



**NASSAU COUNTY INDUSTRIAL
DEVELOPMENT AGENCY**

APPLICATION FOR FINANCIAL ASSISTANCE

APPLICATION OF:

MOM Realty LLC

APPLICANT NAME

Please respond to all questions in this Application for Financial Assistance (the "Application") by, as appropriate:

- filling in blanks;
- checking the applicable term(s);
- attaching additional text (with notation in Application such as "see Schedule H, Item # 1", etc.); or
- writing "N.A.", signifying "not applicable".

All attachments responsive to questions found in this Application should be clearly labeled and attached as Schedule I to the Application. If an estimate is given, enter "EST" after the figure. One signed original and one photocopy of the Application (including all attachments) must be submitted.

The following amounts are payable to the Nassau County Industrial Development Agency (the "Agency") at the time this Application is submitted to the Agency: (i) a \$1,000 non-refundable application fee (the "Application Fee"); (ii) a \$3,500 expense deposit for the Agency's Transaction/Bond Counsel fees and expenses (the "Counsel Fee Deposit"), (iii) a \$2,500 expense deposit for the cost/benefit analysis with respect to the project contemplated by this Application (the "Cost/Benefit Deposit"), and (iv) a \$500 expense deposit for the real property tax valuation analysis, if applicable, with respect to the project contemplated by this Application (the "Valuation Deposit"). The Application Fee will not be credited against any other fees or expenses which are or become payable to the Agency in connection with this Application or the project contemplated herein (the "Project"). In the event that the subject transaction does not close for any reason, the Agency may use all or any part of the Counsel Fee Deposit, the Cost/Benefit Deposit and/or the Valuation Deposit to defray the cost of Transaction/Bond Counsel fees and expenses, the cost of obtaining a cost/benefit analysis and/or the cost of obtaining a real property tax valuation with respect to the Project. In the event that the subject transaction does close, the Counsel Fee Deposit, the Cost/Benefit Deposit and the Valuation Deposit shall be credited against the applicable expenses incurred by the Agency with respect to the Project.

Every signature page comprising part of this Application must be signed by the Applicant or this Application will not be considered complete or accepted for consideration by the Agency.

The Agency's acceptance of this Application for consideration does not constitute a commitment on the part of the Agency to undertake the proposed Project, to grant any financial assistance with respect to the proposed Project or to enter into any negotiations with respect to the proposed Project.

Information provided herein may be subject to disclosure under the New York Freedom of Information Law (New York Public Officers Law § 84 et seq.) ("FOIL"). If the Applicant believes that a portion of the material submitted with this Application is protected from disclosure under FOIL, the Applicant should mark the applicable section(s) or page(s) as "confidential" and state the applicable exception to disclosure under FOIL.

DATE

PART I. APPLICANT

A. APPLICANT FOR FINANCIAL ASSISTANCE:

Name: MOM Realty, LLC

Address: 50 Carnation Avenue Floral Park NY 11001

Fax: _____

NY State Dept. of Labor Reg #: _____ Federal Employer ID #: _____

NAICS Code #: 484210

Website: <http://www.menonthemove.com/>

Name of CEO or Authorized Representative Certifying Application: John Beyer

Title of Officer: Managing Member

Phone Number: (718) 343-3424 E-Mail: johnbeyer@menonthemove.com

B. BUSINESS TYPE (Check applicable status. Complete blanks as necessary):

Sole Proprietorship General Partnership Limited Partnership

Limited Liability Company Privately Held Corporation

Publicly Held Corporation Exchange listed on _____

Not-for-Profit Corporation

Income taxed as: Subchapter S Subchapter C
501(c)(3) Corporation Partnership

State and Year of Incorporation/Organization: Delaware/ 2016

Qualified to do Business in New York: Yes No N/A

C. APPLICANT COUNSEL:

Firm name: Sahn Ward Coschignano PLLC

Address: 333 Earle Ovington Boulevard, Suite 601, Uniondale, New York 11553

Primary _____
Contact: John C. Farrell _____
Phone: 516-228-1300 _____
Fax: 516-393-1001 _____
E-Mail: jfarrell@swc-law.com _____

D. Principal stockholders, members or partners, if any (i.e., owners of 10% or more of equity/voting rights in Applicant):

Name	Percentage owned
John Beyer _____	_____ %
_____	_____ %
_____	_____ %

E. If any of the persons described in the response to the preceding Question, or a group of said persons, owns more than a 50% interest in the Applicant, list all other entities which are related to the Applicant by virtue of such persons having more than a 50% interest in such entities:

F. Is the Applicant related to any other entity by reason of more than 50% common ownership? If YES, indicate name of related entity and relationship:

YES X NO

Men on the Move Self Storage Center Inc and 254-03 Men on the Move Inc. John Beyer is the President of each of these entities and is the Managing Member of the Applicant.

G. List parent corporation, sister corporations and subsidiaries, if any:

N/A

H. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) been involved in, applied for or benefited by any prior industrial development financing in the municipality in which this Project is located, whether by the Agency or another issuer, or in a contiguous municipality? ("Municipality" herein means city, town or village, or, if the Project is not in an incorporated city or village, Nassau County.) If YES, describe:

YES X NO

Men on the Move - Glen Cove Storage LLC, City of Glen Cove Industrial Development Agency

Men on the Move - Garden City Storage LLC, Nassau County Industrial Development Agency

I. Is the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities involved in any litigation or aware of any threatened litigation that would have a material adverse effect on the Applicant's financial condition or the financial condition of said principal(s)? If YES, attach details at Schedule I.

YES NO X

J. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, ever been involved, as debtor, in bankruptcy, creditors rights or receivership proceedings or sought protection from creditors? If YES, attach details at Schedule I.

YES NO X

K. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, ever been convicted of any felony or misdemeanor (other than minor traffic offenses), or have any such related persons or principal(s) held positions or ownership interests in any firm or corporation that has been convicted of a felony or misdemeanor (other than minor traffic offenses), or are any of the foregoing the subject of a pending criminal proceeding or investigation? If YES, attach details at Schedule I.

YES NO

L. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, been cited for (or is there a pending proceeding or investigation with respect to) a civil violation of federal, state or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, taxation, or other operating practices? If YES, attach details at Schedule I.

YES NO

M. Is the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, delinquent or have any of the foregoing persons or entities been delinquent on any New York State, federal or local tax obligations within the past five (5) years? If YES, attach details at Schedule I.

YES NO

N. Complete the following information for principals (including, in the case of corporations, officers and members of the board of directors and, in the case of limited liability company, members and managers) of the Applicant:

<u>Name</u>	<u>Title</u>	<u>Other Business Affiliations</u>
<u>John Beyer</u>	<u>Managing Member</u>	<u>Men on the Move Storage Center Inc.</u>
<u>_____</u>	<u>_____</u>	<u>254-03 Men on the Move Inc.</u>
<u>_____</u>	<u>_____</u>	<u>Men on the Move (formerly Storage LLC)</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>

Do any of the foregoing principals hold elected or appointive positions with New York State, any political division of New York State or any other governmental agency? If YES, attach details at Schedule I.

YES NO

Are any of the foregoing principals employed by any federal, state or local municipality or any agency, authority, department, board, or commission thereof or any other governmental or quasi-governmental organization?

YES

NO

O. Operation at existing location(s) (Complete separate Section O for each existing location):

MOM Realty currently operates at 50 Carration Avenue Floral Park New York, 254-03 Men on the Move Inc. operates the moving company and Men on the Move Storage Center Inc. operates the Storage Facility

1. (a) Location: _____

(b) Number of Employees: Full-Time: _____ Part-Time: _____

(c) Annual Payroll, excluding benefits: _____

(d) Type of operation (e.g. manufacturing, wholesale, distribution, retail, etc.) and products or services: Moving Company, Warehousing and Storage

(e) Size of existing facility real property (i.e., acreage of land): 1.75 Acres

(f) Buildings (number and square footage of each): 2 (80,000; 15,000 sq ft)

(g) Applicant's interest in the facility

FEE TITLE: _____ LEASE: _____ OTHER (describe below):

Applicant has sold this property, but is continuing operations at this location until it can relocate. This is the basis for this application.

2. Will the completion of the proposed Project result in the removal of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the Project, or a relocation of any employee of the Applicant, or any employee of a proposed user, occupant or tenant of the Project, from one area of the State of New York (but outside of Nassau County) to a location in Nassau County or in the abandonment of such a plant or facility located in an area of the State of New York outside of Nassau County? If YES, complete the attached Anti-Raiding Questionnaire (Schedule D).

YES

NO

3. Will the proposed Project result in the removal or abandonment of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the proposed Project, or a relocation of any employee of the Applicant, or any employee of a proposed user, occupant or tenant of the proposed Project, located within Nassau

County? If YES, identify the location of the plant or facility and provide explanation.

YES

NO

Applicant currently operates at 90 Cremation Avenue in Floral Park. It has sold this facility and seeking to relocate its business. The Applicant would prefer to keep its employees in Nassau County, but cannot find a location that is both suitable and cost effective without the agencies assistance.

P. Has the Applicant considered moving to another state or another location within New York State? If YES, explain circumstances.

YES

NO

Based on its current location in Floral Park the Applicant has actively explored several properties in Queens, but would prefer to keep his company and its 70+ jobs in Nassau County. This will not be possible without the agencies assistance.

Q. Does any one supplier or customer account for over 50% of Applicant's annual purchases or sales, respectively? If YES, attach name and contact information for supplier and/or customer, as applicable:

YES

NO

R. Does the Applicant (including any related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, have any contractual or other relationship with the Agency or the County of Nassau? If YES, attach details at Schedule I.

YES

NO

S. Nature of Applicant's business (e.g., description of goods to be sold, products manufactured, assembled or processed, services rendered):

Address: 2001 110th Avenue, Floral Park, NY 11030. Services: Commercial and residential construction in Nassau, Suffolk and the Five Boroughs.

Additional information: Specialties include: remodeling and renovation of residential and commercial buildings. There is also a small lot of retail outlets for hardware.

T. ANY RELATED PARTY PROPOSED TO BE A USER OF THE PROJECT:

Name: Green Home in the Move Inc. operates the moving company and Move in the Move Self Storage, Inc. operates the Storage Company

Relationship to Applicant: Operator pursuant to Lease

Provide the information requested in Questions A through S above with respect to each such party by attachment at Schedule I.

PART II. PROPOSED PROJECT

A. Types of Financial Assistance Requested:

- Tax-Exempt Bonds
- Taxable Bonds
- Refunding Bonds
- Sales/Use Tax Exemption
- Mortgage Recording Tax Exemption
- Real Property Tax Exemption
- Other (specify): _____

B. Type of Proposed Project (check all that apply and provide requested information):

- New Construction of a Facility
Square footage: _____
- Addition to Existing Facility
Square footage of existing facility: 50,000
Square footage of addition: 90,000
- Renovation of Existing Facility
Square footage of area renovated: 50,000
Square footage of existing facility: 50,000
- Acquisition of Land/Building
Acreage/square footage of land: 4.60 acres
Square footage of building: 50,000
- Acquisition of Furniture/Machinery/Equipment
List principal items or categories:

- Other (specify): _____

C. Briefly describe the purpose of the proposed Project, the reasons why the Project is necessary to the Applicant and why the Agency's financial assistance is necessary, and the effect the Project will have on the Applicant's business or operations:

The applicant is seeking to acquire an existing commercial building to relocate its moving company warehouse and associated storage facility. This Project will consist of renovating the existing 50,000 square foot building and ultimately adding an additional 90,000 square feet of space to expand its storage facility.

N. Does the Applicant, or any related entity or person, currently hold a lease or license on the Project site? If YES, please provide details and a copy of the lease/license.

