

COUNTY OF CATTARAUGUS INDUSTRIAL DEVELOPMENT AGENCY

APPLICATION FOR SALE/LEASEBACK TRANSACTION

IMPORTANT NOTICE: The answers to the questions contained in this application are necessary to determine your firm's eligibility for tax exemptions and other assistance from County of Cattaraugus Industrial Development Agency. These answers will also be used in the preparation of papers in this transaction. Accordingly, all questions should be answered accurately and completely by an officer or other employee of your firm who is thoroughly familiar with the business and affairs of your firm and who is also thoroughly familiar with the proposed project. This application is subject to acceptance by the Agency.

TO: COUNTY OF CATTARAUGUS INDUSTRIAL DEVELOPMENT AGENCY
3 East Washington Street
P.O. Box 1749
Ellicottville, New York 14731
Attention: Chairman

This application by applicant respectfully states:

APPLICANT: Olean Gateway, LLC
APPLICANT'S STREET ADDRESS: 2558 Hamburg Turnpike, Suite 300
CITY: Buffalo STATE: NY 14218 PHONE NO.: 716-856-0599

NAME OF PERSON(S) AUTHORIZED TO SPEAK FOR APPLICANT WITH RESPECT TO THIS APPLICATION: Paul Neureuter

IF APPLICANT IS REPRESENTED BY AN ATTORNEY, COMPLETE THE FOLLOWING:

NAME OF FIRM: TBD

NAME OF ATTORNEY: _____

ATTORNEY'S STREET ADDRESS: _____
CITY: _____ STATE: _____ PHONE NO.: _____

NOTE: PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE FILLING OUT THIS APPLICATION.

INSTRUCTIONS

1. The Agency will not approve any application unless, in the judgment of the Agency, said application contains sufficient information upon which to base a decision whether to approve or tentatively approve an action.
2. Fill in all blanks, using “none” or “not applicable” or “N/A” where the question is not appropriate to the project which is the subject of this application (the “Project”).
3. If an estimate is given as the answer to a question, put “(est)” after the figure or answer which is estimated.
4. If more space is needed to answer any specific question, attach a separate sheet.
5. When completed, return two (2) copies of this application to the Agency at the address indicated on the first page of this application.
6. The Agency will not give final approval to this application until the Agency receives a completed environmental assessment form concerning the Project which is the subject of this application.
7. Please note that Article 6 of the Public Officers Law declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the applicant feels that there are elements of the Project which are in the nature of trade secrets or information, the nature of which is such that if disclosed to the public or otherwise widely disseminated would cause substantial injury to the applicant’s competitive position, the applicant may identify such elements in writing and request that such elements be kept confidential in accordance with Article 6 of the Public Officers Law.
8. The applicant will be required to pay to the Agency all actual costs incurred in connection with this application and the Project contemplated herein. The applicant will also be expected to pay all costs incurred by general counsel and special counsel to the Agency.
9. The Agency has established an application fee of Two Hundred Fifty Dollars (\$250) to cover the anticipated costs of the Agency in processing this application. A check or money order made payable to the Agency must accompany each application. **THIS APPLICATION WILL NOT BE ACCEPTED BY THE AGENCY UNLESS ACCOMPANIED BY THE APPLICATION FEE.**
10. The Agency has established a project fee for each project in which the Agency participates. **UNLESS THE AGENCY AGREES IN WRITING TO THE CONTRARY, THIS PROJECT FEE IS REQUIRED TO BE PAID BY THE APPLICANT AT OR PRIOR TO THE GRANTING OF ANY FINANCIAL ASSISTANCE BY THE AGENCY.**

FOR AGENCY USE ONLY

| | | |
|-----|---|--------|
| 1. | Project Number | |
| 2. | Date application Received by Agency | , 200 |
| 3. | Date application referred to attorney for review | , 200 |
| 4. | Date copy of application mailed to members | , 200 |
| 5. | Date notice of Agency meeting on application posted | , 200_ |
| 6. | Date notice of Agency meeting on application mailed | , 200_ |
| 7. | Date of Agency meeting on application | , 200 |
| 8. | Date Agency conditionally approved application | , 200 |
| 9. | Date scheduled for public hearing | , 200 |
| 10. | Date Environmental Assessment Form ("EAF") received | , 200_ |
| 11. | Date Agency completed environmental review | , 200 |
| 12. | Date of final approval of application | , 200 |

County of Cattaraugus Industrial Development Agency
Lease Fee Structure

\$750 non-refundable application fee, plus
\$750 non-refundable agency counsel fee.

At the time of closing, prior to the CCIDA issuing its sales tax letter, you will be responsible for the following:

1 and 1/16% fee on the amount of sales tax letter(s) provided (in addition to the non-refundable application fee). Any additional sales tax letter(s) beyond the initial project amount will pay the standard IDA fee (1 and 1/16%) prior to the Agency issuing this letter(s). Any project with an in lieu of real property PILOT will be responsible for the full project PILOT amount paid in full at time of the project closing including projects with fixed fee amounts.

In addition to a CCIDA administrative fee you will also be responsible for paying CCIDA legal counsel expenses for lease transactions. The following are the CCIDA legal costs for each project:

| | |
|----------------------------|---------------------------------------|
| Projects up to \$500,000 | \$4,000 fee & up to \$500 in expenses |
| Projects up to \$1,000,000 | \$4,500 fee & up to \$750 in expenses |
| Projects up to \$2,000,000 | \$5,000 fee & up to \$750 in expenses |
| Projects above \$2,000,000 | Will be negotiated |

NOTE: Agency legal counsel fee include the \$750 non-refundable agency Counsel fee. Also if a Payment in Lieu of Taxes (PILOT) and/or a mortgage is part of the Project an additional \$2,000.00 fee will be charged.

Please Note: ALL lease transactions will be by mail closing and these costs only include basic lease documents. Modification of the base documents could result in additional CCIDA attorney costs. In addition, you will also be responsible for your own attorney's legal expenses relating to this transaction. The Board may also modify its fee with three quarters of the Agency's Board Members present approving.

A late payment charge of 1 1/2% per month (30 day period) for every project billing will be in effect from the date billed by the CCIDA.

I. INFORMATION CONCERNING THE PROPOSED OCCUPANT OF THE PROJECT (HEREINAFTER, THE "COMPANY").

A. Identity of Company:

1. Company Name: Olean Gateway, LLC
 Present Address: 2558 Hamburg Turnpike, Suite 300, Buffalo, NY
 Zip Code: 14218
 Employer's ID No.:

2. If the Company differs from the Applicant, give details of relationship:

3. Indicate type of business organization of Company:

a. Corporation. If so, incorporated in what country? _____;
 What State? _____; Date Incorporated _____;
 Type of Corporation? _____; Authorized to do business
 in New York? Yes ___; No ___.

b. Partnership. If so, indicate type of partnership LLC _____;
 Number of general partners _____; Number of limited partners _____.

c. Sole proprietorship.

4. Is the Company a subsidiary or direct or indirect affiliate of any other organization(s)? If so, indicate name of related organization(s) and relationship: No

B. Management of Company:

1. List all owners, officers, directors and partners (complete all columns for each person):

| NAME AND HOME ADDRESS | OFFICE HELD | OTHER PRINCIPAL BUSINESS |
|---------------------------|-------------|--------------------------|
| Olean Gateway Krog LLC | Member | N/A |
| Olean Gateway Turnkey LLC | Member | N/A |
| | | |
| | | |
| | | |

2. Is the Company or management of the Company now a plaintiff or a defendant in any civil or criminal litigation? Yes ___; No X.

