

APPLICATION FOR ASSISTANCE

Each applicant seeking assistance must complete this application and provide required supplemental form/documentation. A non-refundable application fee of \$350,00 must be included with this application. Make check payable to GOMIDA. Please see page 10 for additional information on costs and fees.

Please answer all questions. Use "None" or "Not Applicable" where necessary. Information in this application may be subject to public review under New York State Lew, except for information that is considered deniable by the Freedom of Information Law. This form is available at www.growmonroe.org.

l.	APPLICAN	<u>IT</u>	II.	PROJECT
A.	Name	45 Becker Road LLC	A.	Address of proposed project facility
	Address	45 Becker Road		45 Becker Road
	City/State/Zip	West Henrietta, NY 14586		West Henrietta, NY 14586
	Tax ID No.	82-2555107		Tax Map Parcel Number 188.02-1-74.11
	Contact Name	Gary T. Izzo		City/Town/Village_Henrietta
	Tille	Finance Director		School District Rush Henrietta Central
	Telephone	(585) 334-4110		Current Legal Owner of Property
	E-Mail	głzzo@konarproperties.com		45 Becker Road LLC
8.	Owners of 20%	or more of Applicant Company	B.	Proposed User(s)/Tenant(s) of the Facility
	Name Thruway In	% Corporate Title dustrial Pa 100 Sole Member		If there are multiple Users/Tenants, please attach additional pages. Company Name Pharmacy Alternatives Address 25 Hendrix Road West Henrietta, NY 14586
				Tax ID No. 20-3612272
C.	Applicant's Leg	gal Counsel		Contact Name Bill Barnett
	Name	Louis D'Amato		Title Director
	Firm	Woods Oviatt Gilman LLP		Talephone (585) 486-4367
	Address	700 Crossroads Bldg, 2 State St.		E-Mail william.barnett@pairx.com
	City/State/Zip	Rochester, NY 14614		% of facility to be occupied by company 13.5 1/6
	Telephone	(585) 987-2823	C.	Owners of 20% or more of User/Tenant Company
	Fax	(585) 987-2923		Name % Corporate Title
	Email	Idamato@woodsoviatt.com		Community Alt Pharr 100 Sole Member
			D.	Benefits Requested (Check all that apply) Consider Tax Exemption Industrial Revenue Bond Financing Mortgage Recording Tax Exemption Consider Property Tax Abatement

E	Descr	ption of project (check all that apply)
	Z Ne	w Construction
	ПΒ	lating Facility
		□ Acquisition
		□ Expansion
		□ Renovation/Modernization
		quisition of machinery/aquipment
	□ 0t	her (specify)
GENE (Attact	RAL (ESCRIPTION OF THE PROJECT AND BACKGROUND ON USER(S) OF THE FACILITY ditional sheets as necessary)
	We	are relocating Pharmacy Alternatives due to a lease obligation allowing Vuzix to expand into Suite E of 25 ndrix Road.
	45 Alt	Becker Road LLC owns 45 Becker Road, which is a newly constructed 60,000 SF flex building. Pharmacy ematives will be the first tenant in this building, and will occupy 8,070 SF.
		9

II.	PROJECT (cont'd)	H.	PROJECT TIMELINE
F.	Are other facilities or related companies located within New York		Proposed Date of Acquisition
	State? J_Yes		Proposed Commencement Date of Construction 09/04/2018
			Anticipated Completion Date
	Location:		10/31/2018
	25 Hendrix Road, Suite E		
	West Henrietta, NY 14586	L	Contractor(s)
VMH th	e Project result in the removal of an industrial or manufacturing plant of		The Nichols Team
	eject occupant from one area of the state to another area of the state?		75 Hightowar Road., Rochester, NY 14623
	□Yes ☑ No	J.	State Environmental Quality Review (SEQR) Act Compliance
	Project result in the abandonment of one or more plants or facilities of oject occupant located within the state?		COMIDA, in granting assistance to the Applicant, is required to comply with the New York State Environmental Quality Review Act (SEQR). This is applicable to projects that require the state or local municipality to
	□Yes		issue a discretionary permit, ficense or other type of Approval for that project.
closing prever	to either question, explain how, notwithstanding the aforementioned or activity reduction, the Agency's Financial Assistance is required to it the Project from relocating out of the State, or is reasonably necessary serve the Project occupant's competitive position in its respective		Does the proposed project require discretionary permit, license or other type of approval by the state or local municipality? VES – Include a copy of any SEQR documents related to this Project including Environmental Assessment Form, Final Determination, Local Municipality Negative Declaration, etc.
			□ NO
G.	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?		
	√L'Yes □ No		
Agenc the Pr	Project could be undertaken without Financial Assistance provided by the y, then provide a statement in the space provided below indicating why oject should be undertaken with the Financial Assistance to be provided Agency		
	Sales Tax and Pilot Benefit will help keep		
	occupancy costs low for Tenant. They were		
	new to New York State in 2017.		
	**To be completed with Agency assistance.		