YES _____ NO X

O. Does the Applicant, or any related entity or person, currently hold fee title to (i.e. own) the Project site?

YES _____ NO X

If YES, indicate:

- (a) Date of purchase: _____
- (b) Purchase price: \$ _____
- (c) Balance of existing mortgage, if any: \$ _____
- (d) Name of mortgage holder: _____
- (e) Special conditions: _____

If NO, indicate name of present owner of Project site: RXR

P. Does the Applicant or any related person or entity have an option or a contract to purchase the Project site and/or any buildings on the Project site?

YES X NO _____

If YES, attach copy of contract or option at Schedule I and indicate:

- (a) Date signed: November 2016
- (b) Purchase price: \$ 5,750,000.00
- (c) Closing date: Subject to IDA approval

Is there a relationship legally or by virtue of common control or ownership between the Applicant (and/or its principals) and the seller of the Project (and/or its principals)?

If YES, describe:

YES _____ NO X

Q. 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 attached Retail Questionnaire (Schedule E).

Sales of Goods: YES NO Sales of Services: YES NO

R. Describe the social and economic conditions in the community where the Project site is or will be located and the impact of the proposed Project on the community (including impact on infrastructure, transportation, fire and police and other government-provided services):

The use of this property for the moving company and storage facility will have a positive benefit on the community.

The subject property is currently vacant and has been for at least four years. The applicant will restore the property and bring an economically viable use to this under-performing parcel as it has on many other properties in the County.

S. Identify the following Project parties (if applicable):

Architect: Frank G. Relf, R.A.
Engineer: _____
Contractors: Racanello Construction

T. Will the Project be designed and constructed to comply with Green Building Standards? (if YES, describe the LEED green building rating that will be achieved):

YES NO

U. Is the proposed Project site located on a Brownfield? (if YES, provide description of contamination and proposed remediation)

YES NO

V. Will the proposed Project produce a unique service or product or provide a service that is not otherwise available in the community in which the proposed Project site is located?

YES NO

To the best of the applicant's knowledge there are no moving or storage companies based in Crossways Park. They will serve local businesses.

moving and storage needs.

W. Is the proposed Project site currently subject to an IDA transaction (whether through the Agency or otherwise)? If yes, explain.

YES _____

NO _____

PART III. CAPITAL COSTS OF THE PROJECT

A. Provide an estimate of cost of all items listed below:

	<u>Item</u>	<u>Cost</u>
1.	Land and/or Building Acquisition	\$ 5,750,000.00
2.	Building Demolition	\$ 250,000.00
3.	Construction/Reconstruction/Renovation	\$ 9,700,000.00
4.	Site Work	\$ included
5.	Infrastructure Work	\$ included
6.	Architectural/Engineering Fees	\$ 300,000.00
7.	Applicant's Legal Fees	\$ 120,000.00
8.	Financial Fees	\$ 200,000.00
9.	Other Professional Fees	\$ included
10.	Furniture, Equipment & Machinery Acquisition (not included in 3. above)	\$ 200,000.00
11.	Other Soft Costs (describe)	\$ 60,000.00 (appraisal, survey)
12.	Other (describe)	\$ 2,000,000.00
	Total	\$ 18,580,000.00

B. Estimated Sources of Funds for Project Costs:

a.	Tax-Exempt IDA Bonds:	\$ N/A
b.	Taxable IDA Bonds:	\$ N/A
c.	Conventional Mortgage Loans:	\$ 12,580,000.00
d.	SBA or other Governmental Financing: Identify: _____	\$ N/A
e.	Other Public Sources (e.g., grants, tax credits): Identify: _____	\$ N/A

f.	Other Loans:	\$ <u>N/A</u>
g.	Equity Investment: (excluding equity attributable to grants/tax credits)	\$ <u>6,000,000.00</u>
TOTAL.		\$ <u>18,580,000.00</u>

What percentage of the total project costs are funded/financed from public sector sources: 0 %

C. Have any of the above costs been paid or incurred (including contracts of sale or purchase orders) as of the date of this application? If YES, describe particulars on a separate sheet.

YES X NO

D. Are items of working capital, moving expenses, work in progress, or stock in trade included in the proposed uses of the bond proceeds (if applicable)? If YES, provide details:

YES NO NOT APPLICABLE X

E. Will any of the funds to be borrowed through the Agency's issuance of bonds, if applicable, be used to repay or refinance an existing mortgage, outstanding loan or an outstanding bond issue? If YES, provide details:

YES NO NOT APPLICABLE X

F. Has the Applicant made any arrangement for the marketing or the purchase of the bonds or the provision of other third party financing (if applicable)? If YES, indicate with whom (subject to Agency approval) and provide a copy of any term sheet or commitment letter issued with respect to such financing.

YES NO NOT APPLICABLE X

G. Construction Cost Breakdown:

Total Cost of Construction:	\$ 10,150,000.00	(sum of 2-5 and 10 in Question A above)
Cost for materials:	\$ 4,060,000.00	
% Sourced in County:	60	%
% Sourced in State:	85	% (incl. County)
Cost for labor:	\$ 6,090,000.00	
% Sourced in County:	70	%
% Sourced in State:	85	% (incl. County)
Cost for "other":	\$ 680,000.00	
% Sourced in County:	80	%
% Sourced in State:	90	% (incl. County)

The Applicant acknowledges that the transaction/bond documents may include a covenant by the Applicant to undertake and document the total amount of capital investment as set forth in this Application.

PART IV. COST/BENEFIT ANALYSIS

A. If the Applicant presently operates in Nassau County, provide the current annual payroll. Estimate projected payroll at the Project site in First Year, Second Year and Third Year after completion of the Project:

	Present	First Year	Second Year	Third Year
Full-time: 55	\$ 2,959,354.00	\$ 3,215,877.00	\$ 3,363,289.00	\$ 3,515,128.00
Part-time: ¹ 34	260,440.00	291,035.00	321,748.00	352,430

List the average salaries or provide ranges of salaries for the following categories of jobs (on a full-time equivalency basis) projected to be retained/created in Nassau County as a result of the proposed Project:

Category of Jobs to be Retained:	Average Salary or Range of Salary:	Average Fringe Benefits or Range of Fringe Benefits
Management	\$150,000.00	\$30,000.00
Professional	\$75,500.00	\$15,000.00
Administrative	\$41,300.00	\$9,500.00
Production	-	-
Supervisor	\$59,300.00	\$13,000.00
Laborer	\$25,500.00	\$7,500.00

¹ NOTE: The Agency converts part-time jobs into FTE's for evaluation and reporting purposes by dividing the number of part-time jobs by two (2).

Independent Contractor ²	\$209,500.00	
Other		

<u>Category of Jobs to be Created:</u>	<u>Average Salary or Range of Salary:</u>	<u>Average Fringe Benefits or Range of Fringe Benefits</u>
Management		
Professional	\$75,500.00	\$15,000.00
Administrative	\$41,300.00	\$9,500.00
Production		
Supervisor		
Laborer	\$25,500.00	\$7,500.00
Independent Contractor ³		
Other		

The Agency may utilize the foregoing employment projections and the projections set forth in Schedule C, among other things, to determine the financial assistance that will be offered by the Agency to the Applicant. The Applicant acknowledges that the transaction/bond documents may include a covenant by the Applicant to retain the number of jobs, types of occupations and amount of payroll with respect to the Project set forth in this Application.

- B. (i) Will the Applicant transfer current employees from existing location(s)? If YES, describe, please describe the number of current employees to be transferred and the location from which such employees would be transferred:

YES NO

Approximately 72 full time and part time employees will be relocated to this site.

- (ii) Describe the number of estimated full time equivalent construction jobs to be created as a result of undertaking the project, to the extent any:

200

² As used in this chart, this category includes employees of independent contractors.

³ As used in this chart, this category includes employees of independent contractors.

C. What, if any, is the anticipated increase in the dollar amount of production, sales or services following completion of the Project?

500,000/ year in Moving Business
 \$ 150,000/ year in Storage Business

What percentage of the foregoing amount is subject to New York sales and use tax?

15 %

What percentage of the Applicant's total dollar amount of production, sales or services (including production, sales or services rendered following completion of the Project) are made to customers outside the economic development region (i.e., Nassau and Suffolk Counties)?

less than 5 %

Describe any other municipal revenues that will result from the Project (excluding the above and any PILOT payments):

income tax, corporate taxes, motor vehicle fees and taxes, application and permitting fees

D. What is the estimated aggregate annual amount of goods and services to be purchased by the Applicant for each year after completion of the Project and what portion will be sourced from businesses located in the County and the State (including the County):

	<u>Amount</u>	<u>% Sourced in County</u>	<u>% Sourced in State</u>
Year 1	\$ 1,085,500.00	87%	92%
Year 2	\$ 1,200,000.00	87%	92%
Year 3	\$ 1,225,000.00	87%	92%

E. Describe, if applicable, other benefits to the County anticipated as a result of the Project, including a projected annual estimate of additional sales tax revenue generated, directly and indirectly, as a result of undertaking the project:

Sales tax revenue \$100,000.00, filling a gap in deficiency in self-storage on Long Island, continuing to provide reasonably priced and affordable moving services for residents and business owners.

F. Estimated Value of Requested Financial Assistance:

Estimated Value of Sales Tax Benefit: \$ 350,175.00
 (i.e., gross amount of cost of goods and services that are subject to state and local sales and use taxes multiplied by [8.625%])

Estimated Value of Mortgage Tax Benefit: \$ 94,350.00
 (i.e., principal amount of mortgage loans
 loans multiplied by 11.05%)

Estimated Property Tax Benefit:

Will the proposed Project utilize a property tax
 exemption benefit other than from the Agency: _____
 (if so, please describe)

Term of PILOT Requested: 15

Existing Property Taxes on Land and Building: \$ 267,893.02

Estimated Property Taxes on completed Project: \$ Unknown at
 this time
 (without Agency financial assistance)

NOTE: Upon receipt of this Application by the Agency,
 the Agency's staff will create a PILOT schedule and estimate
 the amount of PILOT Benefit/Cost utilizing anticipated
 tax rates and assessed valuation, and attach such information
 as Exhibit A hereto.

- G. Describe and estimate any other one-time municipal revenues (not including fees payable
 to the Agency) that the Project will create:

Building Department and Planning Board Application Fees

PART V. PROJECT SCHEDULE

- A. If applicable, has construction/reconstruction/renovation work on the Project begun? If
 YES, indicate the percentage of completion:

1. (a) Site clearance	YES ___	NO <u>X</u>	___% complete
(b) Environmental Remediation	YES ___	NO <u>X</u>	___% complete
(c) Foundation	YES ___	NO <u>X</u>	___% complete
(d) Footings	YES ___	NO <u>X</u>	___% complete

- (e) Steel YES ___ NO X ___ % complete
- (f) Masonry YES ___ NO X ___ % complete
- (g) Interior YES ___ NO X ___ % complete
- (h) Other (describe below): YES ___ NO X ___ % complete

2. If NO to all of the above categories, what is the proposed date of commencement of construction, reconstruction, renovation, installation or equipping of the Project?

March 2017 for Phase I, renovation of the existing 50,000 square feet, early 2018 for the 90,000 square foot addition subject to local zoning approvals.

B. Provide an estimate of time schedule to complete the Project and when the first use of the Project is expected to occur:

PART VI. ENVIRONMENTAL IMPACT

A. What is the expected environmental impact of the Project? (Complete the attached Environmental Assessment Form (Schedule G)).

There is no anticipated impact from the assignment of the benefits previously granted by the agency.

B. Is an environmental impact statement required by Article 8 of the N.Y. Environmental Conservation Law (i.e., the New York State Environmental Quality Review Act)?