3. Has any person listed above ever been convicted of a criminal offense (other than a minor traffic violation)? Yes ___; No X.

4. Has any person listed above or any concern with whom such person has been connected ever been in receivership or been adjudicated a bankrupt? Yes ___; No X.
5. If the answer to any of questions 2 through 4 is yes, please, furnish details in a separate attachment.

C. Principal owners of Company:

1. Is Company publicly held? Yes ___; No X. If yes, please list exchanges where stock traded:
2. If no, list all stockholders having a 5% or more interest in the Company:

| NAME | ADDRESS | PERCENTAGE OF HOLDING |
|------|---------|-----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

D. Company's principal bank(s) of account:

II. DATA REGARDING PROPOSED PROJECT.

A. Description of the Project: (Please provide a brief narrative description of the Project.)

Tourism Destination - Phase I (approximately 30,000 - 40,000 sq. ft.)
~~single story general retail with corresponding parking, entry road and site improvements.~~

B. Location of the Project:

1. Street Address: 1404-1406 Buffalo Street
2. City of Olean
3. Town of _____
4. Village of _____
5. County of Cattaraugus

C. Description of the Project site:

1. Approximate size (in acres or square feet) of the Project site: Is a map, survey or sketch of the Project site attached? Yes X; No ____.
approximately 10 acres

2. Are there existing buildings on the Project site? Yes ____; No X.

a. If yes, indicate the number of buildings on the site: _____. Also, please briefly identify each existing building and indicate the approximate size (in square feet) of each such existing building:

b. Are the existing buildings in operation? Yes ____; No X. If yes, describe present use of present buildings:

c. Are the existing buildings abandoned? Yes ____, No X. About to be abandoned? Yes ____; No _____. If yes, describe:

d. Attach photograph of present buildings.

3. Utilities serving the Project site:

Water-Municipal: City of Olean
Other (describe)

Sewer-Municipal: City of Olean
Other (describe)

Electric-Utility: National Grid
Other (describe)

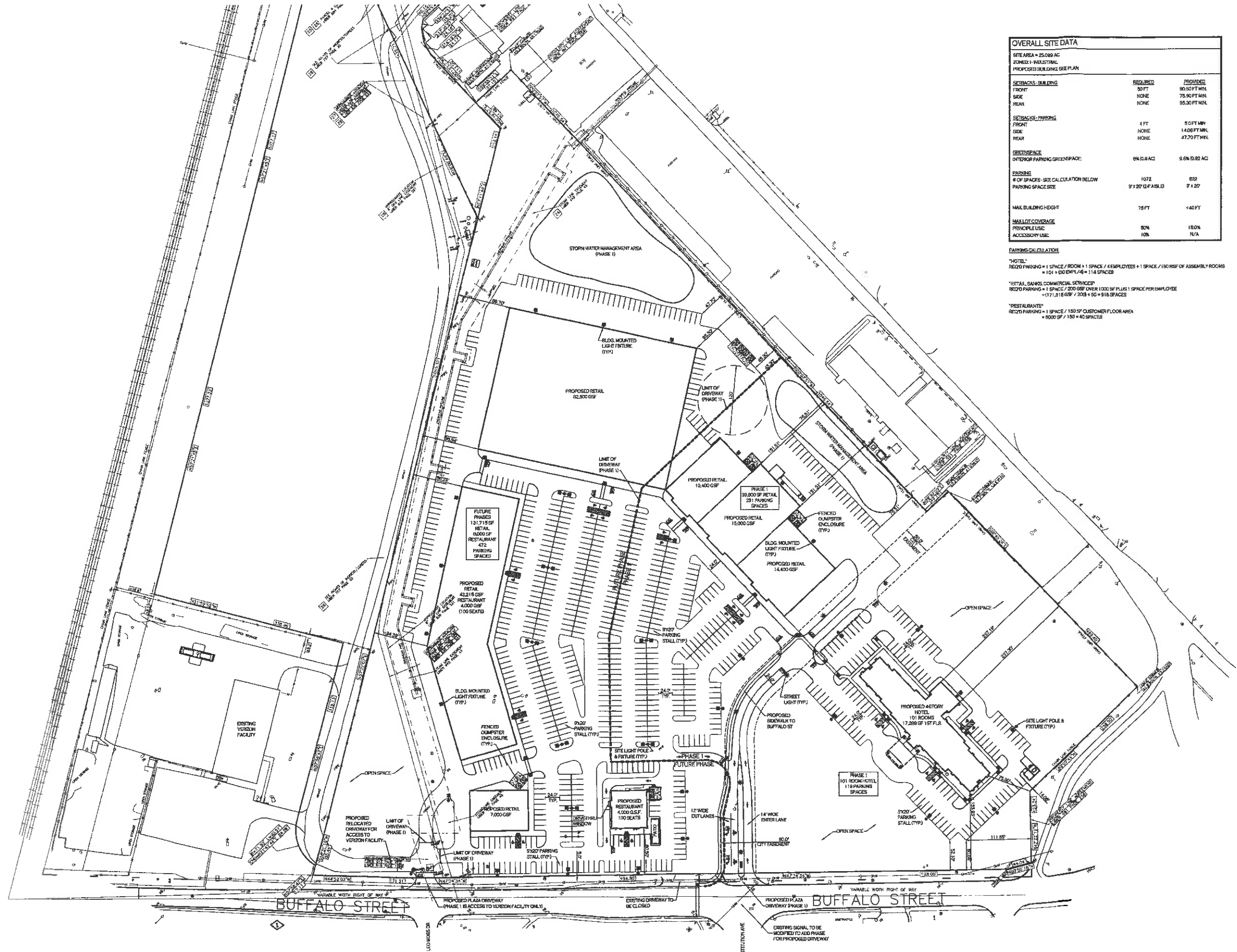
Heat Utility: Natural Gas Available
Other (describe)

4. Present legal owner of the Project site: Olean Gateway, LLC

a. If the Company owns the Project site, indicate date of purchase: December 6 2013 purchase price: \$ 1.00

b. If Company does not own the Project site, does Company have an option signed with the owner to purchase the Project site? Yes ____; No ____, If yes, indicate date option signed with the owner: _____, 20__; and the date the option expires: _____, 20__.

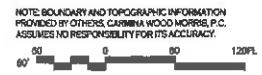
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| OVERALL SITE DATA | | |
|-------------------------------------|---------------------|-----------------|
| SITE AREA = 25,269 AC | | |
| ZONING = INDUSTRIAL | | |
| PROPOSED BUILDING USE PLAN | | |
| SETBACKS - BUILDING | REQUIRED | PROVIDED |
| FRONT | 50 FT | 80.50 FT MIN. |
| SIDE | NONE | 75.90 FT MIN. |
| REAR | NONE | 55.00 FT MIN. |
| SETBACKS - PARKING | REQUIRED | PROVIDED |
| FRONT | 4 FT | 5.0 FT MIN. |
| SIDE | NONE | 14.00 FT MIN. |
| REAR | NONE | 47.70 FT MIN. |
| GREENSPACE | | |
| INTERIOR PARKING GREENSPACE: | 6% (0.8 AC) | 9.6% (0.82 AC) |
| PARKING | | |
| # OF SPACES - SEE CALCULATION BELOW | 1072 | 822 |
| PARKING SPACE SIZE | 9' X 20' (24' ASBL) | 8' X 20' |
| MAX. BUILDING HEIGHT | 75 FT | < 40 FT |
| MAX. LOT COVERAGE | | |
| PRINCIPLE USE | 80% | 18.0% |
| ACCESSORY USE | 10% | N/A |

