comply with the reporting requirements as required of or determined by the Agency, from time to time.

The Applicant is aware and acknowledges that according to the New York Public Officer's Law, Article 6, Freedom of Information Act, the public has the right to request information about the project and the Applicant, and that in accordance with Public Officer's Law Article 7, all meetings of the Agency are open to the public.

The Applicant and the individual executing this Application on behalf of the Applicant acknowledge that the Agency and its counsel will rely on the representations made in this Application and, if applicable, made in related Addenda, when acting hereon and hereby represents that the statements made herein and therein do not contain any untrue statements of material fact and do not omit to state a material fact necessary to make the statements contained herein or therein misleading.

Company/Applicant: _____

Name/Title (print): _____

Signature: _____