YES ___ NO X ___

C. Please be advised that the Agency may require at the sole cost and expense of the Applicant the preparation and delivery to the Agency of an environmental report in form and scope satisfactory to the Agency, depending on the responses set forth in the Environmental Assessment Form. If an environmental report has been or is being prepared in connection with the Project, please provide a copy.

D. The Applicant authorizes the Agency to make inquiry of the United States Environmental Protection Agency, the New York State Department of Environmental Conservation or

any other appropriate federal, state or local governmental agency or authority as to whether the Project site or any property adjacent to or within the immediate vicinity of the Project site is or has been identified as a site at which hazardous substances are being or have been used, stored, treated, generated, transported, processed, handled, produced, released or disposed of. The Applicant will be required to secure the written consent of the owner of the Project site to such inquiries (if the Applicant is not the owner), upon request of the Agency.

THE UNDERSIGNED HEREBY CERTIFIES, under penalties of perjury, that the answers and information provided above and in any schedule, exhibit or statement attached hereto are true, accurate and complete, to the best of the knowledge of the undersigned.

Name of Applicant: MOH Realty LLC
Signature: *John B. Beyer*
Name: John B. Beyer
Title: Member
Date: 12/18/16

Sworn to before me this 14th
day of December, 2016

John C. Farrell
Notary Public

JOHN C. FARRELL
Notary Public, State Of New York
No. 02FA8096333
Qualified in Suffolk County
Commission Expires July 28, 20 19

CERTIFICATIONS AND ACKNOWLEDGMENTS OF THE APPLICANT

FIRST:

The Applicant hereby certifies that, if financial assistance is provided by the Agency for the proposed project, no funds of the Agency (i) shall be used in connection with the Project for the purpose of preventing the establishment of an industrial or manufacturing plant or for the purpose of advertising or promotional materials which depict elected or appointed government officials in either print or electronic media, (ii) be given to any group or organization which is attempting to prevent the establishment of an industrial or manufacturing plant within the State.

SECOND:

The Applicant hereby certifies that no member, manager, principal, officer or director of the Applicant or any affiliate thereof has any blood, marital or business relationship with any member of the Agency (or any member of the family of any member of the Agency).

THIRD:

The Applicant hereby certifies that neither the Applicant nor any of its affiliates, nor any of their respective partners, members, shareholders or other equity owners (other than equity owners of publicly-traded companies), nor any of their respective employees, officers, directors, or representatives (i) is a person or entity with whom United States persons or entities are restricted from doing business under regulations of the Office of Foreign Asset Control (OFAC) of the Department of the Treasury, including those named on OFAC's Specially Designated and Blocked Persons List, or under any statute, executive order or other governmental action, or (ii) has engaged in any dealings or transactions or is otherwise associated with such persons or entities.

FOURTH:

The Applicant hereby acknowledges that the Agency shall obtain and hereby authorizes the Agency to obtain credit reports and other financial background information and perform other due diligence on the Applicant and/or any other entity or individual related thereto, as the Agency may deem necessary to provide the requested financial assistance.

FIFTH:

The Applicant hereby certifies that each owner, occupant or operator that would receive financial assistance with respect to the proposed Project is in substantial compliance with applicable federal, state and local tax, worker protection and environmental laws, rules and regulations.

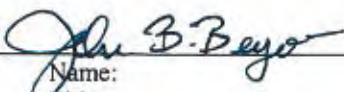
SIXTH:

The Applicant hereby acknowledges that the submission to the Agency of any knowingly false or knowingly misleading information may lead to the immediate termination of any financial assistance and the recapture from the Applicant of an amount equal to all or any part of any tax exemption claimed by reason of the Agency's involvement in the Project.

SEVENTH:

The Applicant hereby certifies that, as of the date of this Application, the Applicant is in substantial compliance with all provisions of Article 18-A of the General Municipal Law, including, but not limited to, the provisions of Section 859-a and Section 862(1) thereof.

Name of
Applicant: MCM Realty LLC

By: 
Name:
Title:

**CERTIFICATION AND AGREEMENT
WITH RESPECT TO FEES AND COSTS**

Capitalized terms used but not otherwise defined in this Certification and Agreement shall have the meanings assigned to such terms in the Application.

The undersigned, being duly sworn, deposes and says, under penalties of perjury, as follows: that I am the chief executive officer or other representative authorized to bind the Applicant named in the attached application for financial assistance ("Application") and that I hold the office specified below my signature at the end of this Certification and Agreement, that I am authorized and empowered to deliver this Certification and Agreement and the Application for and on behalf of the Applicant, that I am familiar with the contents of said Application (including all schedules, exhibits and attachments thereto), and that said contents are true, accurate and complete to the best of my knowledge and belief.

The grounds of my belief relative to all matters in the Application that are not based upon my own personal knowledge are based upon investigations I have made or have caused to be made concerning the subject matter of this Application, as well as upon information acquired in the course of my duties and from the books and records of the Applicant.

As an authorized representative of the Applicant, I acknowledge and agree on behalf of the Applicant that the Applicant hereby releases the Nassau County Industrial Development Agency, its members, officers, servants, attorneys, agents and employees (collectively, the "Agency") from, agrees that the Agency shall not be liable for and agrees to indemnify, defend (with counsel selected by the Agency) and hold the Agency harmless from and against any and all liability, damages, causes of actions, losses, costs or expenses incurred by the Agency in connection with: (A) examination and processing of, and action pursuant to or upon, the Application, regardless of whether or not the Application or the financial assistance requested therein are favorably acted upon by the Agency, (B) the acquisition, construction, reconstruction, renovation, installation and/or equipping of the Project by the Agency, and (C) any further action taken by the Agency with respect to the Project including, without limiting the generality of the foregoing, (i) all fees and expenses of the Agency's general counsel, bond counsel, economic development consultant, real property tax valuation consultant and other experts and consultants (if deemed necessary or advisable by the Agency), and (ii) all other expenses incurred by the Agency in defending any suits, actions or proceedings that may arise as a result of any of the foregoing. If, for any reason whatsoever, 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 Applicant is unable to find buyers willing to purchase the total bond issue required or is unable to secure other third party financing or otherwise fails to conclude the Project, then upon presentation of an invoice by the Agency, its agents, attorneys or assigns, the Applicant shall pay to the Agency, its agents, attorneys or assigns, as the case may be, all fees and expenses reflected in any such invoice.

As an authorized representative of the Applicant, I acknowledge and agree on behalf of the Applicant that each of the Agency's general counsel, bond counsel, economic development consultant, real property tax valuation consultant and other experts and consultants is an intended third-party beneficiary of this Certification and Agreement, and that each of them may (but shall not be obligated to) enforce the provisions of the immediately preceding paragraph, whether by lawsuit or otherwise, to collect the fees and expenses of such party or person incurred by the Agency (whether or not first paid by the Agency) with respect to the Application.

Upon successful closing of the required bond issue or other form of financing or Agency assistance, the Applicant shall pay to the Agency an administrative fee set by the Agency (which amount is payable at closing) in accordance with the following schedule:

- (A) Taxable Bond Issues Six-tenths (6/10) of one percent (1%) for the first twenty million dollars (\$20,000,000) of total project costs and, if applicable, two-tenths (2/10) of one percent (1%) for any additional amounts in excess of twenty million dollars (\$20,000,000) of total project costs.
- (B) Tax-Exempt Bond Issues – Six-tenths (6/10) of one percent (1%) of total project costs.
- (C) General Counsel Fee – One-tenth (1/10) of one percent (1%) of total project costs, with a minimum fee of \$2,000.
- (D) All Initial Transactions - Two Thousand Five Hundred Dollars (\$2,500) closing compliance fee payable at closing and One Thousand Dollars (\$1,000) per year (or part thereof) administrative fee, payable in advance, at the closing for the first year (or part thereof) and on January 1st of each year for the term of the financing. The annual service fee is subject to periodic review and may be adjusted from time to time in the discretion of the Agency.
- (E) Refundings – The Agency fee shall be determined on a case-by-case basis.
- (F) Assumptions – The Agency fee shall be determined on a case-by-case basis.
- (G) Modifications – The Agency fee shall be determined on a case-by-case basis.

The Agency's bond counsel fees and expenses are payable at closing and are based on the work performed in connection with the Project.

The Agency's bond counsel's fees, general counsel fee and the administrative fees may be considered as a cost of the Project and included as part of any resultant financing, subject to compliance with applicable law.

Upon the termination of the financing of the Project, Applicant agrees to pay all costs in connection with any conveyance by the Agency to the Applicant of the Agency's interest in the Project and the termination of all related Project documents, including the fees and expenses of the Agency's general counsel, bond counsel, and all applicable recording, filing or other related fees, taxes and charges.

I further acknowledge and agree on behalf of the Applicant that, in the event the Agency shall have used all of its available tax-exempt bond financing allocation from the State of New York, if applicable, and shall accordingly be unable to obtain an additional allocation for the benefit of the Applicant, the Agency shall have no liability or responsibility as a result of the inability of the Agency to issue and deliver tax-exempt bonds for the benefit of the Applicant.

Name
Title:

John B. Berger
John B. Berger
Member

Subscribed and affirmed to me this 14th
day of December, 2016

John C. Farrell
Notary Public

JOHN C. FARRELL
Notary Public, State of New York
No. 02176096333
Qualified in Suffolk County 26
Commission Expires July 28, 2019

TABLE OF SCHEDULES:

<u>Schedule</u>	<u>Title</u>	<u>Complete as Indicated Below</u>
A.	Tax-Exempt Bond Manufacturing Questionnaire	If Applicant checked "YES" in Part I, Question H of Application, if applicable[]
B.	New York State Financial and Employment Requirements for Industrial Development Agencies	All applicants
C.	Guidelines for Access to Employment Opportunities	All applicants
D.	Anti-Raiding Questionnaire	If Applicant checked "YES" in Part I, Question O.2. of Application
E.	Retail Questionnaire	If Applicant checked "YES" in Part II, Question Q of Application
F.	Applicant's Financial Attachments, consisting of:	All applicants
	1. Applicant's financial statements for the last two fiscal years (unless included in Applicant's annual reports).	
	2. Applicant's annual reports (or Form 10-K's) for the two most recent fiscal years.	
	3. Applicant's quarterly reports (Form 10-Q's) and current reports (Form 8-K's) since the most recent Annual Report, if any.	
	4. In addition, attach the financial information described above in items F1, F2, and F3 of any anticipated Guarantor of the proposed transaction, if different than the Applicant, including the personal financial statement of any anticipated Guarantor that is a natural person.	
G.	Environmental Assessment Form	All applicants
H.	Form NYS-45-MN	All applicants
I.	Other Attachments	As required

**NEW YORK STATE FINANCIAL AND EMPLOYMENT REPORTING
REQUIREMENTS FOR INDUSTRIAL DEVELOPMENT AGENCIES**

- A. Pursuant to applicable law, the Agency requires the completion of an Initial Employment Plan (see Schedule C) and a year-end employment plan status report, both of which shall be filed by the Nassau County Industrial Development Agency (the "Agency") with the New York State Department of Economic Development. The Project documents will require the Applicant to provide such report to the Agency on or before February 11 of the succeeding year, together with such employment verification information as the Agency may require.

Except as otherwise provided by collective bargaining agreements, the Applicant agrees to list any new employment opportunities with the New York Department of Labor Community Services Division and the administrative entity of the service delivery area created by the Federal Job Training Partnership Act (P.L. 97-300), or any successor statute thereto (the "JTPA Entities"). In addition, except as otherwise provided by collective bargaining agreements, the Applicant, where practicable, will first consider persons eligible to participate in JTPA programs who shall be referred by the JTPA Entities for such new employment opportunities.