PARKING CALCULATION
 HOTEL
 REQ'D PARKING = 1 SPACE / ROOM + 1 SPACE / 4 EMPLOYEES + 1 SPACE / 150 NSF OF ASSEMBLY ROOMS
 = 101 + 60 EMPLOYEES = 114 SPACES
 RETAIL, BANKS, COMMERCIAL SERVICES
 REQ'D PARKING = 1 SPACE / 200 GSF OVER 1000 SF PLUS 1 SPACE PER EMPLOYEE
 = 1171 + 18 GSF / 200 = 90 = 918 SPACES
 RESTAURANTS
 REQ'D PARKING = 1 SPACE / 150 SF CUSTOMER FLOOR AREA
 = 6000 SF / 150 = 40 SPACES

SITE PLAN
 SCALE: 1"=80'



NOTE: BOUNDARY AND TOPOGRAPHIC INFORMATION PROVIDED BY OTHERS. CARMINA WOOD MORRIS P.C. ASSUMES NO RESPONSIBILITY FOR ITS ACCURACY.



487 West Street, Suite 800
 Buffalo, New York 14203
 P 716.842.2185
 F 716.842.0285

REVISIONS:
 1. [Blank]

PROJECT NAME:
 Civil Plans for
Proposed Mixed Use Development
 Buffalo Street
 City of Clean, New York

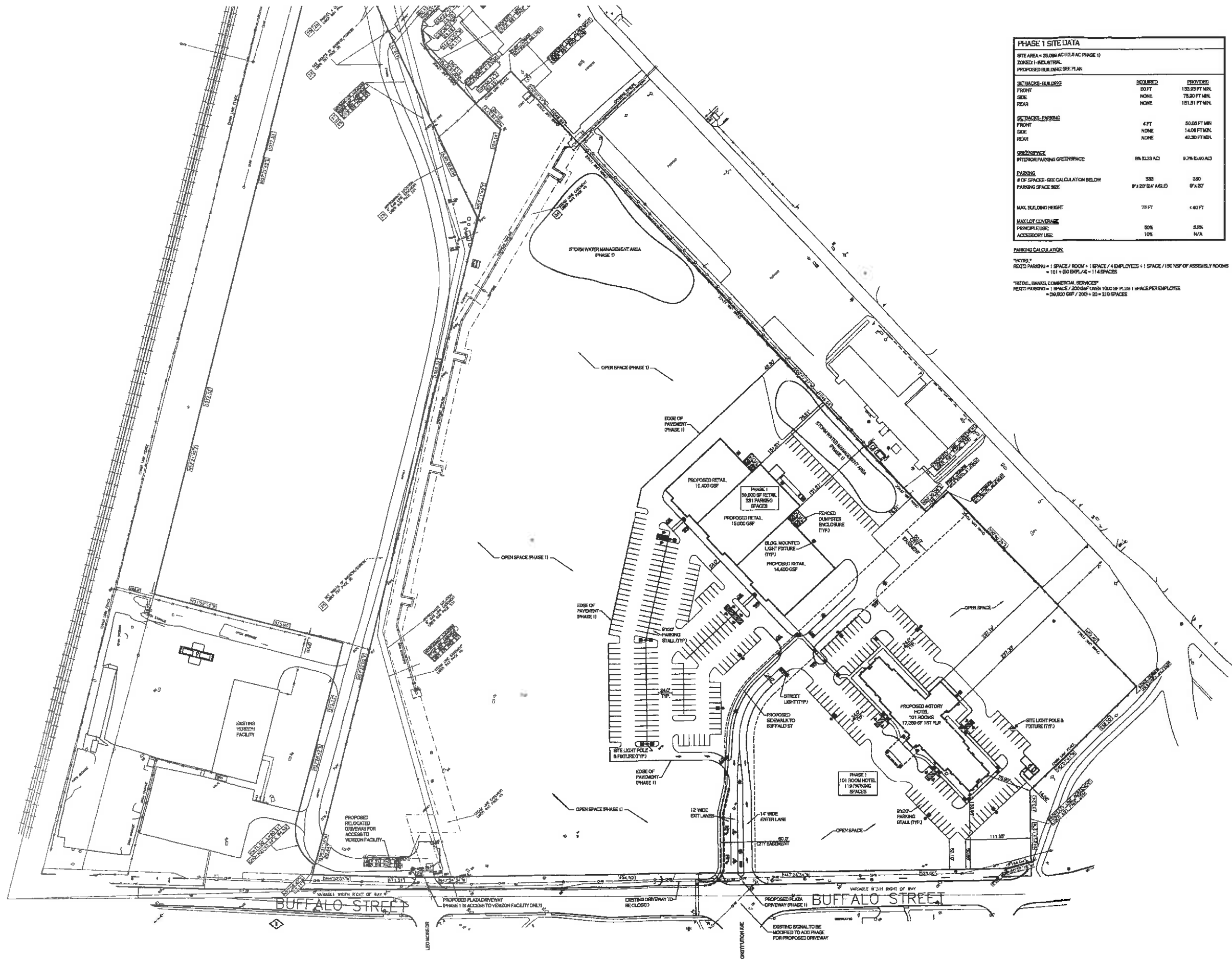
Date: 12/2/2014
 Drawn by: C. Wood
 Scale: As Noted

DRAWING NAME:
 Concept Site
 Plan - Overall

DRAWING NO.
C-100
 Project no.: 14.112

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| PHASE I SITE DATA | | |
|--|---------------------|-----------------|
| SITE AREA = 28.09 AC (12.5 AC PHASE I) | | |
| ZONED - INDUSTRIAL | | |
| PROPOSED BUILDING SPEC. PLAN | | |
| SETBACKS-BUILDINGS | REQUIRED | PROVIDED |
| FRONT | 50 FT | 133.93 FT MIN. |
| SIDE | NONE | 78.90 FT MIN. |
| REAR | NONE | 151.51 FT MIN. |
| SETBACKS-PARKING | | |
| FRONT | 4 FT | 50.85 FT MIN. |
| SIDE | NONE | 14.05 FT MIN. |
| REAR | NONE | 42.50 FT MIN. |
| GREENSPACE | | |
| INTERIOR PARKING GREENSPACE | 8% 81.33 AC | 9.7% 81.40 AC |
| PARKING | | |
| # OF SPACES-BASE CALCULATION BELOW | 333 | 330 |
| PARKING SPACE REQ. | 9' x 20' (24' AXLE) | 9' x 20' |
| MAX. BUILDING HEIGHT | 75 FT | 140 FT |
| MAX LOT COVERAGE | | |
| PRINCIPLE USE | 50% | 5.2% |
| ACCESSORY USE | 10% | N/A |

PARKING CALCULATION

"ACTED"

REQ'D PARKING = 1 SPACE / ROOM + 1 SPACE / 4 EMPLOYEES + 1 SPACE / 150 NSF OF ASSEMBLY ROOMS + 101 x 50 DFL / 25 = 114 SPACES

"RETAIL, BANKS, COMMERCIAL SERVICES"

REQ'D PARKING = 1 SPACE / 200 NSF OVER 1000 SF PLUS 1 SPACE PER EMPLOYEE = 200,000 GSF / 200 + 20 = 210 SPACES



487 Main Street Suite 200
Buffalo, New York 14203
P: 716.842.5195
F: 716.842.5282

REVISIONS:
No. Description

PROJECT NAME:
Civil Plans for
Proposed Mixed Use Development
Buffalo Street
City of Clean, New York

Date: 12/3/2014
Drawn by: C. Wood
Scale: As Noted

DRAWING NAME:
Concept Site
Plan - Phase I

DRAWING NO.
C-101
Project no.: 14.112

SITE PLAN
SCALE: 1"=60'

NOTE: BOUNDARY AND TOPOGRAPHIC INFORMATION PROVIDED BY OTHERS. CARMINA WOOD MORRIS P.C. ASSUMES NO RESPONSIBILITY FOR ITS ACCURACY.

