

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
9 East Washington Street
P.O. Box 1749
Ellicottville, New York 14731
Attention: Chairman

This application by applicant respectfully states:

APPLICANT: Worthy Pharmacy, LLC.
APPLICANT'S STREET ADDRESS: 202 Main St.
CITY: Olean STATE: NY PHONE NO.: 716-378-7647

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

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

NAME OF FIRM: _____

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.**

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

A. Identity of Company:

1. Company Name:
Present Address:
Zip Code:
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? USA;
What State? New York; Date Incorporated July 14, 2026;
Type of Corporation? L.L.C.; Authorized to do business in
New York? Yes ; No .

b. Partnership. If so, indicate type of partnership _____;
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:

MA

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
<u>Liza Worth</u>	<u>President</u>	<u>100%</u>

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

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

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 .

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 . 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
N/A		

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.)

- Rehab of roughly 3,900 sq. foot building (empty) into a full service pharmacy, bringing valuable services to the area. Compounding / Bill Pack, etc.

B. Location of the Project:

1. Street Address: 206 Main Street (202 mainstreet).
2. City of Dean
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: 1/4 acre
Is a map, survey, or sketch of the Project site attached? Yes ; No ___.
2. Are there existing buildings on the Project site? Yes ; No ___.

a. If yes, indicate the number of buildings on the site: 1. Also, please briefly identify each existing building and indicate the approximate size (in square feet) of each such existing building:

3,900 sq. foot.

5. Please indicate the date the applicant estimates the Project will be completed:

2021

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 ___; No . If yes, please complete the following for each existing or proposed tenant or subtenant:

1. Sublessee name:

Present Address: _____

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: _____

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: _____

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.

A. Indicate the number of people presently employed at the Project site and the **additional** number that will be employed at the Project site at the end of the first and second years after the Project has been completed, using the tables below for (1) employees of the Applicant, (2) independent contractors, and (3) employees of independent contractors. (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. Such information regarding relocated positions should also indicate whether such positions are relocated from other project sites financed by obligations previously issued by the Agency.

TYPE OF EMPLOYMENT Employees of Applicant					
	Professional or Managerial	Skilled	Semi-Skilled	Un-Skilled	Totals
Present Full Time	_____				NA
Present Part Time	_____				NA
Present Seasonal	_____				NA
First Year Full Time	3	_____			3
First Year Part Time	2	_____			2
First Year Seasonal	_____				
Second Year Full Time					

Second Year Part Time					
Second Year Seasonal	<hr/>				

TYPE OF EMPLOYMENT Independent Contractors					
	Professional or Managerial	Skilled	Semi-Skilled	Un-Skilled	Totals
Present Full Time					
Present Part Time					
Present Seasonal					
First Year Full Time					
First Year Part Time					
First Year Seasonal					
Second Year Full Time					
Second Year Part Time					
Second Year Seasonal					

TYPE OF EMPLOYMENT Employees of Independent Contractors					
	Professional or Managerial	Skilled	Semi-Skilled	Un-Skilled	Totals
Present Full Time					
Present Part Time				N/A	
Present Seasonal				N/A	
First Year Full Time					
First Year Part Time					
First Year Seasonal	N/A				
Second Year Full Time					
Second Year Part Time					
Second Year Seasonal					

B. Indicate below (1) the estimated salary and fringe benefit averages or ranges and (2) the estimated number of employees residing in the Western New York Economic Development Region for all the jobs at the Project site, both retained and created, listed in the tables described in subsection A above for each of the categories of positions listed in the chart below.

- \$ 45,000+,- and up
 - Up to 4/5 people - New jobs created.

RELATED EMPLOYMENT INFORMATION				
	Professional or Managerial	Skilled	Semi-Skilled	Un-Skilled
Estimated Salary and Fringe Benefit Averages or Ranges	45,000-, +	3/5	-	-
Estimated Number of Employees Residing in the Western New York Economic Development Region ¹	3/5- All	3/5	-	-

C. Please describe the projected timeframe for the creation of any new jobs with respect to the undertaking of the Project:

6/12 months.

D. Please prepare a separate attachment describing in detail the types of employment at the Project site. Such attachment should describe the activities or work performed for each type of employment.

