



Section I: Applicant Information

Please answer all questions. Use "None" or "Not Applicable" where necessary.

A) Applicant Information-company receiving benefit:

Applicant Name: Real Clean Car Wash

Applicant Address: _____

Phone: _____ Fax: _____

Website: realcleancarwash.com E-mail: _____

Federal ID#: _____ NAICS: _____

State and Year or Incorporation/Organization: NY 10/24/24

Will a Real Estate Holding Company be utilized to own the Project property/facility? Yes or No

What is the name of the Real Estate Holding Company: RC Hornell LLC

Federal ID#: _____

State and Year or Incorporation/Organization: 6/25/24

B) Individual Completing Application:

Name: James Dustin Broderick

Title: Owner

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

C) Company Contact (if different from individual completing application):

Name: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

D) Company Counsel:

Name of Attorney: Kevin Brzezinski
Firm Name: Block, Longo, LaMarca, Brzezinski P.C.
Address: 1173 Pittsford-Victor Road, Suite 220, Pittsford, NY 14534
Phone: 585-310-7442 Fax: _____
E-mail: kbrzezinski@blockandlongo.com

E) Identify the assistance being requested of the Agency (select all that apply):

1. Exemption from Sales Tax Yes or No
2. Exemption from Mortgage Tax Yes or No
3. Exemption from Real Property Tax Yes or No
4. Tax Exempt Financing * Yes or No

* (typically for not-for-profits & small qualified manufacturers)

F) Business Organization (check appropriate category):

Corporation	<input checked="" type="checkbox"/>	Partnership	<input type="checkbox"/>
Public Corporation	<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>

Other (please specify) _____

Year Established: 2024

State in which Organization is established: NY

G) List all stockholders, members, or partners with % of ownership greater than 20%:

<u>Name</u>	<u>% of ownership</u>
<u>James Dustin Broderick</u>	<u>100%</u>
_____	_____
_____	_____

H) Applicant Business Description:

Describe in detail company background, products, customers, goods and services. Description is critical in determining eligibility: _____

REFER TO THE BUSINESS PLAN PROVIDED

Estimated % of sales within City: 100%

Estimated % of sales outside City but within New York State: 0%

Estimated % of sales outside New York State but within the U.S.: 0%

Estimated % of sales outside the U.S.: 0%

(*Percentage to equal 100%)

D) What percentage of your total annual supplies, raw materials and vendor services are purchased from firms in the City. 20%

Section II: Project Description & Details

A) Project Location:

Municipality or Municipalities of current operations: Hornell

Will the Proposed Project be located within the City?

Yes or No

If No, in which Municipality will the proposed project be located:

Provide the Property Address of the proposed Project:

0 Hornell St Ext, Hornell, NY 14843

Will the completion of the Project 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?

Yes or No

If the Proposed Project is located in a different Municipality than the Municipality in which current operations are being undertaken, is it expected that any of the facilities in any other Municipality will be closed or be subject to reduced activity?

Yes or No

If Yes, you will need to complete Section II (Q) and Section IV of this Application.

What are the current real estate taxes on the proposed Project Site? _____

If amount of current taxes is not available, provide assessed value for each:

Land: \$ TBD

Buildings(s): \$ TBD

Are Real Property Taxes current? Yes or No. If no, please explain _____

County/Town/City/Village: _____ School District: _____

Does the Applicant or any related entity currently hold fee title to the Project site? Yes or No

If No, indicate name of present owner of the Project Site: _____

Does Applicant or related entity have an option/contract to purchase the Project site? Yes or No

Describe the present use of the proposed Project site: _____
VACANT LAND

B) Please provide narrative of project and the purpose of the project (new build, renovations, and/or equipment purchases). Identify specific uses occurring within the project. Describe any and all tenants and any/all end users: (This information is critical in determining project eligibility): _____

REFER TO THE BUSINESS PLAN PROVIDED

Describe the reasons why the Agency's Financial Assistance is necessary, and the effect the Project will have on the Applicant's business or operations. Focus on competitiveness issues, project shortfalls, etc... Your eligibility determination will be based in part on your answer (attach additional pages if necessary): _____

As a startup, funding on this special project are tight. In addition to substantial owner equity, for this project to execute, additional assistance is needed from other entities including the IDA and REDEC.

Ongoing property and mortgage tax incentives are also critical and a main driver for locating in Hornell.

Please confirm by checking the box, below, if there is likelihood that the Project would not be undertaken but for the Financial Assistance provided by the Agency?

Yes or No

If the Project could be undertaken without Financial Assistance provided by the Agency, then provide a statement in the space provided below indicating why the Project should be undertaken by the Agency: _____

If the Applicant is unable to obtain Financial Assistance for the Project, what will be the impact on the Applicant and City?

The project will not move forward and would impact the future economic development opportunity offered by the project

C) Will Project include leasing any equipment Yes or No

If Yes, please describe: _____

D) Site Characteristics:

Will the Project meet zoning/land use requirements at the proposed location? Yes or No

Describe the present zoning/land use: I-2 Heavy Industrial

Describe required zoning/land use, if different: _____

If a change in zoning/land use is required, please provide details/status of any request for change of zoning/land use requirements: _____

Is the proposed project located on a site where the known or potential presence of contaminants is complicating the development/use of the property? If yes, please explain: _____ No

G) Provide any additional site information or details that may be applicable to the proposed project : _____

REFER TO BUSINESS PLAN PROVIDED

H) Select Project Type for all end users at project site (you may check more than one):

** Please check any and all end users as identified below.

** Will customers personally visit the Project site for either of the following economic activities? If yes with respect to either economic activity indicated below, complete the Retail Questionnaire contained in Section III of the Application.