- c. If the Company does not own the Project site, is there a relationship legally or by common control between the Company and the present owner of the Project site? Yes____; No____. If yes, describe;

5. a. Zoning District in which the Project site is located: Industrial
- b. Are there any variances or special permits affecting the Project site? Yes X; No _____. If yes, list below and attach copies of all such variances or special permits: Special Use Permit

D. Description of Proposed Construction:

1. Does part of the Project consist of the acquisition or construction of a new building or buildings? Yes X, No ___. If yes, indicate number and size of new buildings: 30,000 - 40,000 sq. ft.
2. Does part of the Project consist of additions and/or renovations to existing buildings located on the Project site? Yes____; No X. If yes, indicate the buildings to be expanded or renovated, the size of any expansions and the nature of expansion and/or renovation:
3. Describe the principal uses to be made by the Company of the building or buildings to be acquired, constructed or expanded: Tourism Destination

E. Description of the Equipment:

1. Does a part of the Project consist of the acquisition or installation of machinery, equipment or other personal property (the "Equipment")? Yes____; No X. If yes, describe the Equipment:
2. With respect to the Equipment to be acquired, will any of the Equipment be Equipment which has previously been used? Yes____; No X. If yes, please provide detail:

3. Describe the principal uses to be made by the Company of the Equipment to be acquired or installed:

F. Project Use:

1. What are the principal products to be produced at the Project? N/A
2. What are the principal activities to be conducted at the Project? Tourism Destination
3. Does the Project include facilities or property that are primarily used in making retail sales of goods or services to customers who personally visit such facilities?
Yes X; No _____. If yes, please provide detail: TBD
Exploring destination related retail
4. If the answer to question 3 is yes, what percentage of the cost of the Project will be expended on such facilities or property primarily used in making retail sales of goods or services to customers who personally visit the Project? TBD %
5. If the answer to question 3 is yes, and the answer to question 4 is more than 33.33%, indicate whether any of the following apply to the Project:
 - a. Will the Project be operated by a not-for-profit corporation?
Yes ____; No X . If yes, please explain:
 - b. Is the Project likely to attract a significant number of visitors from outside the economic development region in which the Project will be located?
Yes X ; No ____ . If yes, please explain: planned adjacent hotel development will attract visitors from outside the region.
 - c. Would the Project occupant, but for the contemplated financial assistance from the Agency, locate the related jobs outside the State of New York?
Yes ____; No X If yes, please explain:

- d. Is the predominant purpose of the Project to make available goods or services which would not, but for the Project, be reasonable accessible to the residents of the city, town or village within which the Project will be located, because of a lack of reasonably accessible retail trade facilities offering such goods or services? Yes X; No _____. If yes, please provide detail: Value retail grocery and related services.
- e. Will the Project be located in one of the following: (i) the City of New York; (ii) an area designed as an economic development zone pursuant to Article 18-B of the General Municipal Law; or (iii) a census tract or block numbering area (or census tract or block numbering area contiguous thereto) which, according to the most recent census data, has (x) a poverty rate of at least 20% for the year in which the data relates, or at least 20% of households receiving public assistance, and (y) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates? Yes _____, No X. If yes, please explain:
6. If the answers to any of subdivisions c. through e. of question 5 is yes, will the Project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York? Yes X; No _____. If yes, please explain: Increases in permanent private sector jobs will result through the opening of consumer retail establishments that would not otherwise be created without this development.
7. Will the completion of the Project result in the removal of a plant or facility of the Company or another proposed occupant of the Project (a "Project Occupant") from one area of the State of New York to another area of the State of New York? Yes _____; No X. If yes, please explain:
8. Will the completion of the Project result in the abandonment of one or more plants or facilities of the Company located in the State of New York? Yes _____; No X. If yes, please provide detail:
9. If the answer to either question 7 or question 8 is yes, indicate whether any of the following apply to the Project:

- a. Is the Project reasonably necessary to preserve the competitive position of the Company or such Project Occupant in its industry? Yes ___; No X.
If yes, please provide detail:

- b. Is the Project reasonably necessary to discourage the Company or such Project Occupant from removing such other plant or facility to a location outside the State of New York? Yes ___; No X. If yes, please provide detail:

G. Project Status:

1. If the Project includes the acquisition of any land or buildings, have any steps been taken toward acquiring same? Yes X; No ___. If yes, please discuss in detail the approximate stage of such acquisition: Land has been acquired

2. If the Project includes the acquisition of any Equipment, have any steps been taken toward acquiring same? Yes __; No X. If yes, please discuss in detail the approximate stage of such acquisition:

3. If the Project involves the construction or reconstruction of any building or other improvement, has construction work on any such building or improvement begun? Yes ___, No X. If yes, please discuss in detail the approximate extent of construction and the extent of completion. Indicate in your answer whether such specific steps have been completed as site clearance and preparation; completion of foundations; installation of footings; etc.:

4. Please indicate amount of funds expended on the Project by the Company in the past three (3) years and the purposes of such expenditures:

III. INFORMATION CONCERNING LEASES OR SUBLEASES OF THE PROJECT.
(PLEASE COMPLETE THE FOLLOWING SECTION IF THE COMPANY INTENDS TO LEASE OR SUBLEASE ANY PORTION OF THE PROJECT).

- A. Does the Company intend to lease or sublease more than 10% (by area or fair market value) of the Project? Yes X; No ___. If yes, please complete the following for each existing or proposed tenant or subtenant:

1. Sublessee name:
Present Address: Pending
City: _____ State: _____ Zip: _____
Employer's ID No.: _____
Sublessee is: Corporation: Partnership: Sole Proprietorship
Relationship to Company:
Percentage of Project to be leased or subleased:
Use of Project intended by Sublessee:
Date of lease or sublease to Sublessee:
Term of lease or sublease to Sublessee:
Will any portion of the space leased by this sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project? Yes ; No . If yes, please provide on a separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such sublessee.

2. Sublessee name:
Present Address: Pending
City: _____ State: _____ Zip: _____
Employer's ID No.: _____
Sublessee is: Corporation: Partnership: Sole Proprietorship
Relationship to Company:
Percentage of Project to be leased or subleased:
Use of Project intended by Sublessee:
Date of lease or sublease to Sublessee:
Term of lease or sublease to Sublessee:
Will any portion of the space leased by this sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project? Yes ; No . If yes, please provide on a separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such sublessee.

3. Sublessee name:
Present Address: Pending
City: _____ State: _____ Zip: _____
Employer's ID No.: _____
Sublessee is: Corporation: Partnership: Sole Proprietorship
Relationship to Company:
Percentage of Project to be leased or subleased:
Use of Project intended by Sublessee:
Date of lease or sublease to Sublessee:
Term of lease or sublease to Sublessee:

Will any portion of the space leased by this sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project? Yes___; No___. If yes, please provide on a separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such sublessee.