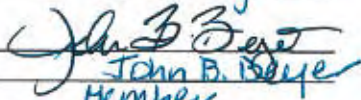
- B. The Applicant will be required to file annually a statement with the New York State Department of Taxation and Finance and the Agency of the value of all sales or use tax exemptions claimed in connection with the Project by reason of the involvement of the Agency.
- C. The following information must be provided for all bonds issued, outstanding or retired during the year:

Name, address and owner of the project; total amount of tax exemptions granted (broken out by state and local sales tax, property taxes, and mortgage recording tax); payments in lieu of taxes made; total real estate taxes on the Project prior to exemption; number of jobs created and retained, and other economic benefits realized.

Date of issue; interest rate at end of year; bonds outstanding at beginning of year; bonds issued during year; principal payments made during year; bonds outstanding at end of year; federal tax status; and maturity date(s).

Failure to provide any of the aforesaid information will be constitute a DEFAULT under the Project documents to be entered into by the Agency and the Applicant in connection with the proposed Project.

Please sign below to indicate that the Applicant has read and understood the above and agrees to provide the described information on a timely basis.

Name of Applicant: MOH Realty LLC
Signature: 
Name: John B. Hember
Title: Member
Date: 12/8/16

GUIDELINES FOR ACCESS TO EMPLOYMENT OPPORTUNITIES**INITIAL EMPLOYMENT PLAN**

Prior to the expenditure of bond proceeds or the granting of other financial assistance, the Applicant shall complete the following initial employment plan:

Applicant Name: MOM Realty LLC

Address: 50 Carnation Avenue, Floral Park New York

Type of Business: Moving Company, Warehouse and Storage Facility

Contact Person: John Beyer Tel. No.: _____

Please complete the following table describing the projected full-time equivalent employment plan for the proposed Project following receipt of financial assistance:

<u>Current and Planned Occupations</u>	<u>Present Jobs Per Occupation</u>	<u>Estimated Number of Full Time Equivalent Jobs After Completion of the Project:⁴</u>			<u>Estimate of Number of Residents of the LMA² that would fill such jobs by the third year</u>
		<u>1 year</u>	<u>2 years</u>	<u>3 years</u>	
<u>Management</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>
<u>Professional</u>	<u>6</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>6</u>
<u>Administrative</u>	<u>8</u>	<u>9</u>	<u>9</u>	<u>9</u>	<u>6</u>
<u>Production</u>					
<u>Supervisor</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>3</u>
<u>Laborer</u>	<u>36 FTE</u>	<u>39 FTE</u>	<u>42 FTE</u>	<u>45 FTE</u>	<u>35</u>
<u>Independent Contractor</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>8</u>
<u>Other (describe)</u>					

⁴ NOTE: Convert part-time jobs into FTE's for evaluation and reporting purposes by dividing the number of part-time jobs by two (2).

² The "LMA" means the Local Market Area, which is defined by the Agency as Nassau and Suffolk Counties. The Labor Market Area is the same as the Long Island Economic Development Region, as established pursuant to Section 230 of the New York State Economic Development Law.

Please indicate the number of temporary construction jobs anticipated to be created in connection with the acquisition, construction and/or renovation of the Project: 200

Please indicate the estimated hiring dates for the new jobs shown above and any special recruitment or training that will be required:

Are the Applicant's employees currently covered by a collective bargaining agreement?

YES

NO

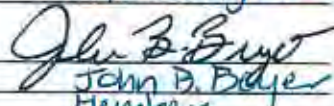
IF YES, Union Name and Local: _____

Please note that the Agency may utilize the foregoing employment projections, among other things, to determine the financial assistance that will be offered by the Agency to the Applicant. The Applicant acknowledges that the transaction/bond documents may include a covenant by the Applicant to retain the above number of jobs, types of occupations and amount of payroll with respect to the proposed project.

Attached hereto as Schedule H is a true, correct and complete copy of the Applicant's most recent Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return (Form NYS-45-MN). Upon request of the Agency, the Applicant shall provide such other or additional information or documentation as the Agency may require with respect to the Applicant's current employment levels in the State of New York.

The UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.

Name of Applicant: MOM REALTY LLC

Signature: 

Name: John B. Beyer

Title: Member

Date: 12/18/16

ANTI-RAIDING QUESTIONNAIRE

(To be completed by Applicant if Applicant checked "YES" in Part I, Question O of the Application for Financial Assistance)

A. Will the completion of the Project result in the removal of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the Project, or a relocation of any employee of the Applicant or of a proposed user, occupant or tenant of the Project, from an area in New York State (but outside of Nassau County) to an area within Nassau County?

YES _____ NO * _____

If the answer to Question A is YES, please provide the following information:

Address of the to-be-removed plant or facility or the plants or facilities from which employees are relocated: _____

Names of all current users, occupants or tenants of the to-be-removed plant or facility: _____

B. Will the completion of the Project result in the abandonment of one or more plants or facilities of the Applicant, or of a proposed user, occupant or tenant of the Project, located in an area of the State of New York other than in Nassau County?

YES _____ NO * _____

If the answer to Question B is YES, please provide the following information:

Addresses of the to-be-abandoned plants or facilities: _____

Names of all current occupants of the to-be-abandoned plants or facilities: _____

C. Has the Applicant contacted the local industrial development agency at which its current plants or facilities in New York State are located with respect to the Applicant's intention to move or abandon such plants or facilities?

YES _____

NO _____

If the answer to Question C is YES, please provide details in a separate attachment.

IF THE ANSWER TO EITHER QUESTION A OR B IS "YES", ANSWER QUESTIONS D AND E.

D. Is the Project reasonably necessary to preserve the competitive position of the Applicant, or of a proposed user, occupant or tenant of the Project, in its industry?

YES _____

NO _____

E. Is the Project reasonably necessary to discourage the Applicant, or a proposed user, occupant or tenant of the Project, from removing such plant or facility to a location outside of the State of New York?

YES _____

NO _____

IF THE ANSWER TO EITHER QUESTION D OR E IS "YES", PLEASE PROVIDE DETAILS IN A SEPARATE ATTACHMENT.

Accordingly, the Applicant certifies that the provisions of Section 862(1) of the General Municipal Law will not be violated if financial assistance is provided by the Agency for the proposed Project.

NOTE: If the proposed Project involves the removal or abandonment of a plant or facility of the Applicant, or a proposed user, occupant or tenant of the Project, within the State of New York, notification will be made by the Agency to the chief executive officer(s) of the municipality or municipalities in which such plant or facility was located.

THE UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.

Name of Applicant:

MOM Realty LLC

Signature:

John B. Delye

Name:

John B. Delye

Title:

Member

Date:

12/8/16

RETAIL QUESTIONNAIRE

(To be completed by Applicant if Applicant checked either "YES" in Part II, Question Q of the Application for Financial Assistance)

- A. Will any portion of the Project (including that portion of the cost to be financed from equity or sources other than Agency financing) consist of facilities or property that are or will be primarily used in making retail sales to customers who personally visit the Project?

YES X NO

For purposes of Question A, the term "retail sales" means (i) sales by a registered vendor under Article 28 of 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.

- B. If the answer to Question A is YES, what percentage of the cost of the Project (including that portion of the cost to be financed from equity or sources other than Agency financing) 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?

1-2 %

- C. If the answer to Question A is YES, and the amount entered for Question B is greater than 33.33%, indicate whether any of the following apply to the Project:

1. Is the Project likely to attract a significant number of visitors from outside the economic development region (i.e., Nassau and Suffolk Counties) in which the Project is or will be located?

YES NO

2. Is the predominant purpose of the Project to make available goods or services which would not, but for the Project, be reasonably 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 NO

3. Will the Project be located in one of the following: (a) an area designated as an empire zone pursuant to Article 18-B of the General Municipal Law; or (b) 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 (i) a poverty rate of at least 20% for the year in which the data relates, or at least 20% of the households receiving public assistance, and (ii) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates?

YES NO

If the answer to any of the subdivisions 1 through 3 of Question C is YES, attach details.

- D. If the answer to any of the subdivisions 2 through 3 of Question C 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? If YES, attach details.

YES _____

NO _____

- E. State percentage of the Applicant's annual gross revenues comprised of each of the following:

Retail Sales: _____%

Services: _____%

- F. State percentage of Project premises utilized for same:

Retail Sales: _____%

Services: _____%

The UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.

Name of Applicant:

MM Realty LLC

Signature:

John B. Beyer

Name:

John B. Beyer

Title:

Member

Date:

12/1/16

APPLICANT'S FINANCIAL ATTACHMENTS

MOM Realty LLC
50 Carnation Avenue
Floral Park, NY 11001

Financial Statement

For the period January 1, 2016 through September 30, 2016

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•Financial Statement	
•Statement of Assets, Liabilities and Net Worth	2
•Statement of Revenue and Expenses	3



November 22, 2016

Independent Accountant's Compilation Report

Stockholders,
MOM Realty LLC
50 Carnation Avenue
Floral Park, NY 11001

We have compiled the accompanying Statement of Assets, Liabilities and Net Worth of MOM Realty LLC as of September 30, 2016, and the related statement of revenue and expenses for the period January 1, 2016 through September 30, 2016. We have not audited or reviewed the accompanying financial statement and, accordingly, do not express an opinion or provide any assurance about whether the financial statement is in accordance with the income tax basis of accounting.

Management is responsible for the preparation and fair presentation of the financial statement in accordance with the income tax basis of accounting and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statement.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures ordinarily included in the financial statement prepared on the income tax basis of accounting. If the omitted disclosures were included in the financial statement, they might influence the user's conclusions about the Company's Assets, Liabilities, Net Worth, Revenue and Expenses. Accordingly, the financial statement is not designated for those who are not informed about such matters.

A handwritten signature in cursive script, appearing to read 'Alvin Silverman'.

Alvin Silverman
Certified Public Accountant
INTERACTIVE BUSINESS SERVICES

MOM Realty LLC
Statement of Assets, Liabilities and Net Worth
as of September 30, 2016

ASSETS

CURRENT ASSETS

Checking/Savings

TD BANK #8690
TD Bank MMLKT #3871
TD Bank 44816- Broadway s/s
First National - 45788
First National - #2247 - SAV
Asset Preservation - 1031 Exchange

Total Checking/Savings

TOTAL CURRENT ASSETS

FIXED ASSETS

Closing Fees - Caration
Closing Fees - Hampton
Building Improvements

Total Fixed Assets

OTHER ASSETS

Cash on Hand
Dividends - John Beyer
Dividends - 254-03
Distribution - MOM 1960
Telephone Deposit
Electric Deposit
Other Deposits
Escrow
First National Bank - Escrow
Loans - 254-03
Loans - Men Sell/Storage
Loans- AAA

Total Other Assets

TOTAL ASSETS

LIABILITIES & NET WORTH

CURRENT LIABILITIES

Other Liabilities

Security Deposits Payable
Deferred Gain - 1031 Exchange
Fed/FICA Payable
State/ NYC Payable

Total Other Current Liabilities

Long Term Liabilities

Loan - loan office #1
Loan- 254-03
Loan - TD Bank LOC #8690
Loan - Ally GMC (1002 79)
Loan- Men S/S
Pelly Cash - Storage Tower
Loan- MOM Management
Loan - Mom 1960 (Storage tower)
Loan - MOM GC

Total Long Term Liabilities

TOTAL CURRENT LIABILITIES

TOTAL LIABILITIES

NET WORTH

Capital Account

TOTAL NET WORTH

TOTAL LIABILITIES & NET WORTH

See independent accountant's compilation report

MOM Realty LLC
Statement of Revenue and Expenses
For the Period January 1, 2016 to September 30, 2016

Gross sales
Interest Income

Gross Profit

Operating Expenses

Taxes Paid
Interest Expense
Repairs & Maintenance
All Salaries & Wages
Auto & Truck
Depreciation Expense
Operating & Office Expenses
Contract Services
Utilities
Insurance
Advertising/Marketing
Professional Fees
Bank Charges
Dues & Subscriptions
Milcage
Telephone
Credit Card Charges
Comissions
Pension

Expenses

Net Profit

See independent accountant's compilation report

ENVIRONMENTAL ASSESSMENT FORM

Full Environmental Assessment Form
Part 1 - Project and Setting

Instructions for Completing Part 1

Part 1 is to be completed by the applicant or project sponsor. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification.

Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Sponsor Information.

Name of Action or Project: 150 CROSSWAYS PARK DRIVE WEST, WOODBURY NY 11797 SECTION: 15 BLOCK: 198 LOT: 19		
Project Location (describe, and attach a general location map): LOCATED ON THE CORNER OF CROSSWAYS PARK DRIVE WEST AND MEDIA CROSSWAYS		
Brief Description of Proposed Action (include purpose or need): PROPOSED 89,700 SQUARE FOOT, THREE-STORY WITH CELLAR ADDITION TO THE WEST SIDE OF AN EXISTING 49,040 SQUARE-FOOT, TWO STORY BUILDING.		
Name of Applicant/Sponsor: JOHN BEYER - PRESIDENT - MEN ON THE MOVE		Telephone: 516-773-6883
		E-Mail: johnbeyer@menonthemove.com
Address: 50 CARNATION AVENUE		
City/PO: FLORAL PARK	State: NY	Zip Code: 11001
Project Contact (if not same as sponsor; give name and title/role): MR. MARC PILOTTA, P.E. - PRIME ENGINEERING, PC		Telephone: 516-250-3535
		E-Mail: marc@primeengpc.com
Address: 664 BLUE POINT ROAD, UNIT B		
City/PO: HOLTSMILLE	State: NY	Zip Code: 11742
Property Owner (if not same as sponsor):		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:

B. Government Approvals

B. Government Approvals, Funding, or Sponsorship. ("Funding" includes grants, loans, tax relief, and any other forms of financial assistance.)		
Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)
a. City Council, Town Board, or Village Board of Trustees <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b. City, Town or Village Planning Board or Commission <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PLANNING ADVISORY BOARD (SITE PLAN APPROVAL)	
c. City Council, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
d. Other local agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
e. County agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NCDPW (SEWER)	
f. Regional agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
g. State agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MYSDD1 (ADJACENT TO MYS RTE 135)	
h. Federal agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
i. Coastal Resources:		
i. Is the project site within a Coastal Area, on the waterfront area of a Designated Inland Waterway?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
iii. Is the project site within a Coastal Erosion Hazard Area?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. Planning and Zoning

C.1. Planning and zoning actions.	
Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> + If Yes, complete sections C, F and G. + If No, proceed to question C.2 and complete all remaining sections and questions in Part 1 	
C.2. Adopted land use plans.	
a. Do any municipally-adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located? NASSAU COUNTY 2010 MASTER PLAN	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, identify the plan(s):	

c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, identify the plan(s):	

C.3. Zoning

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. Yes No
 If Yes, what is the zoning classification(s) including any applicable overlay district?
LI - LIGHT INDUSTRIAL - THE TOWN OF OYSTER BAY

b. Is the use permitted or allowed by a special or conditional use permit? THE USE IS PERMITTED Yes No

c. Is a zoning change requested as part of the proposed action? Yes No
 If Yes,
 i. What is the proposed new zoning for the site? _____

C.4. Existing community services.

a. In what school district is the project site located? WOODBURY 13

b. What police or other public protection forces serve the project site?
NASSAU COUNTY POLICE

c. Which fire protection and emergency medical services serve the project site?
SYOSSET FIRE

d. What parks serve the project site?
SYOSSET DISTRICT 69, SYOSSET-WOODBURY COMMUNITY PARK, TOWN OF OYSTER BAY GOLF COURSE

D. Project Details**D.1. Proposed and Potential Development**

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? COMMERCIAL - SELF - STORAGE FACILITY

b. a. Total acreage of the site of the proposed action? 4.6 acres
 b. Total acreage to be physically disturbed? 6.75 acres
 c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 4.6 acres

c. Is the proposed action an expansion of an existing project or use? Yes No
 i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % 182 Units: ACRES

d. Is the proposed action a subdivision, or does it include a subdivision? Yes No
 If Yes,
 i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types) _____

ii. Is a cluster/conservation layout proposed? Yes No

iii. Number of lots proposed? _____

iv. Minimum and maximum proposed lot sizes? Minimum _____ Maximum _____

e. Will proposed action be constructed in multiple phases? Yes No

i. If No, anticipated period of construction: 8 months

ii. If Yes:

- Total number of phases anticipated _____
- Anticipated commencement date of phase i (including demolition) _____ month, _____ year
- Anticipated completion date of final phase _____ month _____ year
- Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: _____

f. Does the project include new residential uses? Yes No
 If Yes, show numbers of units proposed:

	One Family	Two Family	Three Family	Multiple Family (four or more)
Initial Phase	_____	_____	_____	_____
At completion of all phases	_____	_____	_____	_____

g. Does the proposed action include new non-residential construction (including expansions)? Yes No
 If Yes,

i. Total number of structures: _____

ii. Dimensions (in feet) of largest proposed structure: _____ height; _____ width; and _____ length

iii. Approximate extent of building space to be heated or cooled: _____ 138,840 square feet

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage? Yes No
 If Yes,

i. Purpose of the impoundment: _____

ii. If a water impoundment, the principal source of the water: Ground water Surface water streams Other specify: _____

iii. If other than water, identify the type of impounded/contained liquids and their source: _____

iv. Approximate size of the proposed impoundment. Volume: _____ million gallons; surface area: _____ acres

v. Dimensions of the proposed dam or impounding structure: _____ height; _____ length

vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): _____

D.2. Project Operations

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? Yes No
 (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite)
 If Yes:

i. What is the purpose of the excavation or dredging? _____

ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?
 • Volume (specify tons or cubic yards): _____
 • Over what duration of time? _____

iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them: _____

iv. Will there be onsite dewatering or processing of excavated materials? Yes No
 If yes, describe: _____

v. What is the total area to be dredged or excavated? _____ acres

vi. What is the maximum area to be worked at any one time? _____ acres

vii. What would be the maximum depth of excavation or dredging? _____ feet

viii. Will the excavation require blasting? Yes No

ix. Summarize site reclamation goals and plan: _____

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area? Yes No
 If Yes:

i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): _____

ii. Describe how the proposed action would affect that waterbody or wetland, e.g., excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

iii. Will proposed action cause or result in disturbance to bottom sediments? Yes No

If Yes, describe:

iv. Will proposed action cause or result in the destruction or removal of aquatic vegetation? Yes No

If Yes:

• acres of aquatic vegetation proposed to be removed: _____

• expected acreage of aquatic vegetation remaining after project completion: _____

• purpose of proposed removal (e.g., beach clearing, invasive species control, boat access): _____

• proposed method of plant removal: _____

• if chemical/herbicide treatment will be used, specify product(s): _____

v. Describe any proposed reclamation/mitigation following disturbance: _____

c. Will the proposed action use, or create a new demand for water? Yes No

If Yes:

i. Total anticipated water usage/demand per day: _____ gallons/day

ii. Will the proposed action obtain water from an existing public water supply? Yes No

If Yes:

• Name of district or service area: _____

• Does the existing public water supply have capacity to serve the proposal? Yes No

• Is the project site in the existing district? Yes No

• Is expansion of the district needed? Yes No

• Do existing lines serve the project site? Yes No

iii. Will line extension within an existing district be necessary to supply the project? Yes No

If Yes:

• Describe extensions or capacity expansions proposed to serve this project: _____

• Source(s) of supply for the district: _____

iv. Is a new water supply district or service area proposed to be formed to serve the project site? Yes No

If Yes:

• Applicant/sponsor for new district: _____

• Date application submitted or anticipated: _____

• Proposed source(s) of supply for new district: _____

v. If a public water supply will not be used, describe plans to provide water supply for the project: _____

vi. If water supply will be from wells (public or private), maximum pumping capacity: _____ gallons/minute.

d. Will the proposed action generate liquid wastes? Yes No

If Yes:

i. Total anticipated liquid waste generation per day: _____ 500 gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial, if combination, describe all components and approximate volumes or proportions of each): _____

SANITARY WASTEWATER

iii. Will the proposed action use any existing public wastewater treatment facilities? Yes No

If Yes:

• Name of wastewater treatment plant to be used: CEDAR CREEK WATER POLLUTION CONTROL PLANT

• Name of district: NASSAU COUNTY SEWAGE DISPOSAL DISTRICT #3

• Does the existing wastewater treatment plant have capacity to serve the project? Yes No

• Is the project site in the existing district? Yes No

• Is expansion of the district needed? Yes No

<ul style="list-style-type: none"> • Do existing sewer lines serve the project site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No • Will line extension within an existing district be necessary to serve the project? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p>If Yes:</p> <ul style="list-style-type: none"> • Describe extensions or capacity expansions proposed to serve this project: _____
<p>iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <ul style="list-style-type: none"> • Applicant/sponsor for new district: _____ • Date application submitted or anticipated: _____ • What is the receiving water for the wastewater discharge? _____
<p>v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge, or describe subsurface disposal plans):</p> <p>_____</p> <p>_____</p>
<p>vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____</p> <p>_____</p> <p>_____</p>
<p>e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point source (i.e. sheet flow) during construction or post construction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. How much impervious surface will the project create in relation to total size of project parcel?</p> <p>_____ Square feet or _____ acres (impervious surface)</p> <p>_____ Square feet or _____ acres (parcel size)</p> <p>ii. Describe types of new point sources: _____</p> <p>_____</p> <p>iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)?</p> <p>_____</p> <p>_____</p> <ul style="list-style-type: none"> • If to surface waters, identify receiving water bodies or wetlands: _____ _____ _____ • Will stormwater runoff flow to adjacent properties? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>iv. Does proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, identify:</p> <p>i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)</p> <p>_____</p> <p>ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers)</p> <p>_____</p> <p>iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation)</p> <p>_____</p>
<p>g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ii. In addition to emissions as calculated in the application, the project will generate:</p> <ul style="list-style-type: none"> • _____ Tons/year (short tons) of Carbon Dioxide (CO₂) • _____ Tons/year (short tons) of Nitrous Oxide (N₂O) • _____ Tons/year (short tons) of Perfluorocarbons (PFCs) • _____ Tons/year (short tons) of Sulfur Hexafluoride (SF₆) • _____ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs) • _____ Tons/year (short tons) of Hazardous Air Pollutants (HAPs)

<p>h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Estimate methane generation in tons/year (metric): _____</p> <p>ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): _____</p>		
<p>i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): _____</p>		
<p>j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. When is the peak traffic expected (Check all that apply): <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Randomly between hours of _____ to _____.</p> <p>ii. For commercial activities only, projected number of semi-trailer truck trips/day: _____</p> <p>iii. Parking spaces: Existing _____ Proposed _____ Net increase/decrease _____</p> <p>iv. Does the proposed action include any shared use parking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: _____</p>		
<p>vi. Are public/private transportation service(s) or facilities available within 1/2 mile of the proposed site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Estimate annual electricity demand during operation of the proposed action: _____</p> <p>ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): _____</p>		
<p>iii. Will the proposed action require a new, or an upgrade to, an existing substation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>l. Hours of operation. Answer all items which apply.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 7 AM - 5 PM • Saturday: _____ • Sunday: _____ • Holidays: _____ </td> <td style="width: 50%; vertical-align: top;"> <p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 6 AM - 10 PM • Saturday: _____ • Sunday: _____ • Holidays: _____ </td> </tr> </table>	<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 7 AM - 5 PM • Saturday: _____ • Sunday: _____ • Holidays: _____ 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 6 AM - 10 PM • Saturday: _____ • Sunday: _____ • Holidays: _____
<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 7 AM - 5 PM • Saturday: _____ • Sunday: _____ • Holidays: _____ 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 6 AM - 10 PM • Saturday: _____ • Sunday: _____ • Holidays: _____ 	

m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? Yes No

If yes:

i. Provide details including sources, time of day and duration:
TYPICAL CONSTRUCTION ACTIVITIES FOR NEW BUILDING CONSTRUCTION

ii. Will proposed action remove existing natural barriers that could act as a noise barrier or screen? Yes No
 Describe: _____

n. Will the proposed action have outdoor lighting? Yes No

If yes:

i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:
EXISTING SITE LIGHTING, ORIGINALLY APPROVED BY THE TOWN OF OYSTER BAY, WILL BE MAINTAINED IN USE FOR THE BUILDING EXPANSION

ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? Yes No
 Describe: _____

o. Does the proposed action have the potential to produce odors for more than one hour per day? Yes No
 If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: _____

p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products 185 gallons in above ground storage or any amount in underground storage? Yes No

If Yes:

i. Product(s) to be stored _____

ii. Volume(s) _____ per unit time _____ (e.g., month, year)

iii. Generally describe proposed storage facilities: _____

q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation? Yes No

If Yes:

i. Describe proposed treatment(s): _____

ii. Will the proposed action use Integrated Pest Management Practices? Yes No

r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)? Yes No

If Yes:

i. Describe any solid waste(s) to be generated during construction or operation of the facility:

- Construction: _____ 1450 tons per _____ DURATION (unit of time)
- Operation: _____ 2.5 tons per _____ YEAR (unit of time)

ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:

- Construction: CONCRETE AND ASPHALT TO BE REMOVED WILL BE RECYCLED
- Operation: CARDBOARD WILL BE RECYCLED

iii. Proposed disposal methods/facilities for solid waste generated on-site:

- Construction: CONCRETE AND ASPHALT BEING REMOVED SHOULD BE RECYCLED AT AN APPROVED YARD IN ACCORDANCE WITH NYSDEC STANDARDS
- Operation: PRIVATE CARTING COMPANY

s. Does the proposed action include construction or modification of a solid waste management facility? Yes No
 If Yes:
 i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): _____
 ii. Anticipated rate of disposal/processing:
 • _____ Tons/month, if transfer or other non-combustion/thermal treatment, or
 • _____ Tons/hour, if combustion or thermal treatment
 iii. If landfill, anticipated site life: _____ years

t. Will proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste? Yes No
 If Yes:
 i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: _____

 ii. Generally describe processes or activities involving hazardous wastes or constituents: _____

 iii. Specify amount to be handled or generated _____ tons/month
 iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: _____

 v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? Yes No
 If Yes: provide name and location of facility: _____

 If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility:

E. Site and Setting of Proposed Action

E.1. Land uses on and surrounding the project site

a. Existing land uses.
 i. Check all uses that occur on, adjoining and near the project site.
 Urban Industrial Commercial Residential (suburban) Rural (non-farm)
 Forest Agriculture Aquatic Other (specify): _____
 ii. If mix of uses, generally describe:

b. Land uses and covertypes on the project site.

Land use or Covertype	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	3.5	3.5	0
• Forested			
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)			
• Agricultural (includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)			
• Wetlands (freshwater or tidal)			
• Non-vegetated (bare rock, earth or fill)			
• Other Describe: <u>LANDSCAPED</u>	1.1	1.1	0

c. Is the project site presently used by members of the community for public recreation? Yes No
 i. If Yes, explain: _____

d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site? Yes No
 If Yes:
 i. Identify Facilities:
NEW APOSTOLIC CHURCH; BRIGHT HORIZONS AT WOODBURY; NORTH SHORE III HEALTH; HARRY B. THOMPSON MIDDLE SCHOOL

e. Does the project site contain an existing dam? Yes No
 If Yes:
 i. Dimensions of the dam and impoundment:
 • Dam height: _____ feet
 • Dam length: _____ feet
 • Surface area: _____ acres
 • Volume impounded: _____ gallons OR acre-feet
 ii. Dam's existing hazard classification: _____
 iii. Provide date and summarize results of last inspection: _____

f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility? Yes No
 If Yes:
 i. Has the facility been formally closed? Yes No
 • If yes, cite sources/documentation: _____
 ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: _____
 iii. Describe any development constraints due to the prior solid waste activities: _____

g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste? Yes No
 If Yes:
 i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: _____

h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site? Yes No
 If Yes:
 i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply: Yes No
 Yes - Spills Incidents database Provide DEC ID number(s): _____
 Yes - Environmental Site Remediation database Provide DEC ID number(s): _____
 Neither database
 ii. If site has been subject of RCRA corrective activities, describe control measures: _____
 iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? Yes No
 If yes, provide DEC ID number(s): _____
 iv. If yes to (i), (ii) or (iii) above, describe current status of site(s): _____

a. Is the project site subject to an institutional control limiting property uses? Yes No

- If yes, DEC site ID number: _____
- Describe the type of institutional control (e.g., deed restriction or easement): _____
- Describe any use limitations: _____
- Describe any engineering controls: _____
- Will the project affect the institutional or engineering controls in place? Yes No
- Explain: _____

F.2. Natural Resources On or Near Project Site

a. What is the average depth to bedrock on the project site? _____ 900 feet

b. Are there bedrock outcroppings on the project site? Yes No
 If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %

c. Predominant soil type(s) present on project site:

URBAN LAND - HEMPSTEAD	90 %
MONTAUK - ENFIELD	5 %
RIVERHEAD - ENFIELD URBAN LAND	5 %

d. What is the average depth to the water table on the project site? Average: _____ feet

e. Drainage status of project site soils: Well Drained: _____ 100 % of site
 Moderately Well Drained: _____ % of site
 Poorly Drained: _____ % of site

f. Approximate proportion of proposed action site with slopes: 0-10%: _____ 100 % of site
 10-15%: _____ % of site
 15% or greater: _____ % of site

g. Are there any unique geologic features on the project site? Yes No
 If Yes, describe: _____

h. Surface water features:

i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)? Yes No

ii. Do any wetlands or other waterbodies adjoin the project site? Yes No

If Yes to either i or ii, continue. If No, skip to E.2.i.

iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency? Yes No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

• Streams:	Name _____	Classification _____
• Lakes or Ponds:	Name _____	Classification _____
• Wetlands:	Name _____	Approximate Size _____
• Wetland No. (if regulated by DEC)	_____	

v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies? Yes No
 If yes, name of impaired water body/bodies and basis for listing as impaired: _____

i. Is the project site in a designated Floodway? Yes No

ii. Is the project site in the 100 year Floodplain? Yes No

iii. Is the project site in the 500 year Floodplain? Yes No

j. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? Yes No
 If Yes:
 i. Name of aquifer: NASSAU-SUFFOLK SOLE SOURCE AQUIFER

m. Identify the predominant wildlife species that occupy or use the project site: N/A _____ _____ _____	
n. Does the project site contain a designated significant natural community? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: i. Describe the habitat/community (composition, function, and basis for designation): _____ _____ ii. Source(s) of description or evaluation: _____ iii. Extent of community/habitat: • Currently: _____ acres • Following completion of project as proposed: _____ acres • Gain or loss (indicate + or -): _____ acres	
o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, give a brief description of how the proposed action may affect that use: _____ _____	
E.3. Designated Public Resources On or Near Project Site	
a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide county plus district name/number: _____	
b. Are agricultural lands consisting of highly productive soils present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No i. If Yes: acreage(s) on project site? _____ ii. Source(s) of soil rating(s): _____	
c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: i. Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature ii. Provide brief description of landmark, including values behind designation and approximate size/extent: _____ _____	
d. Is the project site located in or does it adjoin a state listed Critical Environmental Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: i. CEA name: _____ ii. Basis for designation: _____ iii. Designating agency and date: _____	

e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on, or has been nominated by the NYS Board of Historic Preservation for inclusion on, the State or National Register of Historic Places? Yes No

If Yes:

i. Nature of historic/archaeological resource: Archaeological Site Historic Building or District

ii. Name: New York State Heritage Area

iii. Brief description of attributes on which listing is based: _____

f. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory? Yes No

g. Have additional archaeological or historic site(s) or resources been identified on the project site? Yes No

If Yes:

i. Describe possible resource(s): _____

ii. Basis for identification: _____

h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource? Yes No

If Yes:

i. Identify resource: _____

ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____

iii. Distance between project and resource: _____ miles.

i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666? Yes No

If Yes:

i. Identify the name of the river and its designation: _____

ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666? Yes No

F. Additional Information

Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

G. Verification

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name WEN ON THE MOVE Date _____

Signature John B. Breyer Title president

PRINT FORM

FORM NYS-45-MN

Attach most recent quarterly filing of Form NYS-45-MN, as well as the most recent fourth quarter filing. Please remove the employee social security numbers and note which employees are part-time.

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return**

NYS-45

Reference these numbers in all correspondence:

UI Employer registration number

Withholding identification number

Employer legal name:
MOM REALTY LLC

Number of employees
Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

Mark an X in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.

1	2	3	4	Y Y
Jan 1 - Mar 31	Apr 1 - Jun 30	July 1 - Sep 30	Oct 1 - Dec 31	Year 16
		<input checked="" type="checkbox"/>		

Are dependent health insurance benefits available to any employee? Yes No

If seasonal employer, mark an X in the box.....

a. First month	b. Second month	c. Third month
2	2	2

Part A - Unemployment insurance (UI) information

Part B - Withholding tax (WT) information

1. Total remuneration paid this quarter..... **33776.00**

2. Remuneration paid this quarter in excess of the UI wage base since January 1 (see instr.) ... **33776.00**

3. Wages subject to contribution (subtract line 2 from line 1) ... **.00**

4. UI contributions due
Enter your UI rate **1.6250**

5. Re-employment service fund (multiply line 3 x .00075).....

6. UI previously underpaid with interest.....

7. Total of lines 4, 5, and 6

8. Enter UI previously overpaid..

9. Total UI amounts due (if line 7 is greater than line 8, enter difference).....

10. Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below) *

11. Apply to outstanding liabilities and/or refund

12. New York State tax withheld..... **1713.39**

13. New York City tax withheld.....

14. Yonkers tax withheld.....

15. Total tax withheld (add lines 12, 13, and 14)..... **1713.39**

16. WT credit from previous quarter's return (see instr.).....

17. Form NYS-1 payments made for quarter..... **1713.39**

18. Total Payments (add lines 16 and 17)..... **1713.39**

19. Total WT amount due (if line 15 is greater than line 18, enter difference).....

20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b) *.....

20a. Apply to outstanding liabilities and/or refund.....

20b. Credit to next quarter withholding tax.....

21. Total payment due (add lines 9 and 19; make one remittance payable to NYS Employment Contributions and Taxes).....

* An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other. Complete Parts D and E on back of form, if required.

Part C - Employee wage and withholding information

Quarterly employee/payee wage reporting information (If more than five employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT. Do not use negative numbers; see instructions.)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instructions)	e Total NYS, NYC, and Yonkers tax withheld

Totals (column e must equal remuneration on line 1; see instructions for exceptions)

**REFERENCE COPY ONLY.
DO NOT FILE.**

Information must be filed electronically via the New York website at

<http://www.tax.ny.gov/online/bus.htm>

NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment

Withholding identification number:

Employer legal name:

MOM REALTY LLC

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1 - Mar 31 1 Apr 1 - Jun 30 2 Jul 1 - Sep 30 3 Oct 1 - Dec 31 4 Tax year 16 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information <i>(Do not enter negative numbers in columns c, d, and e; see instructions)</i>			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld

23098.96

10677.44

Page No. 1 of 1 Total this page only
If first page, enter grand totals of all pages.....