E. **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)? \$ NA.
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)? \$ TBD.
3. What is the estimated yearly payroll one year after completion of your project? \$ TBD.
4. What do you estimate paying to New York State in payroll taxes one year after completion of your project? \$ TBD.
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)? \$ NA.

¹ The Western New York Economic Development Region consists of the following counties: Allegany, Cattaraugus, Chautauqua, Erie, and Niagara.

6. What do you estimated that your yearly payroll will be at the Project site one year after completion of the Project (do not include construction workers)? \$ 150,000±.
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)? \$ 10,000±.
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)? \$ 45,000±.
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? \$ 45,000±.
10. Estimated number of construction jobs to be created with respect to the Project: 8/10 jobs.
11. Estimated New York State payroll taxes on construction jobs to be created with respect to the Project: \$ TBD.

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.

F. 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 ___; No ___. If no, please explain: - Attached.
- _____
- _____

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? \$ 500,000±
3. What is the present estimated annual amount of goods and services purchased relating to the operation of the Project (excluding employee wages)? \$ NA.

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)? \$ NA.
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? \$ TBD.
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? \$ TBD.
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 ; No .
If yes, please explain: - new employees, sales tax, etc.
-
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? \$ 50,000.

V. PROJECT COST AND FINANCING SOURCES:

- 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	\$ _____
Buildings	\$ <u>500,000</u>
Machinery and equipment costs	\$ <u>TBD</u>
Utilities, roads and appurtenant costs	\$ <u>—</u>
Architects and engineering fees	\$ <u>—</u>
Costs of financing	\$ <u>TBD.</u>
Construction loan fees and interest (if applicable)	\$ <u>NA</u>
Other (specify)	
_____	\$ _____
_____	\$ _____

_____	\$ _____
TOTAL PROJECT COSTS	\$ <u>500,000[±]</u>

B. Anticipated Project Financing Sources. State the sources reasonably necessary for the financing 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 Sources</u>	<u>Amount</u>
Private Sector Financing	\$ <u> / </u>
Public Sector	<u> / </u>
Federal Programs	\$ _____
State Programs	\$ <u> / </u>
Local Programs	\$ <u>500,000</u>
Applicant Equity	\$ _____
Other (specify, e.g., tax credits)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL AMOUNT OF PROJECT FINANCING SOURCES	\$ <u>500,000[±]</u>

C. Have any of the above expenditures already been made by the applicant?
 Yes _____; No X. If yes, indicate particulars.

D. Amount of loan requested: \$ 700 ;
 Maturity requested: _____ years.

E. Has a commitment for financing been received as of this application date, and if so, from whom?
Yes, OFCU

Yes _____; No _____. Institution Name: OFCU

Provide name and telephone number of the person we may contact.

Name: Mike Smith Phone: _____

F. The percentage of Project costs to be financed from public sector sources is estimated to equal the following: TBD %

G. The total amount estimated to be borrowed to finance the Project is equal to the following: \$ TBD

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 X.

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

2. 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? \$ TBD.

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? \$ 45,000 ±.

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: \$ 45,000 ±
- b. Mortgage Recording Taxes: \$ TBD
- c. Real Property Tax Exemptions: \$ 30,000 ±
- d. Other (please specify): \$ _____

5. Are any of the tax-exemptions being sought in connection with the Project inconsistent with the Agency's Uniform Tax-exemption Policy? Yes X; No _____. If yes, please explain how the request of the applicant differs from the Agency's Uniform Tax-Exemption Policy:

B. Project Cost/Benefit Information. Complete the attached Cost/Benefit Analysis so that the Agency can perform a cost/benefit analysis of undertaking the Project. Such information should consist of a list and detailed description of the benefits of the Agency undertaking the Project

(e.g., number of jobs created, types of jobs created, economic development in the area, etc.). Such information should also consist of a list and detailed description of the costs of the Agency undertaking the Project (e.g., tax revenues lost, buildings abandoned, etc.).