B. What percentage of the space intended to be leased or subleased is now subject to a binding written lease or sublease?

IV. **EMPLOYMENT IMPACT.** Indicate below the number of people presently employed at the Project site and the number that will be employed at the Project site at end of the first and second years after the Project has been completed (Do not include construction workers). Also indicate below the number of workers employed at the Project site representing newly created positions as opposed to positions relocated from other project sites of the applicant.

| | TYPE OF EMPLOYMENT | | | TOTALS |
|-----------------------|----------------------------|----------------------|--------------|--------|
| | PROFESSIONAL OR MANAGERIAL | UNSKILLED OR SKILLED | SEMI-SKILLED | |
| Present Full Time | - 0 - | - 0 - | - 0 - | - 0 - |
| Present Part Time | - 0 - | - 0 - | - 0 - | - 0 - |
| Present Seasonal | - 0 - | - 0 - | - 0 - | - 0 - |
| First Year Full Time | 6 | 10 | - 0 - | 16 |
| First Year Part Time | - 0 - | 29 | - 0 - | 29 |
| First Year Seasonal | - 0 - | - 0 - | - 0 - | - 0 - |
| Second Year Full Time | 6 | 10 | - 0 - | 16 |
| Second Year Part Time | - 0 - | 29 | - 0 - | 29 |
| Second Year Seasonal | - 0 - | - 0 - | - 0 - | - 0 - |

Estimated Tenant Staffing

B. Estimated Wage Impact. Please answer the questions below to assist the Agency in estimating the impact of the wages paid and to be paid at the Project site on the local economy:

1. What is your estimated current yearly payroll at the Project site (do not include construction workers)? \$ _____.
2. What do you estimate that you presently pay to New York State in payroll taxes with respect to jobs at the Project site (based upon taxes before the Project was undertaken) (do not include construction workers)? \$ N/A.
3. What is the estimated yearly payroll one year after completion of your project? \$ 950,000*.
4. What do you estimate paying to New York State in payroll taxes one year after completion of your project? \$ 57,000*.
5. What is the present estimated average wage/salary plus fringe benefit total for each full-time equivalent position at the Project site (based upon such amounts paid before the Project was undertaken) (do not include construction workers)? \$ N/A.
6. What do you estimate that your yearly payroll will be at the Project site one year after completion of the Project (do not include construction workers)? \$ 950,000*.
7. What do you estimate that you will pay to New York State in payroll taxes with respect to jobs at the Project site one year after completion of the Project (do not include construction workers)? \$ 57,000*.
8. What do you estimate the estimated average wage/salary plus fringe benefit total for each full-time equivalent position at the Project site will be one year after completion of the Project (do not include construction workers)? \$ 30,000*.
9. If applicable, what are the estimated yearly aggregate average wage/salary plus fringe benefit total to be lost as a result of the Project? \$ N/A.
10. Estimated number of construction jobs to be created with respect to the Project: 26 jobs.
11. Estimated New York State payroll taxes on construction jobs to be created with respect to the Project: \$ 80,000.

*Estimated Tenant Payroll/Staffing

NOTE: ALL JOB OPENINGS ARE REQUIRED TO BE FILED WITH THE NEW YORK STATE DEPARTMENT OF LABOR AND THE CATTARAUGUS COUNTY JOB TRAINING ACT PARTNERSHIP.

C. Project Monetary Benefits. Please answer the questions below to assist the Agency in estimating the other positive monetary impacts that the Project may have on the local economy:

1. Please attach the most recent tax bill(s) for each parcel of property which is expected to be a part of the Project site. Have you attached such bills? Yes X; No _____. If no, please explain: _____

NOTE: THE POLICY OF THE AGENCY IS TO DECLINE TO ABATE EXISTING REAL PROPERTY TAXES WITH RESPECT TO THE PROJECT SITE. ANY REQUEST TO ABATE SUCH EXISTING REAL PROPERTY TAXES WOULD REQUIRE A DEVIATION FROM THE AGENCY'S EXISTING UNIFORM TAX EXEMPTION POLICY.

2. What is the estimated full cost of any real property improvements proposed to be undertaken as part of the Project? \$ 2,000,000
3. What is the present estimated annual amount of goods and services purchased relating to the operation of the Project (excluding employee wages)? \$ N/A
4. Approximately how much sales tax do you presently pay to the State of New York (including both the state share and the local share)? \$ N/A
5. What is the estimated annual amount of goods and services expected purchased relating to the operation of the Project (excluding employee wages) following completion of the Project? \$ _____
6. Approximately how much sales tax do you expect to pay to the State of New York (including both the state share and the local share) following completion of the Project? \$ _____
7. As a result of the Project, will there be any other public benefit to the State of New York, Cattaraugus County and/or any local government in New York State? Yes X; No _____.
If yes, please explain: Sales tax, property tax (pilot), bed tax, employee income tax, LLC income tax

2014 CITY TAX BILL

Cattaraugus County
Fiscal Year: 06-01-2014 through 05-31-2015

Bill Number: 16224.0
Warrant Date: 05-01-2014

Make Checks Payable To:

To Pay In Person:

Est. State Aid: City: 2,941,826

City of Olean
PO Box 31
Warsaw NY 14569
(716) 376-5604

Five Star Bank
or
City Clerks Office
(hours on back of bill)

Tax Map#: 94.047-2-29
Swls Code: 041200 OLEAN-CITY
Location: 1404-06 BUFFALO ST
Acreage: 22.60
Account #: 68200
Bank:
Class: 340
School: 041200 OLEAN CITY

OLEAN GATEWAY, LLC
4 CENTRE DR
ORCHARD PARK, NY 14127

RECEIVED
MAY 01 2014
THE KROG CORP

Property Taxpayer's Bill of Rights:

The assessor estimates the Full Market Value of this property as of July 1, 2012 was: 208000
The Total Assessed Value of this property was: 208000
The Uniform Percentage of Value used to establish assessments in your municipality was: 100 %
If you feel your assessment is too high, you have the right to seek a reduction in the future. For further information, please ask your assessor for the booklet "Contesting Your Assessment in New York State". Please note that the period for filing complaints on the above assessment has passed.

| Exemption | Value | Full Val Est | Exemption | Value | Full Val Est | Exemption | Value | Full Val Est |
|-----------------------|-------------------|--------------|-----------------|----------------------|--------------|---------------------|-------------------|--------------|
| Taxing Purpose | Total Levy | | % Change | Taxable Value | | Rate/\$1,000 | Tax Amount | |
| City Tax | 7,096,697 | | 1.35% | 208000.00 | | 14.405580 | \$2,996.36 | |

| | |
|----------------------------|-----------------|
| Job # _____ | Cost Code _____ |
| Extra _____ | Type _____ |
| Field Approval _____ | Date / / _____ |
| Office Approval _____ | Date / / _____ |
| Amount to be Paid _____ | |
| Retention Amount _____ | |
| Special Instructions _____ | |

Total Due by 05-31-2014 2996.36

If you wish to receive a receipt for payment, check box and return entire bill.