33776.40

33776.40

**REFERENCE COPY ONLY. 00094 3152 NY F
DO NOT FILE.**

Information must be filed electronically via the New York website at

<http://www.tax.ny.gov/online/bus.htm>

OTHER ATTACHMENTS

Exhibit A

Upon acceptance of the Application of the Application by the Agency and completion of the Cost/Benefit Analysis, the Agency will attach the proposed PILOT Schedule hereto, together with an estimate of the net tax benefit/cost of the proposed PILOT Schedule.

PART I. APPLICANT

A. APPLICANT FOR FINANCIAL ASSISTANCE:

Name: Men on the Move Self Storage Center Inc.

Address: 50 Carnation Avenue Floral Park NY 11001

Fax: _____

NY State Dept. of

Labor Reg #: _____ Federal Employer ID #: _____

NAICS Code #: 484210

Website: <http://www.menonthemove.com/>

Name of CEO or
Authorized Representative Certifying Application: John Beyer

Title of Officer: President

Phone Number: (718) 343-3424 E-Mail: johnbeyer@menonthemove.com

B. BUSINESS TYPE (Check applicable status. Complete blanks as necessary):

Sole Proprietorship ___ General Partnership ___ Limited Partnership ___

Limited Liability Company ___ Privately Held Corporation X

Publicly Held Corporation ___ Exchange listed on _____

Not-for-Profit Corporation ___

Income taxed as: Subchapter S X Subchapter C ___
501(c)(3) Corporation ___ Partnership ___

State and Year of Incorporation/Organization: New York/ 1998

Qualified to do Business in New York: Yes X No ___ N/A ___

C. APPLICANT COUNSEL:

Firm name: Sahn Ward Coschignano PLLC

Address: 333 Earle Ovington Boulevard, Suite 601, Uniondale, New York 11553

Primary _____
Contact: John C. Farrell
Phone: 516-228-1300
Fax: 516-393-1001
E-Mail: jfarrell@swz-law.com

- D. Principal stockholders, members or partners, if any (i.e., owners of 10% or more of equity/voting rights in Applicant):

Name	Percentage owned
John Beyer _____	_____ %
_____	_____ %
_____	_____ %

- E. If any of the persons described in the response to the preceding Question, or a group of said persons, owns more than a 50% interest in the Applicant, list all other entities which are related to the Applicant by virtue of such persons having more than a 50% interest in such entities:

F. Is the Applicant related to any other entity by reason of more than 50% common ownership? If YES, indicate name of related entity and relationship:

YES X NO

254-03 Men on the Move Inc. and MOM Realty LLC. John Beyer is the President of

254-03 Men on the Move Inc and is the Managing Member of the Applicant and MOM Realty LLC.

G. List parent corporation, sister corporations and subsidiaries, if any:

N/A

H. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) been involved in, applied for or benefited by any prior industrial development financing in the municipality in which this Project is located, whether by the Agency or another issuer, or in a contiguous municipality? ("Municipality" herein means city, town or village, or, if the Project is not in an incorporated city or village, Nassau County.) If YES, describe:

YES X NO

Men on the Move - Glen Cove Storage LLC, City of Glen Cove Industrial Development Agency

Men on the Move - Garden City Storage LLC, Nassau County Industrial Development Agency

I. Is the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities involved in any litigation or aware of any threatened litigation that would have a material adverse effect on the Applicant's financial condition or the financial condition of said principal(s)? If YES, attach details at Schedule I.

YES NO X

J. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, ever been involved, as debtor, in bankruptcy, creditors rights or receivership proceedings or sought protection from creditors? If YES, attach details at Schedule I.

YES NO X

Are any of the foregoing principals employed by any federal, state or local municipality or any agency, authority, department, board, or commission thereof or any other governmental or quasi-governmental organization?

YES

NO

O. Operation at existing location(s) (Complete separate Section O for each existing location):

MOM Realty currently operates at 50 Carnation Avenue Floral Park New York. 254-03 Men on the Move Inc. operates the moving company and Men on the Move Storage Center Inc. operates the Storage Facility

1. (a) Location: _____

(b) Number of Employees: Full-Time: _____ Part-Time: _____

(c) Annual Payroll, excluding benefits: _____

(d) Type of operation (e.g. manufacturing, wholesale, distribution, retail, etc.) and products or services: Moving Company Warehousing and Storage

(e) Size of existing facility real property (i.e., acreage of land): 1.75 Acres

(f) Buildings (number and square footage of each): 2 (80,000; 15,000 sq ft)

(g) Applicant's interest in the facility

FEF TITLE: _____ LEASE: _____ OTHER (describe below):

Applicant has sold the property, but is continuing operations at this location until it can relocate. (Fill in the basis for this application.)

2. Will the completion of the proposed Project result in the removal of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the Project, or a relocation of any employee of the Applicant, or any employee of a proposed user, occupant or tenant of the Project, from one area of the State of New York (but outside of Nassau County) to a location in Nassau County or in the abandonment of such a plant or facility located in an area of the State of New York outside of Nassau County? If YES, complete the attached Anti-Raiding Questionnaire (Schedule D).

YES

NO

3. Will the proposed Project result in the removal or abandonment of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the proposed Project, or a relocation of any employee of the Applicant, or any employee of a proposed user, occupant or tenant of the proposed Project, located within Nassau

County? If YES, identify the location of the plant or facility and provide explanation.

YES

NO

Applicant currently operates at 50 Carnation Avenue in Floral Park. It has sold this facility and seeking to relocate its business. The Applicant would prefer to keep its employees in Nassau County, but cannot find a location that is both suitable and cost effective without the agencies assistance.

P. Has the Applicant considered moving to another state or another location within New York State? If YES, explain circumstances.

YES

NO

Based on its current location in Floral Park the Applicant has actively explored several properties in Queens, but would prefer to keep his company and its 701 jobs in Nassau County. This will not be possible without the agencies assistance.

Q. Does any one supplier or customer account for over 50% of Applicant's annual purchases or sales, respectively? If YES, attach name and contact information for supplier and/or customer, as applicable:

YES

NO

R. Does the Applicant (including any related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, have any contractual or other relationship with the Agency or the County of Nassau? If YES, attach details at Schedule I.

YES

NO

S. Nature of Applicant's business (e.g., description of goods to be sold, products manufactured, assembled or processed, services rendered):

Applicant owns a moving and storage company. It provides moving and relocation services for commercial and residential customers in Nassau, Suffolk and the Five Boroughs. In addition it leases space in connection with warehousing and storage of goods for individuals and corporate clients. There is also nominal sale of retail supplies for storage use.

T. ANY RELATED PARTY PROPOSED TO BE A USER OF THE PROJECT:

Name: 254-03 Men on the Move Inc. operates the Moving and Warehousing Company

Relationship to Applicant: Operator pursuant to Lease

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

NYS-45

Reference these numbers in all correspondence:

UI Employer registration number

Withholding identification number

Employer legal name:
MEN ON THE MOVE SELF STORAGE

Number of employees
Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

Mark an X in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.

	1	2	3	4	Y	Y
Jan 1 - Mar 31		Apr 1 - Jun 30	July 1 - Sep 30	Oct 1 - Dec 31	Year	16

Are dependent health insurance benefits available to any employee? Yes No

If seasonal employer, mark an X in the box.....

a. First month	b. Second month	c. Third month
5	5	5

Part A - Unemployment insurance (UI) information

- 1. Total remuneration paid this quarter..... 33438.00
- 2. Remuneration paid this quarter in excess of the UI wage base since January 1 (see instr.) ... 27880.00
- 3. Wages subject to contribution (subtract line 2 from line 1) ... 5558.00
- 4. UI contributions due (Enter your UI rate 1.6250) 90.32
- 5. Re-employment service fund (multiply line 3 x .00075)..... 4.17
- 6. UI previously underpaid with interest.....
- 7. Total of lines 4, 5, and 6 94.49
- 8. Enter UI previously overpaid..
- 9. Total UI amounts due (if line 7 is greater than line 8, enter difference)..... 94.49
- 10. Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below) *
- 11. Apply to outstanding liabilities and/or refund

Part B - Withholding tax (WT) information

- 12. New York State tax withheld..... 1403.02
- 13. New York City tax withheld..... 631.28
- 14. Yonkers tax withheld.....
- 15. Total tax withheld (add lines 12, 13, and 14)..... 2034.30
- 16. WT credit from previous quarter's return (see instr.).....
- 17. Form NYS-1 payments made for quarter..... 1569.72
- 18. Total Payments (add lines 16 and 17)..... 1569.72
- 19. Total WT amount due (if line 15 is greater than line 18, enter difference)..... 464.58
- 20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b) *.....
- 20a. Apply to outstanding liabilities and/or refund.....
- 20b. Credit to next quarter withholding tax.....

21. Total payment due (add lines 9 and 19; make one remittance payable to NYS Employment Contributions and Taxes)..... 559.07

* An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other. Complete Parts D and E on back of form, if required.

Part C - Employee wage and withholding information

Quarterly employee/payee wage reporting information (If more than five employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT. Do not use negative numbers; see instructions.)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instructions)	e Total NYS, NYC, and Yonkers tax withheld

Totals (column c must equal remuneration on line 1; see instructions for exceptions)

**REFERENCE COPY ONLY.
DO NOT FILE.**

Information must be filed electronically via the New York website at

NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment

Withholding identification number:

1

Employer legal name:

MEN ON THE MOVE SELF STORAGE C

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1 - Mar 31 1 Apr 1 - Jun 30 2 Jul 1 - Sep 30 3 Oct 1 - Dec 31 4 Tax year 16 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information <i>(Do not enter negative numbers in columns c, d, and e; see instructions)</i>			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld

Page No. 1 of 1 Total this page only 33438.44
 If first page, enter grand totals of all pages..... 33438.44

**REFERENCE COPY ONLY. 00094 3154 NY F
 DO NOT FILE.**

Information must be filed electronically via the New York website at
<http://www.tax.ny.gov/online/bus.htm>

PART I. APPLICANT

A. APPLICANT FOR FINANCIAL ASSISTANCE:

Name: 254-03 Men on the Move Inc.

Address: 50 Carnation Avenue Floral Park NY 11001

Fax: _____

NY State Dept. of
Labor Reg #:

Federal Employer ID #: _____

NAICS Code #: 484210

Website: <http://www.menonthemove.com/>

Name of CEO or
Authorized Representative Certifying Application: John Beyer

Title of Officer: President

Phone Number: (718) 343-3424 E-Mail: johnbeyer@menonthemove.com

B. BUSINESS TYPE (Check applicable status. Complete blanks as necessary):

Sole Proprietorship General Partnership Limited Partnership

Limited Liability Company Privately Held Corporation

Publicly Held Corporation Exchange listed on _____

Not-for-Profit Corporation

Income taxed as: Subchapter S Subchapter C
501(c)(3) Corporation Partnership

State and Year of Incorporation/Organization: New York/ 1988

Qualified to do Business in New York: Yes No N/A

C. APPLICANT COUNSEL:

Firm name: Sahn Ward Coschignano PLLC

Address: 333 Earle Ovington Boulevard, Suite 601, Uniondale, New York 11553

Primary _____
Contact: John C. Farrell
Phone: 516-228-1300
Fax: 516-393-1001
E-Mail: jfarrell@swc-law.com

D. Principal stockholders, members or partners, if any (i.e., owners of 10% or more of equity/voting rights in Applicant):

Name	Percentage owned
John Beyer _____	__%
_____	____%
_____	____%

E. If any of the persons described in the response to the preceding Question, or a group of said persons, owns more than a 50% interest in the Applicant, list all other entities which are related to the Applicant by virtue of such persons having more than a 50% interest in such entities:

F. Is the Applicant related to any other entity by reason of more than 50% common ownership? If YES, indicate name of related entity and relationship:

YES X NO

Men on the Move Self Storage Center Inc. and MQM Realty LLC. John Beyer is the President of

Men on the Move Self Storage Center Inc. and is the Managing Member of the Applicant and MQM Realty LLC.