- 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"), as replaced by the Workforce Investment Act of 1998 (Public Law 105-220), 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. Representation of Financial Information. Neither this Application nor any other agreement, document, certificate, project financials, or written statement furnished to the Agency or by or on behalf of the applicant in connection with the project contemplated by this Application contains any untrue statement of a material fact or omits to state a material fact necessary in order to make the statements contained herein or therein not misleading. There is no fact within the special knowledge of any of the officers of the applicant which has not been disclosed herein or in writing by them to the Agency and which materially adversely affects or in the future in their opinion may, insofar as they can now reasonably foresee, materially adversely affect the business, properties, assets or condition, financial or otherwise, of the applicant.
 - F. Agency Financial Assistance Required for Project. The Project would not be undertaken but for the Financial Assistance provided by the Agency or, if the Project could be undertaken without the Financial Assistance provided by the Agency, then the Project should be undertaken by the Agency for the following reasons:

- G. Compliance with Article 18-A of the General Municipal Law: The Project, as of the date of this Application, is in substantial compliance with all provisions of article 18-A of the General Municipal including, but not limited to, the provisions of Section 859-a and subdivision one of Section 862; and, the provisions of subdivision one of Section 862 of the General Municipal Law will not be violated if Financial Assistance is provided for the Project.
- H. Compliance with Federal, State, and Local Laws. The applicant is in substantial compliance with applicable local, state, and federal tax, worker protection, and environmental laws, rules, and regulations.
- I. False or Misleading Information. The applicant understands 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 exemptions claimed by reason of Agency involvement in the Project.
- J. Absence of Conflicts of Interest: The applicant acknowledges that the members, officers, and employees of the Agency are listed on the Agency’s website. 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:
- K. Uniform Agency Project Agreement. The applicant agrees to enter into a project benefits agreement with the Agency where the applicant agrees that (1) the amount of Financial Assistance to be received shall be contingent upon, and shall bear a direct relationship to the success or lack of success of such project in delivering certain described public benefits (the “Public Benefits”) and (2) the Agency will be entitled to recapture some or all of the Financial Assistance granted to the applicant if the project is unsuccessful in whole or in part in delivering the promised Public Benefits.
- L. Additional Information. Additional information regarding the requirements noted in this Application and other requirements of the Agency is included the Agency’s Policy Manual which can be accessed at www.cattcoida.com.

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.

Lisa M. Wortz
(Applicant)

Sworn to before me this 25
day of September, 2020

Sandra K. Andrews
Notary Public

SANDRA K. ANDREWS
NO. 01AN6087856
Notary Public State of New York
Qualified in Cattaraugus County
My Commission Expires 2/24/2023



Photo

Photo 1 of 3

Photo for 94.057-3-3 in City of Olean



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Report

Comparables

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Parcel History

[View parcel history data](#)

Municipality of City of Olean

SWIS:	041200	Tax ID:	94.057-3-3
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Tax Map ID / Property Data

Status:	Active	Roll Section:	Taxable
Address:	206 Main St		
Property Class:	464 - Office bldg.	Site Property Class:	464 - Office bldg.
Ownership Code:			
Site:	Com 1	In Ag. District:	No
Zonning Code:	-	Bldg. Style:	Not Applicable
Neighborhood:	12402 -	School District:	Olean
Total Acreage/Size:	93.66 x 110	Equalization Rate:	----
Land Assessment:	2020 - \$17,400	Total Assessment:	2020 - \$163,000
Full Market Value:	2020 - \$185,227		
Deed Book:	3441	Deed Page:	2001
Grid East:	1190307	Grid North:	760311

Special Districts for 2020

No information available for the 2020 roll year.

Land Types

Type	Size
Primary	94 x 110

Photographs

(Click on photo to enlarge it.)

Photo

Photo 1 of 3

Documents

- [Deed History Card](#)
- [RP5217 - 6/05](#)
- [Survey Map](#)

Maps

Send E-mail to Purchase Tax Map
Or for more information
[CLICK HERE.](#)

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Commercial

Property Info
 Owner/Sales
 Inventory
 Improvements

Tax Info
 Tax Calculator

Report
 Comparables

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Parcel History
[View parcel history data](#)

Municipality of City of Olean

SWIS:	041200	Tax ID:	94.057-3-3
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Inventory

Overall EFF Year Built:	0
Overall Condition:	Normal
Overall Grade:	Average
Overall Desirability:	3

Buildings

Air Cond. %	Sprinkler %	Alarm %	Elevators	Basement Type	Year Built	Condition	Quality	Gross Floor Area	Stories
0	0	0	0	Unfinished	1928	Normal	Average	2722	1

Utilities


Sewer Type:	Comm/public
Water Supply:	Comm/public
Utilities:	Gas & elec

Site Uses

Use	Rentable Area	Total Units
Walk-up off	2,722 sq. ft.	0
Non-contrib	1,260 sq. ft.	0

Photographs

(Click on photo to enlarge it.)