2014 CITY TAX BILL

Tax Receiver's Stub

Cattaraugus County

Payment & Penalty Schedule

| Bill Number: | Tax Map#: | Swls Code: | Location: | Dimensions: | Account #: | Bank: | If Paid By | Penalty % | Penalty Amount | Total Due |
|--------------|-------------|------------|--------------------|-------------|------------|-------|------------|-----------|----------------|-----------|
| 16224.0 | 94.047-2-29 | 041200 | 1404-06 BUFFALO ST | 0 X 0 | 68200 | | 05-31-2014 | 0.00 | 0.00 | 2996.36 |
| | | | | | | | 06-30-2014 | 1.00 | 29.96 | 3026.32 |
| | | | | | | | 07-31-2014 | 2.00 | 59.93 | 3056.29 |
| | | | | | | | 08-31-2014 | 3.00 | 89.89 | 3086.25 |
| | | | | | | | 09-30-2014 | 4.00 | 119.85 | 3116.21 |
| | | | | | | | 10-31-2014 | 5.00 | 149.82 | 3146.18 |

OLEAN GATEWAY, LLC
4 CENTRE DR
ORCHARD PARK, NY 14127

10-31-2014 is the last day taxes are accepted by collector.

Paid By _____

Date _____ Amount Paid _____



Cash or Check/CC



Image Mate Online

| | | | | | | | |
|------------|-------|---------|----------|------------|-----------------|------|--------|
| Navigation | Tools | GIS Map | Tax Maps | ORPS Links | Assessment Info | Help | Log In |
|------------|-------|---------|----------|------------|-----------------|------|--------|

| |
|------------------|
| Tax Links |
| Property Info |
| Tax Info |

Tax Payment Details

Municipality of City of Olean

| | | | |
|-------|--------|---------|-------------|
| SWIS: | 041200 | Tax ID: | 94.047-2-29 |
|-------|--------|---------|-------------|

← Back To Full Payment Information

Selected Tax

| Tax | Tax Year | Assessment | Calculation Base | Bill Date | Payment Status |
|-------------------------|----------|--------------|------------------|------------|----------------|
| 2014 C/T Tax Olean City | 2014 | \$208,000.00 | \$2,743.96 | 01/01/2014 | Paid |

Payment Breakdown

| Line Item | Item Payment | Item Total | Date Received | Payment Status |
|-------------------------------|-------------------|-------------------|---------------|----------------|
| Bill Item - Medicaid | \$1,014.75 | \$1,014.75 | 1/21/2014 | Paid |
| Bill Item - County Tax - 2014 | \$1,729.21 | \$1,729.21 | 1/21/2014 | Paid |
| TOTALS : | \$2,743.96 | \$2,743.96 | | |

**OLEAN CITY SCHOOL DISTRICT
2014-2015 SCHOOL TAXES**

Bill No. 006219
Sequence No. 6254
Page No. 1 of 1

* For Fiscal Year 07/01/2014 to 06/30/2015 * Warrant Date 09/01/2014

MAKE CHECKS PAYABLE TO:

Olean Board of Education
PO Box 86
Warsaw, NY 14569-0086

716-375-8020

Olean Gateway, LLC
4 Centre Dr
Orchard Park, NY 14127

TO PAY IN PERSON

Five Star Bank
129 North Union Street
Olean, NY 14760
Mon-Thur 9AM-4PM Fri 9AM-5PM
Sat 8:30AM-12PM Drive-Up Only

SWIS S/B/L ADDRESS & LEGAL DESCRIPTION & CK DIGIT

041200 94.047-2-29
Address: 1404-06 Buffalo St
City of: Olean-City
School: Olean City
NYS Tax & Finance School District Code: 462
340 - Vacant indus **Roll Sect. 1**
Parcel Acreage: 22.60
Account No. 068200
Bank Code

**RECEIVED
SEP 02 2014**

THE KROG CORP

Estimated State Aid: SCHL 23,194,160

PROPERTY TAXPAYER'S BILL OF RIGHTS

The Total Assessed Value of this property is: **208,000**
The **Uniform Percentage of Value** used to establish assessments in your municipality was: **100.00**
The assessor estimates the **Full Market Value** of this property as of **July 1, 2013** was: **208,000**
If you feel your assessment is too high, you have the right to seek a reduction in the future. For further information, please talk to your assessor or go to www.catco.org/real_property. Please note that the period for filing complaints on the above assessment has passed.

| <u>Exemption</u> | <u>Value</u> | <u>Tax Purpose</u> | <u>Full Value Estimate</u> | <u>Exemption</u> | <u>Value</u> | <u>Tax Purpose</u> | <u>Full Value Estimate</u> |
|------------------|--------------|--------------------|----------------------------|------------------|--------------|--------------------|----------------------------|
|------------------|--------------|--------------------|----------------------------|------------------|--------------|--------------------|----------------------------|

PROPERTY TAXES

| <u>Taxing Purpose</u> | <u>Total Tax Levy</u> | <u>% Change From Prior Year</u> | <u>Taxable Assessed Value or Units</u> | <u>Rates per \$1000 or per Unit</u> | <u>Tax Amount</u> |
|-----------------------|-----------------------|---------------------------------|--|-------------------------------------|-------------------|
| City Of Olean-city | | | | | |
| 2014-15 School Tax | 13,750,593 | 1.9 | 208,000.00 | 23.555071 | 4,899.45 |
| Library Tax | 979,465 | 2.0 | 208,000.00 | 1.677845 | 348.99 |

If 65 or over, you may be eligible for a Sr. Citizen exemption
You must apply by March 1. For more information, call your local assessor. More information on back of bill.

| | |
|----------------------------|-----------------|
| Job # _____ | Cost Code _____ |
| Extra _____ | Type _____ |
| Field Approval _____ | Date / / _____ |
| Office Approval _____ | Date / / _____ |
| Amount to be Paid _____ | |
| Retention Amount _____ | |
| Special Instructions _____ | |

| <u>PENALTY SCHEDULE</u> | <u>Penalty/Interest</u> | <u>Amount</u> | <u>Total Due</u> |
|-------------------------|-------------------------|---------------|------------------|
| Due By: 09/30/2014 | 0.00 | 5,248.44 | 5,248.44 |
| 10/31/2014 | 104.97 | 5,248.44 | 5,353.41 |

TOTAL TAXES DUE \$5,248.44

Apply For Third Party Notification By: 06/01/2015



Taxes paid by _____ CA CH

CHECK BOX [] AND RETURN ENTIRE BILL FOR RECEIPT

**2014-2015 SCHOOL TAXES
RECEIVER'S STUB**

**Bill No. 006219
041200 94.047-2-29**

City of: Olean-City
School: Olean City
Property Address: 1404-06 Buffalo St

Pay By: 09/30/2014 **0.00** 5,248.44 5,248.44
10/31/2014 104.97 5,248.44 5,353.41

Bank Code
TOTAL TAXES DUE \$5,248.44

Olean Gateway, LLC
4 Centre Dr
Orchard Park, NY 14127



2014 CITY TAX BILL

Cattaraugus County
Fiscal Year: 06-01-2014 through 05-31-2015

Bill Number: 16218.0
Warrant Date: 05-01-2014

Make Checks Payable To:

To Pay In Person:

Est. State Aid: City: 2,941,826

City of Olean
PO Box 31
Warsaw NY 14569
(716) 376-5604

Five Star Bank
or
City Clerks Office
(hours on back of bill)

Tax Map#: 94.047-2-30
Swis Code: 041200 OLEAN-CITY
Location: 1420 BUFFALO ST
Acreage: 1.27
Account #: 69120
Bank:
Class: 340
School: 041200 OLEAN CITY

OLEAN GATEWAY, LLC
4 CENTRE DR
ORCHARD PARK, NY 14127

RECEIVED

MAY 01 2014

THE KROG CORP

Property Taxpayer's Bill of Rights:

The assessor estimates the Full Market Value of this property as of July 1, 2012 was: 21400
The Total Assessed Value of this property was: 21400
The Uniform Percentage of Value used to establish assessments in your municipality was: 100 %

If you feel your assessment is too high, you have the right to seek a reduction in the future. For further information, please ask your assessor for the booklet "Contesting Your Assessment In New York State". Please note that the period for filing complaints on the above assessment has passed.

| Exemption | Value | Full Val Est | Exemption | Value | Full Val Est | Exemption | Value | Full Val Est |
|-----------|-------|--------------|-----------|-------|--------------|-----------|-------|--------------|
| | | | | | | | | |

| Taxing Purpose | Total Levy | % Change | Taxable Value | Rate/\$1,000 | Tax Amount |
|----------------|------------|----------|---------------|--------------|------------|
| City Tax | 7,096,697 | 1.35% | 21400.00 | 14.405580 | \$308.28 |

| | |
|----------------------------|-----------------|
| Job # _____ | Cost Code _____ |
| Extra _____ | Type _____ |
| Field Approval _____ | Date: / / |
| Office Approval _____ | Date: / / |
| Amount to be Paid _____ | |
| Retention Amount _____ | |
| Special Instructions _____ | |

Total Due by 05-31-2014 308.28

If you wish to receive a receipt for payment, check box and return entire bill.

2014 CITY TAX BILL

Tax Receiver's Stub

Cattaraugus County

Payment & Penalty Schedule

| Bill Number: | Tax Map#: | Swis Code: | Location: | Dimensions: | Account #: | Bank: | If Paid By | Penalty % | Penalty Amount | Total Due |
|--------------|-------------|------------|-----------------|-------------|------------|-------|------------|-----------|----------------|-----------|
| 16218.0 | 94.047-2-30 | 041200 | 1420 BUFFALO ST | 0 X 0 | 69120 | | 05-31-2014 | 0.00 | 0.00 | 308.28 |
| | | | | | | | 06-30-2014 | 1.00 | 3.08 | 311.36 |
| | | | | | | | 07-31-2014 | 2.00 | 6.17 | 314.45 |
| | | | | | | | 08-31-2014 | 3.00 | 9.25 | 317.53 |
| | | | | | | | 09-30-2014 | 4.00 | 12.33 | 320.61 |
| | | | | | | | 10-31-2014 | 5.00 | 15.41 | 323.69 |

OLEAN GATEWAY, LLC
4 CENTRE DR
ORCHARD PARK, NY 14127

10-31-2014 is the last day taxes are accepted by collector.

Paid By _____

Date _____ Amount Paid _____



Cash or Check/CC



Image Mate Online

| | | | | | | | |
|------------|-------|---------|----------|------------|-----------------|------|--------|
| Navigation | Tools | GIS Map | Tax Maps | ORPS Links | Assessment Info | Help | Log In |
|------------|-------|---------|----------|------------|-----------------|------|--------|

| |
|---------------|
| Tax Links |
| Property Info |
| Tax Info |

Tax Payment Details

Municipality of City of Olean

| | | | |
|-------|--------|---------|-------------|
| SWIS: | 041200 | Tax ID: | 94.047-2-30 |
|-------|--------|---------|-------------|

← Back To Full Payment Information

Selected Tax

| Tax | Tax Year | Assessment | Calculation Base | Bill Date | Payment Status |
|-------------------------|----------|-------------|------------------|------------|----------------|
| 2014 C/T Tax Olean City | 2014 | \$21,400.00 | \$282.31 | 01/01/2014 | Paid |

Payment Breakdown

| Line Item | Item Payment | Item Total | Date Received | Payment Status |
|-------------------------------|-----------------|-----------------|---------------|----------------|
| Bill Item - Medicaid | \$104.40 | \$104.40 | 1/21/2014 | Paid |
| Bill Item - County Tax - 2014 | \$177.91 | \$177.91 | 1/21/2014 | Paid |
| TOTALS : | \$282.31 | \$282.31 | | |

**OLEAN CITY SCHOOL DISTRICT
2014-2015 SCHOOL TAXES**

Bill No. 006217
Sequence No. 6234
Page No. 1 of 1

* For Fiscal Year 07/01/2014 to 06/30/2015 * Warrant Date 09/01/2014

MAKE CHECKS PAYABLE TO:

TO PAY IN PERSON

SWIS S/B/L ADDRESS & LEGAL DESCRIPTION & CK DIGIT

Olean Board of Education
PO Box 86
Warsaw, NY 14569-0086

Five Star Bank
129 North Union Street
Olean, NY 14760
Mon-Thur 9AM-4PM Fri 9AM-5PM
Sat 8:30AM-12PM Drive-Up Only

041200 94.047-2-30
Address: 1420 Buffalo St
City of: Olean-City
School: Olean City
NYS Tax & Finance School District Code: 462
340 - Vacant indus Roll Sect. 1
Parcel Acreage: 1.27
Account No. 069120
Bank Code

716-375-8020

Olean Gateway, LLC
4 Centre Dr
Orchard Park, NY 14127

RECEIVED
SEP 02 2014

THE KROG CORP

Estimated State Aid: SCHL 23,194,160

PROPERTY TAXPAYER'S BILL OF RIGHTS

The Total Assessed Value of this property is: 21,400
The Uniform Percentage of Value used to establish assessments in your municipality was: 100.00
The assessor estimates the Full Market Value of this property as of July 1, 2013 was: 21,400
If you feel your assessment is too high, you have the right to seek a reduction in the future. For further information, please talk to your assessor or go to www.cattco.org/real_property. Please note that the period for filing complaints on the above assessment has passed.

| Exemption | Value | Tax Purpose | Full Value Estimate | Exemption | Value | Tax Purpose | Full Value Estimate |
|-----------|-------|-------------|---------------------|-----------|-------|-------------|---------------------|
|-----------|-------|-------------|---------------------|-----------|-------|-------------|---------------------|

PROPERTY TAXES

| Taxing Purpose | Total Tax Levy | % Change From Prior Year | Taxable Assessed Value or Units | Rates per \$1000 or per Unit | Tax Amount |
|-----------------------|----------------|--------------------------|---------------------------------|------------------------------|------------|
| City Of Olean-city | | | | | |
| 2014-15 School Tax | 13,750,593 | 1.9 | 21,400.00 | 23.555071 | 504.08 |
| Library Tax | 979,465 | 2.0 | 21,400.00 | 1.677845 | 35.91 |

If 65 or over, you may be eligible for a Sr. Citizen exemption
You must apply by March 1. For more information, call your local assessor. More information on back of bill.

| | |
|----------------------------|-----------------|
| Job # _____ | Cost Code _____ |
| Extra _____ | Type _____ |
| Field Approval _____ | Date / / _____ |
| Office Approval _____ | Date / / _____ |
| Amount to be Paid _____ | |
| Retention Amount _____ | |
| Special Instructions _____ | |

| PENALTY SCHEDULE | Penalty/Interest | Amount | Total Due |
|--------------------|------------------|--------|-----------|
| Due By: 09/30/2014 | 0.00 | 539.99 | 539.99 |
| 10/31/2014 | 10.80 | 539.99 | 550.79 |

TOTAL TAXES DUE \$539.99

Apply For Third Party Notification By: 06/01/2015

Taxes paid by _____ CA CH



CHECK BOX [] AND RETURN ENTIRE BILL FOR RECEIPT

**2014-2015 SCHOOL TAXES
RECEIVER'S STUB**

Bill No. 006217
041200 94.047-2-30

City of: Olean-City
School: Olean City
Property Address: 1420 Buffalo St

Pay By: 09/30/2014 0.00 539.99 539.99
10/31/2014 10.80 539.99 550.79

Bank Code
TOTAL TAXES DUE \$539.99

Olean Gateway, LLC
4 Centre Dr
Orchard Park, NY 14127



8. If the answer to question IV.C.7. is yes, will any of the public benefit be a monetary benefit? Yes ; No _____. If yes, what is the estimated monetary benefit to the State of New York, Cattaraugus County and/or any local government in New York State?
\$ _____.