G. List parent corporation, sister corporations and subsidiaries, if any:

N/A

H. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) been involved in, applied for or benefited by any prior industrial development financing in the municipality in which this Project is located, whether by the Agency or another issuer, or in a contiguous municipality? ("Municipality" herein means city, town or village, or, if the Project is not in an incorporated city or village, Nassau County.) If YES, describe:

YES X NO

Men on the Move - Glen Cove Storage LLC, City of Glen Cove Industrial Development Agency

Men on the Move - Garden City Storage LLC, Nassau County Industrial Development Agency

I. Is the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities involved in any litigation or aware of any threatened litigation that would have a material adverse effect on the Applicant's financial condition or the financial condition of said principal(s)? If YES, attach details at Schedule I.

YES NO X

J. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, ever been involved, as debtor, in bankruptcy, creditors rights or receivership proceedings or sought protection from creditors? If YES, attach details at Schedule I.

YES NO X

K. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, ever been convicted of any felony or misdemeanor (other than minor traffic offenses), or have any such related persons or principal(s) held positions or ownership interests in any firm or corporation that has been convicted of a felony or misdemeanor (other than minor traffic offenses), or are any of the foregoing the subject of a pending criminal proceeding or investigation? If YES, attach details at Schedule I.

YES NO

L. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, been cited for (or is there a pending proceeding or investigation with respect to) a civil violation of federal, state or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, taxation, or other operating practices? If YES, attach details at Schedule I.

YES NO

M. Is the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, delinquent or have any of the foregoing persons or entities been delinquent on any New York State, federal or local tax obligations within the past five (5) years? If YES, attach details at Schedule I.

YES NO

N. Complete the following information for principals (including, in the case of corporations, officers and members of the board of directors and, in the case of limited liability company, members and managers) of the Applicant:

<u>Name</u>	<u>Title</u>	<u>Other Business Affiliations</u>
John Beyer	President	Men on the Move Storage Center Inc.
		MOM Ready LLC
		Men on the Move (Hudson City) Storage LLC

Do any of the foregoing principals hold elected or appointive positions with New York State, any political division of New York State or any other governmental agency? If YES, attach details at Schedule I.

YES NO

Are any of the foregoing principals employed by any federal, state or local municipality or any agency, authority, department, board, or commission thereof or any other governmental or quasi-governmental organization?

YES

NO

O. Operation at existing location(s) (Complete separate Section O for each existing location):

MOM Realty currently operates at 50 Carnation Avenue Floral Park New York. 254-03 Men on the Move Inc. operates the moving company and Men on the Move Storage Center Inc. operates the Storage Facility

1. (a) Location: _____

(b) Number of Employees: Full-Time: _____ Part-Time: _____

(c) Annual Payroll, excluding benefits: _____

(d) Type of operation (e.g. manufacturing, wholesale, distribution, retail, etc.) and products or services: Moving Company Warehousing and Storage

(e) Size of existing facility real property (i.e., acreage of land): 1.75 Acres

(f) Buildings (number and square footage of each): 2 (80,000; 15,000 sq ft)

(g) Applicant's interest in the facility

FEE TITLE: _____ LEASE: _____ OTHER (describe below): X

Applicant has sold this property, but is continuing operations at this location until it can relocate. That is the basis for this application.

2. Will the completion of the proposed Project result in the removal of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the Project, or a relocation of any employee of the Applicant, or any employee of a proposed user, occupant or tenant of the Project, from one area of the State of New York (but outside of Nassau County) to a location in Nassau County or in the abandonment of such a plant or facility located in an area of the State of New York outside of Nassau County? If YES, complete the attached Anti-Raiding Questionnaire (Schedule D).

YES

NO

3. Will the proposed Project result in the removal or abandonment of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the proposed Project, or a relocation of any employee of the Applicant, or any employee of a proposed user, occupant or tenant of the proposed Project, located within Nassau

County? If YES, identify the location of the plant or facility and provide explanation.

YES

NO

Applicant currently operates at 50 Carleton Avenue in Floral Park. It has sold this facility and seeking to relocate its business. The Applicant would prefer to keep its employees in Nassau County, but cannot find a location that is both suitable and cost effective without the agencies assistance.

P. Has the Applicant considered moving to another state or another location within New York State? If YES, explain circumstances.

YES

NO

Based on its current location in Floral Park the Applicant has actively explored several properties in Queens, but would prefer to keep his company and its 70 jobs in Nassau County. This will not be possible without the agencies assistance.

Q. Does any one supplier or customer account for over 50% of Applicant's annual purchases or sales, respectively? If YES, attach name and contact information for supplier and/or customer, as applicable:

YES

NO

R. Does the Applicant (including any related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, have any contractual or other relationship with the Agency or the County of Nassau? If YES, attach details at Schedule I.

YES

NO

S. Nature of Applicant's business (e.g., description of goods to be sold, products manufactured, assembled or processed, services rendered):

Applicant owns a moving and storage company. It provides moving and relocation services for commercial and residential customers in Nassau, Suffolk and the Five Boroughs. In addition it leases space in connection with warehousing and storage of goods for individuals and corporate clients. There is also nominal sale of retail supplies for storage use.

T. ANY RELATED PARTY PROPOSED TO BE A USER OF THE PROJECT:

Name: Men on the Move Self Storage Center Inc. operates the Storage Facility

Relationship to Applicant: Operator pursuant to Lease

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return**

NYS-45

Reference these numbers in all correspondence:

UI Employer registration number

Withholding identification number

Employer legal name:
254-03 MEN ON THE MOVE INC

Number of employees
Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

Mark an X in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.

	1	2	3	4	Y	Y
Jan 1 - Mar 31	Apr 1 - Jun 30	July 1 - Sep 30	X	Oct 1 - Dec 31	1	6
					Year	16

Are dependent health insurance benefits available to any employees? Yes **X** No

If seasonal employer, mark an X in the box.....

a. First month	b. Second month	c. Third month
67	69	70

Part A - Unemployment insurance (UI) information

1. Total remuneration paid this quarter..... 525368.00

2. Remuneration paid this quarter in excess of the UI wage base since January 1 (see instr.) ... 408055.00

3. Wages subject to contribution (subtract line 2 from line 1) ... 117313.00

4. UI contributions due Enter your UI rate 3.0250 3548.72

5. Re-employment service fund (multiply line 3 x .00075)..... 87.98

6. UI previously underpaid with interest.....

7. Total of lines 4, 5, and 6 3636.70

8. Enter UI previously overpaid..

9. Total UI amounts due (if line 7 is greater than line 8, enter difference)..... 3636.70

10. Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below) *

11. Apply to outstanding liabilities and/or refund

Part B - Withholding tax (WT) information

12. New York State tax withheld..... 24292.60

13. New York City tax withheld..... 5790.38

14. Yonkers tax withheld.....

15. Total tax withheld (add lines 12, 13, and 14)..... 30082.98

16. WT credit from previous quarter's return (see instr.).....

17. Form NYS-1 payments made for quarter..... 30082.98

18. Total Payments (add lines 16 and 17)..... 30082.98

19. Total WT amount due (if line 15 is greater than line 16, enter difference).....

20. Total WT overpaid (if line 16 is greater than line 15, enter difference here and mark an X in 20a or 20b) *

20a. Apply to outstanding liabilities and/or refund..... **OR**

20b. Credit to next quarter withholding tax.....

21. Total payment due (add lines 9 and 19; make one remittance payable to NYS Employment Contributions and Taxes)..... 3636.70

* An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other. Complete Parts D and E on back of form, if required.

Part C - Employee wage and withholding information

Quarterly employee/payee wage reporting information (If more than five employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT. Do not use negative numbers; see instructions.)			Annual wage and withholding totals	
			If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instructions)	e Total NYS, NYC, and Yonkers tax withheld

Totals (column c must equal remuneration on line 1; see instructions for exceptions)

**REFERENCE COPY ONLY.
DO NOT FILE.**

Information must be filed electronically via the New York website at

<http://www.tax.ny.gov/online/bus.htm>

NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment

Withholding identification number:

Employer legal name:

254-03 MEN ON THE MOVE INC

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1 - Mar 31 1 Apr 1 - Jun 30 2 Jul 1 - Sep 30 3 Oct 1 - Dec 31 4 Tax year 16 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information <i>(Do not enter negative numbers in columns c, d, and e; see instructions)</i>			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution <i>(see instr. 1)</i>	e Total NYS, NYC, and Yonkers tax withheld
		5220.00		
		8666.88		
		3942.25		
		7280.00		
		9620.00		
		3063.75		
		6784.00		
		3425.50		
		907.50		
		6760.00		
		21506.02		
		2919.00		
		27962.04		
		3071.25		
		990.00		
		1850.00		
		113968.19		
Page No. <u>1</u> of <u>5</u> Total this page only				
If first page, enter grand totals of all pages.....				525367.96

**REFERENCE COPY ONLY.
DO NOT FILE.**

00094 3151 NY F

Information must be filed electronically via the New York website at

<http://www.tax.ny.gov/online/bus.htm>

NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment

Withholding identification number:

Employer legal name:

254-03 MEN ON THE MOVE INC

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1 - Mar 31 1 Apr 1 - Jun 30 2 Jul 1 - Sep 30 3 Oct 1 - Dec 31 4 Tax year 16 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information <i>(Do not enter negative numbers in columns c, d, and e; see instructions)</i>			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
		2553.63		
		6760.00		
		625.00		
		5460.00		
		54600.00		
		5611.52		
		1175.75		
		7467.14		
		4144.00		
		3924.75		
		18525.00		
		19416.41		
		3514.00		
		7220.00		
		10660.00		
		2840.50		
		154497.70		

Page No. 2 of 5 Total this page only
If first page, enter grand totals of all pages.....

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Information must be filed electronically via the New York website at
<http://www.tax.ny.gov/online/bus.htm>

NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment

Withholding identification number:

Employer legal name:

254-03 MEN ON THE MOVE INC

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1- Mar 31 1 Apr 1- Jun 30 2 Jul 1- Sep 30 3 Oct 1- Dec 31 4 Tax year 16 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information <i>(Do not enter negative numbers in columns c, d, and e; see instructions)</i>			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	Gross federal wages or d distribution <i>(see instr.)</i>	Total NYS, NYC, and e Yonkers tax withheld

Page No. 3 of 5 Total this page only
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106187.21

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NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment

Withholding identification number:

Employer legal name:

254-03 MEN ON THE MOVE INC

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1 - Mar 31 1 Apr 1 - Jun 30 2 Jul 1 - Sep 30 3 Oct 1 - Dec 31 4 Tax year 16 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information <i>(Do not enter negative numbers in columns c, d, and e; see instructions)</i>			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	Gross federal wages or d distribution <i>(see instr.)</i>	Total NYS, NYC, and e Yonkers tax withheld

90.00

10920.00

324.50

3258.00

32500.00

96.00

1117.50

1144.00

14300.00

9182.50

2446.50

21838.23

6500.00

9880.00

1957.50

3262.88

118817.61

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NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment

Withholding identification number:

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1 - Mar 31 1 Apr 1 - Jun 30 2 Jul 1 - Sep 30 3 Oct 1 - Dec 31 4 Tax year 16 Y Y

Employer legal name:

254-03 MEN ON THE MOVE INC

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information <i>(Do not enter negative numbers in columns c, d, and e; see instructions)</i>			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
		1035.00		
		1910.00		
		4887.00		
		8576.00		
		2973.75		
		272.50		
		6129.00		
		6114.00		

Page No. 5 of 5 Total this page only
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31897.25

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