



Section I: Applicant Information

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

A) Applicant Information-company receiving benefit:

Applicant Name: CDT Enterprises Inc
Applicant Address: 115 McDaniel Ave Jamestown, NY 14701
Phone: (716) 484-4917 Fax: (716) 484-4919
Website: None E-mail: _____
Federal ID#: _____ NAICS: _____
State and Year or Incorporation/Organization: New York 3/25/2021
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: Tar Holdings
Federal ID#: _____
State and Year or Incorporation/Organization: New York 02/24/2014

B) Individual Completing Application:

Name: Mark Wilson
Title: Director of Finance
Address: 115 McDaniel Ave , Jamestown, NY 14701
Phone: (716) 484-4917 Fax: (716) 484 4919
E-Mail: markw@tarenterprisesllc.com

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

Name: _____
Title: _____
Address: _____
Phone: _____ Fax: _____
E-Mail: _____

D) Company Counsel:

Name of Attorney: R. Shane Uber, Esq.
Firm Name: Uber Law Office, PC
Address: 314 Cherry St, James town 19701
Phone: 716 665-1116 Fax: 716 665 1118
E-mail: shane@uberlawoffice.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 Partnership
Public Corporation Joint Venture
Sole Proprietorship Limited Liability Company
Other (please specify) _____
Year Established: _____
State in which Organization is established: _____

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

<u>Name</u>	<u>% of ownership</u>
<u>Blake Tarana</u>	<u>75%</u>
_____	_____
_____	_____

H) Applicant Business Description:

Describe in detail company background, products, customers, goods and services. Description is critical in determining eligibility: Tim Mottens restaurant serving quick service foods and beverages

Estimated % of sales within City: 100%

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

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

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

(*Percentage to equal 100%)

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

Section II: Project Description & Details

A) Project Location:

Municipality or Municipalities of current operations: James town, Lakewood, Olean

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:

111 Seneca St, 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? \$8325.36

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

Land: \$ _____

Buildings(s): \$ _____

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

County/Town/City/Village: Steuben School District: Hornell

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 building

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): _____

new build Tim Hortons restaurant, no additional tenants

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): We are looking to grow our foot print into a new market unfamiliar to Tim Hortons. This approval will give us the much needed help to the bottom line to potentially build more locations in the area!

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 But it could assist future development

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: _____

Like stated before, we are looking to grow our foot print and with the help, we could possibly grow to multiple locations!

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

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: _____

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: _____

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

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: | | \$ <u>280,000</u> |
| _____ acres _____ square feet | | |
| 2. New Building Construction: | <u>1600</u> square feet | \$ <u>1,500,000</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>400,000</u> |
| 8. Soft Costs: (professional services, etc.): | | \$ <u>100,000</u> |
| 9. Other, Specify: _____ | | \$ _____ |

TOTAL Capital Costs: \$ 2,280,000

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

\$ _____

Sources of Funds for Project Costs:

- | | |
|--|----------|
| Bank Financing: | \$ _____ |
| Equity (excluding equity that is attributed to grants/tax credits) | \$ _____ |
| Tax Exempt Bond Issuance (if applicable) | \$ _____ |