III. PROPERTY TAX ABATEMENT/PAYMENT IN LIEU OF TAX AGREEMENT (PILOT)

	LIE	U OF TAX AGREEMENT (PILOT)
Check	enO	:
		JOBSPLUS
	Req	uirements:
	•	Company must commit to a 10% increase in full-time equivalent employment, measured on the existing impacted employee base, over a 3 year period. The required number of jobs is
		LEASEPLUS
	Req	uirements:
	•	University and/or medical related facilities in which a 501(c)3 entity leases from a for-profit entity. Company must commit to a 10% increase in full-time equivalent employment, measured on the existing impacted employee base, over a 3 year period. The required number of jobs is
		ENHANCED JOBSPLUS
	Req	uirements:
	•	A minimum \$15 million investment in new plant, machinery and equipment or renovation of existing building(s) AND A minimum of 100 new jobs from new companies locating in Monroe County, or existing companies expanding operations here. GREEN JOBSPLUS
	Rem	uirements:
	•	LEED® Certification – Project must be rated as Certified, Gold, Silver or Ptatinum by the United States Green Bullding Council's Leadership in Energy and Environmental Design (LEED®) Green Building Rating System.
	•	Company must commit to a 10% increase in full-time equivalent amployment, measured on the existing impacted employee base, over a 3 year period. The required number of jobs is
		SHELTER RENTS for student housing or affordable housing projects.
		Local Tax Jurisdiction Sponsored PILOT
		NO PROPERTY TAX ABATEMENT IS

SOUGHT FOR THIS PROJECT

IV. APPLICANT PROJECT COSTS

A.	Estimate the costs necessary for the construction rehabilitation, improvement and/or equipping of APPLICANT.			
	Building Construction or Renovation		IV.	COMPLETE FOR EACH USER/TENANT THAT
	a. MATERIALS	a. \$254,125		IS SEEKING SALES TAX EXEMPTION
	b. LABOR	b. \$298,358		USER(S)/TENANT(S) PROJECT COSTS Use edditional sheets as necessary
	Site Work	•		Company Name Pharmacy Alternatives
	c. MATERIALS	c. \$	A.	Estimate the costs necessary for the construction, ecquisition,
	d. LABOR	d. \$	•••	rehabilitation, improvement and/or equipping of the project by the user(s)/tenant(s) for which a seles tax examption is requested.
	e. Non-Manufacturing Equipment	a. \$		Estimated Costs Eligible for Sales Tax Examption Benefit
	f. Furniture and Fixtures	f. \$		B. MATERIALS B. \$ 37,000
	g. LAND and/or BUILDING Purchase	g. \$		b. LABOR b. \$ 20,000
	h. Manufecturing Equipment	h. \$		c. Non-Manufacturing Equipment c. \$
	i. Soft Costs (Legal, Architect, Engineering)	i. \$		d. Furniture and Fixtures d. \$
	Other (specify) j	j \$		
	k	k \$		Other (specify) e e. \$
	125 FF	1. \$		
	m	m. \$		
	Total Project Costs	<u> 552,483</u>		hh\$
B.	Sources of Funds for Project Costs:			local \$
	a. Tax-Exempt Industrial Revenue Bond	a. \$		A For his to great a second of the secon
	b. Taxable Industrial Revenue Bond	b. \$		A non-refundable fee of 15% on TOTAL(e) above is due and payable upon issuance of a Sales Tax Letter to User(s)/Tenant(s)
	c. Tax-Exempt Civic Facility Bond	C, \$		
	d. Bank Financing	d. \$ 414,362		Pharmacy Alternatives
	e. Public Sources	e. \$		User/Tenent Company
	Identify each state and federal grant/credit			President 08/20/
		\$		Signature , Title Date
		\$		
		\$		
		•	Г	For Office Use Only
		126 121	ŀ	Total Assessment Value
	i. Equity	138,121	ŀ	Land Building
	TOTAL SOURCES	: 552,483	ŀ	Applicant 2602-
C.	Has the applicant made any arrangements for t project?	he financing of this	ŀ	UserTenent 2602-
	□Yes Ø No		t	RM
	If so, please specify bank, underwriter, etc.		L	
		····		

VI. Value of Incentives

A. <u>(DA PILOT Benefit</u>: Agency staff will indicate the amount of PILOT, sales and mortgage recording tax benefits (the "PILOT Benefit") based on estimated Project Costs as contained herein and anticipated tax rates and assessed valuation, including the annual PILOT Benefit abetement amount for each year of the PILOT Benefit abstement amount for the term of the PILOT as depicted below.