Retail Sales: Yes or No

Services: Yes or No

For purposes of this question, the term "retail sales" means (i) sales by a registered vendor under Article 28 of the Tax Law of the State of New York (the "Tax Law") primarily engaged in the retail sale of tangible personal property (as defined in Section 1101(b)(4)(i) of the Tax Law), or (ii) sales of a service to customers who personally visit the Project.

- | | | | |
|----------------------------------|--------------------------|---------------------------------|-------------------------------------|
| Industrial | <input type="checkbox"/> | Back Office | <input type="checkbox"/> |
| Acquisition of Existing Facility | <input type="checkbox"/> | Retail | <input checked="" type="checkbox"/> |
| Housing | <input type="checkbox"/> | Mixed Use | <input type="checkbox"/> |
| Equipment Purchase | <input type="checkbox"/> | Facility for Aging | <input type="checkbox"/> |
| Multi-Tenant | <input type="checkbox"/> | Civic Facility (not for profit) | <input type="checkbox"/> |
| Commercial | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

I) Project Information:

Estimated costs in connection with Project:

- | | |
|---|--|
| 1. Land and/or Building Acquisition: | \$ 211,938 |
| <u>2.25</u> acres _____ square feet | |
| 2. New Building Construction: _____ square feet | \$ <u>2,519,022</u> |
| 3. New Building Addition(s): _____ square feet | \$ _____ |
| 4. Infrastructure Work | \$ _____ |
| 5. Reconstruction/Renovation: _____ square feet | \$ _____ |
| 6. Manufacturing Equipment: | \$ _____ |
| 7. Non-Manufacturing Equipment (furniture, fixtures, etc.): | \$ <u>1,213,380</u> |
| 8. Soft Costs: (professional services, etc.): | \$ <u>25,000</u> |
| 9. Other, Specify: _____ | \$ _____ |
| | TOTAL Capital Costs: \$ <u>3,969,340</u> |

Project refinancing; estimated amount
(for refinancing of existing debt only)

\$ _____

Sources of Funds for Project Costs:

- | | |
|--|-----------------------|
| Bank Financing: | \$ <u>\$3,572,406</u> |
| Equity (excluding equity that is attributed to grants/tax credits) | \$ <u>\$396,934</u> |
| Tax Exempt Bond Issuance (if applicable) | \$ _____ |

Taxable Bond Issuance (if applicable) \$ _____

Public Sources (Include sum total of all state and federal grants and tax credits) \$ _____

Identify each state and federal grant/credit:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total Sources of Funds for Project Costs: \$3,969,340

Have any of the above costs been paid or incurred as of the date of this Application? Yes or No

If Yes, describe particulars: Land + due diligence = \$211,938

Mortgage Recording Tax Exemption Benefit: Amount of mortgage that would be subject to mortgage recording tax:

Mortgage Amount (include sum total of construction/permanent/bridge financing): \$3,572,406

Estimated Mortgage Recording Tax Exemption Benefit (product of mortgage Amount as indicated above multiplied by 1.25%): \$ 44,655.07

Sales and Use Tax: Gross amount of costs for goods and services that are subject to State and local Sales and Use tax - said amount to benefit from the Agency's Sales and Use Tax exemption benefit:

\$ _____

Estimated State and local Sales and Use Tax Benefit (product of ____% multiplied by the figure, above):

\$ _ \$186,970

*** Note that the estimate provided above will be provided to the New York State Department of Taxation and Finance. The Applicant acknowledges that the transaction documents may include a covenant by the Applicant to undertake the total amount of investment as proposed within this Application, and that the estimate, above, represents the maximum amount of sales and use tax benefit that the Agency may authorize with respect to this Application. The Agency may utilize the estimate, above, as well as the proposed total Project Costs as contained within this Application, to determine the Financial Assistance that will be offered.*

Real Property Tax Benefit:

IDA PILOT Benefit: Agency staff will indicate the amount of PILOT Benefit based on estimated Project Costs as contained herein and anticipated tax rates and assessed valuation, including the annual PILOT Benefit abatement amount for each year of the PILOT benefit year and the sum total of PILOT Benefit abatement amount for the term of the PILOT as depicted in Section V of the Application.

Percentage of Project Costs financed from Public Sector sources: 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 in Section II(I) of the Application.

J) Intentionally Omitted

K) What is your project timetable (Provide dates):

1. Start date: acquisition of equipment or construction of facilities: 1/6/25
2. Estimated completion date of project: 9/6/25
3. Project occupancy – estimated starting date of operations: 9/6/25
4. Have construction contracts been signed? Yes or No
5. Has Financing been finalized? Yes or No

*** If constructions contracts have been signed, please provide copies of executed construction contracts and a complete project budget. The complete project budget should include all related construction costs totaling the amount of the new building construction, and/or new building addition(s), and/or renovation.*

L) Have site plans been submitted to the appropriate planning department?

Yes or No

*** If yes, please provide the Agency with a copy of the related State Environmental Quality Review Act ("SEQR") Environmental Assessment Form that may have been required to be submitted along with the site plan application to the appropriate planning department. Please provide the Agency with the status with respect to any required planning department approval:* _____

Has the Project received site plan approval from the planning department? Yes or No.

If Yes, please provide the Agency with a copy of the planning department approval along with the related SEQR determination.