Photo

Photo 1 of 3 ← →

Documents

- [Deed History Card](#)
- [RP5217 - 6/05](#)
- [Survey Map](#)

Maps

Send E-mail to Purchase Tax Map
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Tax Links

Property Info

Payment Status

Tax Bill Information

Municipality of City of Olean

SWIS:	041200	Tax ID:	94.057-3-3
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Tax Summary

Taxes reflect exemptions, but may not include recent changes in assessment.

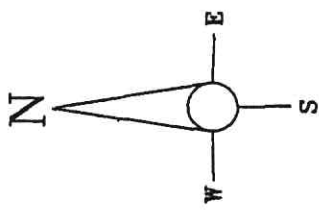
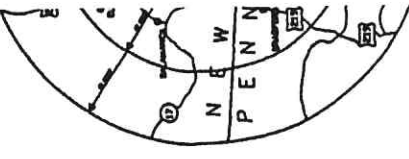
Tax Year	Tax Type	Original Bill	Total Assessed Value	Full Market Value	Uniform %	Roll Section
2019	School	\$4,288.26	\$163,000.00	\$173,404.00	94	1
2019	City	\$2,827.17	\$163,000.00	\$168,041.00	97	1
2019	County	\$9,828.22	\$163,000.00	\$168,041.00	97	1

[Display Details for Taxes Levied in 2019](#)

[Display Historical Tax Information](#)