PILOT Estimate Table Worksheet

Dollar Value of New Construction and Renovation Costs	Estimated New Assessed Value of Property Subject to IDA*	County Tax Rate/1000	Local Tax Rate (Town/City/Village)/1000	School Tax Rate/1000

^{*}Apply equalization rate to value

PILOT Yeer	% Payment	County PILOT Amount	Local PILOT Amount	School PILOT Amount	Total PILOT	Full Tex Payment w/o PILOT	Net Exemption
1							
2	 		 	10)		-	
3		-	 		 	 	
4						 	
5							
6						 	
7			_			<u> </u>	
8			_			 	-
9							
10					 	-	+
TOTAL						 	

[&]quot;Estimates provided are based on current property tax rates and assessment values

8.	Sales 1	ax Exar	nofion E	innefit

	Estimated value of Sales Tax exemption for facility construction: \$
	Estimated Sales Tax exemption for fixtures and equipment: \$
	Estimated duration of Sales Tex exemption:
С.	Mortgage Recording Tax Exemption Benefit
	Estimated value of Mortgage Recording Tax examption: \$
D.	Industrial Revenue Bond Benefit
	🗆 IRB inducement emount, if requested: \$

E. <u>Percentage of Project Costs financed from Public Sector sources:</u> Agency staff will calculate the percentage of Project Costs financed from Public Sector sources based upon Sources of Funds for Project Costs as depicted above under Section IV.B.

^{**} This section of this Application will be: (i) completed by IDA Staff based upon information contained within the Application, and (ii) provided to the Applicant for ultimate inclusion as part of this completed Application.

VII. PROJECTED EMPLOYMENT

Complete	for each	Applicant of	or User/T	enani
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Company Name:	Pharmacy Alternati	Ves		
You <u>must</u> include a copy of	pplicant: fine most recent NYS-456 Q multiple locations within New	Juadedy Combi	User/Tenant: ined Withholding, Wage Ri ie Bureau of Lebor – BLS	eporting and Unemployment Insurance 3020 – Multiple Worksite Report

Full time	Current # of jobs at proposed project location or to be relocated to project location	IF FINANCIAL ASSISTANCE IS GRANTED - project the number of FTE and PTE jobs to be RETAINED	IF FINANCIAL ASSISTANCE IS GRANTED - project the number of FTE and PTE Jobs to be CREATED upon THREE Years after Project completion	Estimate number of residents of the Lebor Market Area in which the Project is located that will fill the FTE and PTE jobs to be created upon THREE Years after Project Completion **
(FTE)	5.0	5.0	25.0	20.0
Part Time				
(PTE)	2.0	20	8.0	6.0
Total	7.0	7.0	33.0	26.0

^{**} For purposes of this question, please estimate the number of FTE and PTE Jobs that will be filled, as indicated in the third column, by residents of the Labor Marker Area, in the fourth column. The Labor Marker Area includes: Manroe County, Orleans County, Genesee County, Wyorning County, Livingston County, Ontario County, Wayne County, and Senece County chosen at the Agency's discretion.

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VIII. LOCAL LABOR

To be completed by all Applicants and	Users/Tenants of Projects which include the construction of
new, expanded or renovated facilities:	•

Company Name

45 Becker Road LLC

Applicant:
or User/Tenant:

All project employees of the general contractor, subcontractor, or sub to a subcontractor (contractors) working on the project must reside within the following counties in the State of New York: Monroe, Genesee, Livingston, Ontario, Orleans, Seneca, Wayne, Wyoming or Yates. The All-Local Labor criterion will be verified based on employment, payroll and related records.

COMIDA understands that at certain times local labor may not be available within the local area. Under this condition, applicants are required to complete a waiver request of the All-Local Labor requirement <u>prior</u> to beginning construction. Contractors do not have to be local companies as defined herein, but must employ local people to qualify under the All-Local Labor criterion.