V. PROJECT COST:

- A. Anticipated Project Costs. State the costs reasonably necessary for the acquisition of the Project site, the construction of the proposed buildings and the acquisition and installation of any machinery and equipment necessary or convenient in connection therewith, and including any utilities, access roads or appurtenant facilities, using the following categories:

| <u>Description of Cost</u> | <u>Amount</u> |
|--|-------------------|
| Land | \$ 100,000 |
| Buildings | \$ 2,644,000 |
| Machinery and equipment costs | \$ N/A |
| Utilities, roads and appurtenant costs | \$ 2,123,000 |
| Architects and engineering fees | \$ 152,000 |
| Costs of Financing | \$ Included Below |
| Construction loan fees and interest | \$ Included Below |
| Other (specify) | |
| Project "Soft" Costs | \$ 740,000 |
| _____ | \$ _____ |
| _____ | \$ _____ |

- B. Have any of the above expenditures already been made by the applicant? Yes ____; No . If yes, indicate particulars.

VI. FINANCIAL ASSISTANCE EXPECTED FROM THE AGENCY.

A. Tax Benefits.

1. Is the applicant requesting any real property tax exemption in connection with the Project that would not be available to a project that did not involve the Agency? Yes ; No ____.

If yes, is the real property tax exemption being sought consistent with the Agency's Uniform Tax Exemption Policy? Yes ; No ____.

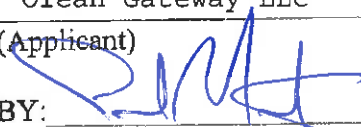
2. Is the applicant expecting that the financing of the Project will be secured by one or more mortgages? Yes X; No _____. If yes, what is the approximate amount of financing to be secured by mortgages? \$ 3,300,000.
3. Is the applicant expecting to be appointed agent of the Agency for purposes of avoiding payment of N.Y.S. Sales Tax or Compensating Use Tax? Yes X; No _____. If yes, what is the approximate amount of purchases which the applicant expects to be exempt from the N.Y.S. Sales and Compensating Use Taxes? \$ 200,000.
4. What is the estimated value of each type of tax-exemption being sought in connection with the Project? Please detail the type of tax-exemption and value of each exemption.
 - a. N.Y.S. Sales and Compensating Use Taxes: \$ 200,000
 - b. Mortgage Recording Taxes: \$ 60,000
 - c. Real Property Tax Exemptions: \$ 100,000
 - d. Other (please specify): \$ 33,000 mortgage tax
5. Are any of the tax-exemptions being sought in connection with the Project inconsistent with the Agency's Uniform Tax-exemption Policy? Yes ____; No X. If yes, please explain how the request of the applicant differs from the Agency's Uniform Tax-Exemption Policy:

VII. REPRESENTATIONS BY THE APPLICANT. The applicant understands and agrees with the Agency as follows:

- A. Job Listings. In accordance with Section 858-b(2) of the New York General Municipal Law, the applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the Project will be listed with the New York State Department of Labor Community Services Division (the "DOL") and with the administrative entity (collectively with the DOL, the "JTPA Entities") of the service delivery area created by the federal job training partnership act (Public Law 97-300) ("JTPA") in which the Project is located.
- B. First Consideration for Employment: In accordance with Section 858-b(2) of the New York General Municipal Law, the applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, where practicable, the applicant will first consider persons eligible to participate in JTPA programs who shall be referred by the JTPA Entities for new employment opportunities created as a result of the Project.

- C. Annual Sales Tax Filings: In accordance with Section 874(8) of the New York General Municipal Law, the applicant 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.
- D. Annual Employment Reports: The applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, the applicant agrees to file, or cause to be filed, with the Agency, on an annual basis, reports regarding the number of people employed at the project site.
- E. Absence of Conflicts of Interest: The applicant has received from the Agency a list of the members, officers and employees of the Agency. No member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described:

Olean Gateway LLC

(Applicant)
BY: 

Paul R. Neureuter

NOTE: APPLICANT MUST COMPLETE THE APPROPRIATE VERIFICATION APPEARING ON PAGES 16 THROUGH 18 HEREOF BEFORE A NOTARY PUBLIC AND MUST SIGN AND ACKNOWLEDGE THE HOLD HARMLESS AGREEMENT APPEARING ON PAGE 19.

VERIFICATION

(If Applicant is a Corporation)

STATE OF _____)
)SS.:
COUNTY OF _____)

_____ deposes and says that he is the _____
(Name of officer of applicant)
of _____
(Company Name)

the corporation named in the attached application; that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. Deponent further says that the reason this verification is made by the deponent and not by said Company is because the said Company is a corporation. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his duties as an officer of and from the books and papers of said corporation.

(officer of applicant)

Sworn to before me this _____
day of _____, 20__.

Notary Public

VERIFICATION

(If applicant is partnership)

STATE OF New York)
)SS.
COUNTY OF Erie)

PAUL R. NEUGEHTER deposes and says that he is one of the members of
(Name of Individual)
the firm of OLEAN GATEWAY LLC the partnership named in the attached
(partnership name)

application; that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his duties as a member of and from the books and papers of said partnership.

[Signature]

Sworn to before me this 4th
day of December, 2014.

[Signature]
Notary Public

TINA CROOM
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 12/31/2018

VERIFICATION

(If applicant is sole proprietor)

STATE OF _____)
)SS.:
COUNTY OF _____)

_____ deposes and says that he has read the foregoing
(Name of Individual)

application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application.

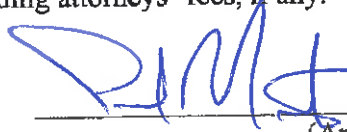
Sworn to before me this _____
day of _____, 20__.

Notary Public

NOTE: THIS APPLICATION WILL NOT BE ACCEPTED BY THE AGENCY UNLESS THE
HOLD HARMLESS AGREEMENT APPEARING ON PAGE 19 IS SIGNED BY THE
APPLICANT.

HOLD HARMLESS AGREEMENT

Applicant hereby releases County of Cattaraugus Industrial Development Agency and the members, officers, servants, agents and employees thereof (hereinafter collectively referred to as the "Agency") from, agrees that the Agency shall not be liable for and agrees to indemnify, defend and hold the Agency harmless from and against any and all liability arising from or expense incurred by (A) the Agency's examination and processing of, and action pursuant to or upon, the attached Application, regardless of whether or not the application or the Project described therein or the tax exemptions and other assistance requested therein are 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 that event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, its agents or assigns, all actual costs incurred by the Agency in the processing of the Application, including attorneys' fees, if any.



(Applicant)

Olean Gateway LLC
by Paul R. Neureuter

Sworn to before me this 4th
day of December, 2014



Notary Public

TINA CROOM
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 12/01/2018