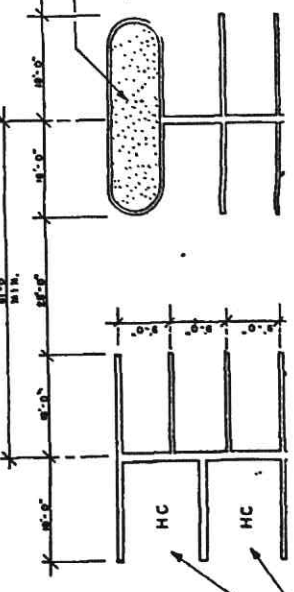
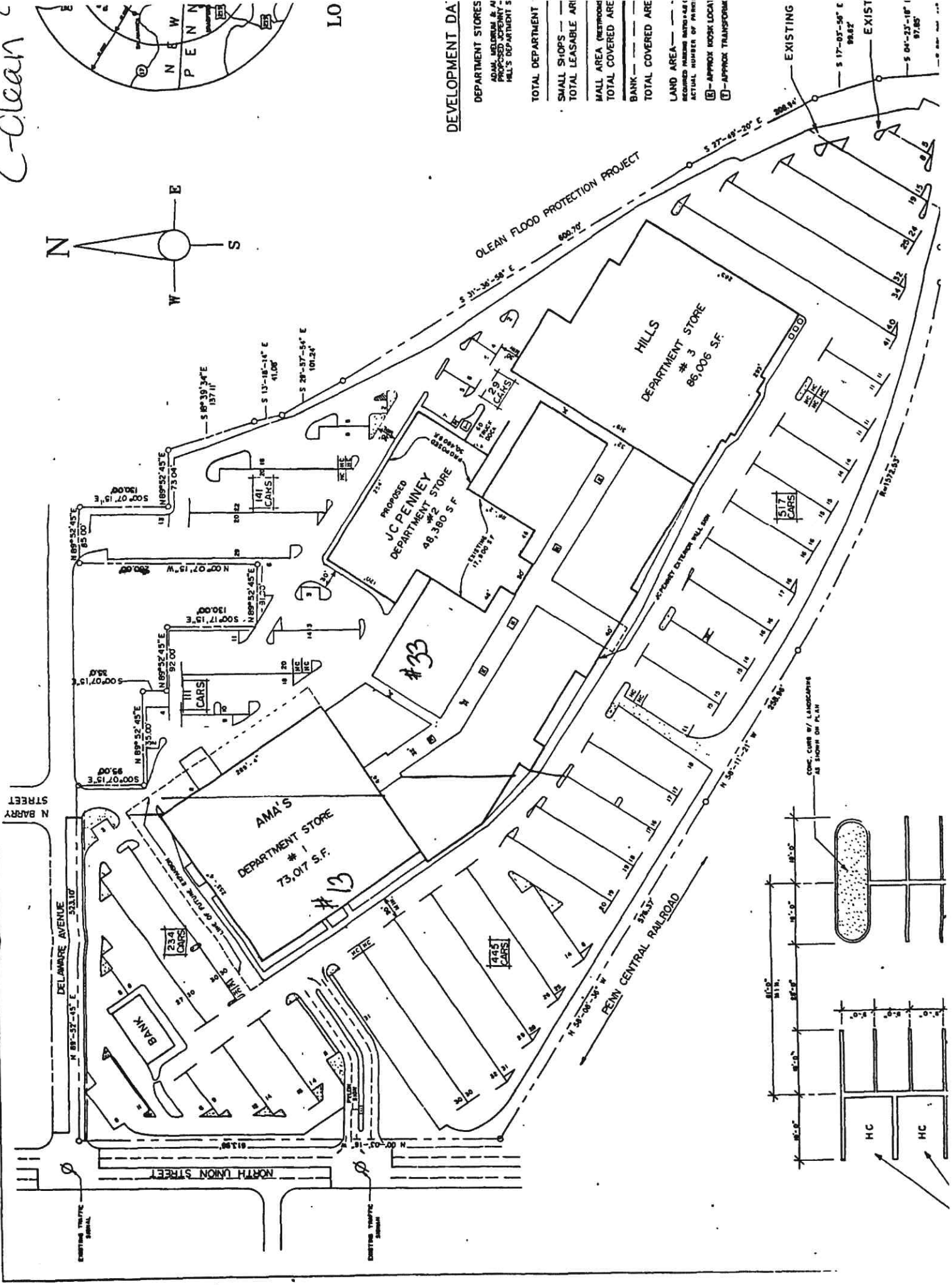
C-Clean

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DEVELOPMENT DATA

- DEPARTMENT STORES
ADAM'S DEPARTMENT #1
HILLS DEPARTMENT #3
- TOTAL DEPARTMENT
- SMALL SHOPS
- TOTAL LEASABLE ARI
- MALL AREA (RESTROOM)
- TOTAL COVERED AREA
- BANK
- TOTAL COVERED AREA
- LAND AREA
- ACQUIRED THROUGH MATRONS
- ACTUAL NUMBER OF PALLETS
- APPROX. APPROX. LOCAL
- APPROX. TRANSFORM



NYS Department of State

Division of Corporations

Entity Information

The information contained in this database is current through September 24, 2020.

Selected Entity Name: WORTHY PHARMACY, LLC

Selected Entity Status Information

Current Entity Name: WORTHY PHARMACY, LLC

DOS ID #: 5789514

Initial DOS Filing Date: JULY 16, 2020

County: CATTARAUGUS

Jurisdiction: NEW YORK

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Current Entity Status: ACTIVE

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

WORTHY PHARMACY, LLC
2330 WEST STATE STREET
OLEAN, NEW YORK, 14760

Registered Agent

NONE

This office does not require or maintain information regarding the names and addresses of members or managers of nonprofessional limited liability companies. Professional limited liability companies must include the name(s) and address(es) of the original members, however this information is not recorded and only available by [viewing the certificate](#).

***Stock Information**

# of Shares	Type of Stock	\$ Value per Share
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No Information Available

*Stock information is applicable to domestic business corporations.

Name History

Filing Date	Name Type	Entity Name
JUL 16, 2020	Actual	WORTHY PHARMACY, LLC

A **Fictitious** name must be used when the **Actual** name of a foreign entity is unavailable for use in New York State. The entity must use the fictitious name when conducting its activities or business in New York State.

NOTE: New York State does not issue organizational identification numbers.

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