The foregoing terms have been read, reviewed and understood by the Applicant or User/Tenant and all appropriate personnel. Furthermore, the undersigned agrees and understands that the information contained herein must be transmitted and conveyed in a timely fashion to all applicable subcontractors, suppliers and materialman. Furthermore, the undersigned agrees to post and maintain a sign, provided by COMIDA, in a prominent, easily accessible location, identifying the project as a recipient of COMIDA assistance and the local labor requirements associated with this assistance.

Furthermore, the undersigned realizes that failure to abide by the terms herein could result in COMIDA revoking all or any portion of benefits it deems reasonable in its sole discretion for any violation hereof.

45 Becker Road LLC/Howard Konar				
(APPLICANT or USER/TE	NANT COMP	ANY)		
and				
tell (X	Manager	8-22-18		
Signature	, Title	Date		

IX. <u>FEES</u>

Application Fee - Send with Completed Application

A non-refundable application fee of Three Hundred Fifty Dollars (\$350.00) shall be charged each applicant.

2. Administrative Fee - Paid at Closing

- (a) For tax-exempt IRB bond issues, the fee shall be one percent (1%) of the project amount. For projects that utilize a Payment In Lieu of Taxes (PILOT) agreement, an additional one-quarter percent (1/4%) will be added.
- (b) For lease/leaseback transactions and taxable bond issues, the fee shall be one-half percent (1/2%) of the project amount. For projects that utilize a Payment In Lieu of Taxes (PILOT) agreement, an additional one-quarter percent (1/4%) will be added.
- (c) For refunding outstanding COMIDA bond issues, the fee shall be one-quarter percent (1/4%) of the new issuance amount.
- 3. If a sales tax letter is required prior to closing, a non-refundable twenty-five percent (25%) of the Administrative Fee and Agency Counsel fee is payable at that time. This amount will be applied towards the Administrative fee and Agency Counsel Fee. The Sales Tax Letter shall only be for a three (3) month period. If the project does not have a formal closing within three (3) months of the sales tax letter being issued, and an extension is not granted, the balance of the Administrative fee and Agency Counsel fee become immediately due and payable.
- 4. Agency Counsel fee is one-third (1/3) of the Agency's Administrative fee, with a minimum fee for a lease/leaseback transaction of \$4,000.00.
- 5. Designated Bond Counsel fee is based on the complexity and amount of the transaction.

45 Becker Road LLC/Howard	Konar	
(APPLICANT or USER/TE	NANT COMP	ANY)
1000 Z	Manager	8.22-18
Signature	, Title	Date

X. <u>CERTIFICATION</u>

The undersigned company officer and/or user/tenant officer each hereby certifies, on behalf of the company and/or user/tenant, respectively (each singularly and together, the "Applicant"), as follows:

- A. The information contained in this Application, including employment information, is true and correct. The Applicant is aware that any material misrepresentation made in this Application constitutes an act of fraud, resulting in revocation of COMIDA benefits.
- B. The undersigned, on behalf of the Applicant, hereby certifies that the Applicant, and all parties which own a minimum of 20% of the Applicant are current and will remain current on all real property, federal, state, sales, income and withholding taxes throughout the term of any agreements made in connection with this Application.
- C. Compliance with N.Y. GML Sec. 862(1): 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.
- D. <u>Compliance with Applicable Laws:</u> 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.
- E. <u>False and Misleading Information:</u> 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.
- F. Recapture: Should the Applicant not expend as projected or hire as presented, the Agency may view such information/status as failing to meet the established standards of economic performance. In such events, some or all of the benefits taken by the Applicant will be subject to recapture.
- G. Applicant hereby releases the County of Monroe Industrial Development Agency ("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, this Application, regardless of whether or not this Application or the 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, renovation and/or equipping of the Project described herein; 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. Applicant hereby understands and agrees, in accordance with Section 875(3) of the New York General Municipal Law, that any New York State and local sales and use tax exemption claimed by the Applicant and approved by the Agency in connection with the Project may be subject to recapture by the Agency under such terms and conditions as will be set forth in the Agent Agreement to be entered into by and between the Agency and the Applicant. The Applicant further represents and warrants that the information contained in this

Application, including without limitation, information regarding the amount of New York State and tocal sales and use tax exemption benefits, is true, accurate and complete.

APPLICANT COMPANY

USER/TENANT COMPANY

45 Becker Road LLC/Howard Konar

Manager 8-22-18

Signature , Title

Pharmacy Alternatives

President , Title 08/20/201

Date