Application for Financial Assistance through the County of Chautauqua Industrial Development Agency

The information listed on this form is necessary to determine the eligibility of the project applicant. Please fill in all blanks, using "NONE" or "NOT APPLICABLE" where necessary. If an estimate is given, put "EST" after the figure. Attach additional sheets if necessary. All information completed with this form will be treated confidentially. This application is only for the purpose of determining whether the applicant is eligible for consideration by the Board of Directors of the County of Chautauqua Industrial Development Agency. Return eight (8) copies of this application to the County of Chautauqua Industrial Development Agency at the address listed on the cover of this document.

PART I

A. APPLICANT

Federal ID#

Company Name:

Chautauqua Harbor Hotel, LLC

Office Address:

617 Dingens Street, Buffalo NY 14206-2407

Telephone:

716-893-6551

Company officer completing this application:

Name:

David P. Hart

Title:

Manager

1. Number of locations of present business facilities:

a. County of Chautauqua:

None

b. New York State:

None

c. Outside New York State:

None

	2.	Business Organi	Zanon (check	appropriate ca	tegories):		
		Corporation		Partnership			
		Sole Proprietors	hip 🗌	Subchapter S			
		Other (Specify)	Limited Liab	oility Company	(LLC)		
	3.	Is business public	ly or privately	held? D Publi	c X Priv	ate	
	4.	List principal stoc	kholders and pe	ercentage of ow	nership if	applicable:	
			Per	rcentage	Ho <u>r</u>	ne Address	
		Hart Chautauqua LLC	;	50%	61	7 Dingens St., Bu	ıffalo NY 14206-2407
		Krog Chautauqua LL	С	50%	4 C	entre Drive, Orch	nard Park NY 14127
	5.	Is the business a su organization?	Yes 🛛 No If	'Yes" indicate:	ly or indire relationsl	ectly with any other and name and	er address of
	6.	Complete the follow					
	7.	•	Ü			04h P. ! . ! . !	
Office	220			Social Sec	•	Other Principal	
	218	<u>Addre</u>	<u>88</u>	<u>Numl</u>	<u>er</u>	Business Affiliation	ons
David I	P. Hart	617 Ding	<u>ss</u> ens Street IY 14206-2407	-	<u> </u>	<u>Business Affiliati</u>	<u>ons</u>
		617 Ding Buffalo, N P.E. 4 Centre	 ens Street Y 14206-2407	7	<u>Jer</u>	Business Affiliation	<u>ons</u>
Peter	P. Hart L. Krog	617 Ding Buffalo, N P.E. 4 Centre Orchard F	ens Street IY 14206-2407 Drive Park, NY 1412	7	- 2 - 2		<u>ons</u>
Peter	P. Hart L. Krog Reference 1. Ba	617 Ding Buffalo, N P.E. 4 Centre Orchard F	ens Street IY 14206-2407 Drive Park, NY 1412 acted):	7	- 2 - 2		<u>ons</u>
Peter	P. Hart L. Krog Reference 1. Ba	617 Ding Buffalo, N P.E. 4 Centre Orchard F ces (these will be conta anking (List names of ba	ens Street IY 14206-2407 Drive Park, NY 1412	7 7 fficers address	and telepho	one number): alo, NY 14225	716-631-8767 716-848-3164

2. Business Suppliers (List three largest accounts -names, addresses, telephone numbers, and list suppliers' terms of sale):

Sysco

Southern Wine & Sprits

173 N. Warners Road

PO Box 3141

Warners, NY

Hicksville, NY 11802

Maines Food & Paper PO Box 642530 Pittsburgh, PA 15264

Southern Tier Brewing 2072 Stoneman Circle Lakewood, NY 14750

3. Major customers (List three largest-names, addresses, telephone numbers, and show percentage (%) of gross business obtained from each):

Commercial Contractors

Not applicable

Retail Customers

Transient and corporate hotel customers

- 4. What are your terms of sale? Paid upon service
- 5. Current Landlord (List name, address and telephone number): Not applicable
- 6. Legal Counsel (List name, address and telephone number):

Lipsitz Green Scime Cambria LLP Michael Schiavone 42 Delaware Avenue, Suite 120 Buffalo, NY 14202 716-849-1333 X-309

C. Business Description

1. Describe type of business:

Destination hotel including 8000 square feet of meeting and event space.

- 2. Describe the principal products and services: Hospitality (guest rooms, food and beverage)
- 3. Describe the market(s) served: Corporate, Leisure, Group, Associations, Athletic, and Weddings

D. Present Location

1. If you rent:

a. What is the present annual rent (state whether firm has a gross or net lease): Not applicable

b. When does the lease expire?

Not applicable

2. If you own:

a. What is the current annual mortgage payment?

Not applicable

b. When does the mortgage terminate?

Not applicable

- 3. Describe present location (include square footage, number of buildings, number of floors, etc.) Undeveloped property of approximately 9.3 acres on Chautauqua Lake
- 4. List the current annual taxes by respective taxing jurisdictions:

a. Building(s):

Not applicable

b. Land:\$

\$25,714.54

E. Previous Financial Activ	ities
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- What were your company's estimated capital expenditures in Chautauqua County, New York, during the past three (3) years? (Specify by place, year and amount.)

 None
- 2. Has your company ever been a recipient of funds obtained through tax-exempt or taxable bonds? Yes No If "Yes" give details below:
- 3. Describe your company's effort to secure assistance or financing in the County of Chautauqua, or any other area, on a separate sheet. See below.

F. Types of Financial Assistance Requested

(Cross out those, which are not applicable.)

- Industrial Development Revenue Bonds
 A. Tax Exempt
 B.Taxable
- 2. Tax Lease (PILOT, Sales Tax abatement and Mortgage Tax abatement)
- 3. Other loan(s) Describe:

E.3

Chautauqua Harbor Hotel LLC applied to New York State through the 2015 Consolidated Funding Application Process. The Project was awarded a Regional Council Capital Fund -Capital Grant and a Market New York grant.

Part 2

A. Describe the Project

(Include a general, functional description and prospective location.)

Applicant proposes to develop a Destination Hotel of approximately 130,000 square feet anticipated to be rated 4-Diamond. The Hotel includes 132 guest rooms, 8000 square feet of event space with pre-function areas and breakout rooms, indoor and outdoor swimming pools, a fitness room, dining and lounge areas and seasonal outdoor food and beverage facilities. The grounds overlooking Chautauqua Lake include manicured lawns, gardens, and patios. The hotel also includes various support spaces including kitchen, laundry, administrative offices, and mechanical rooms.

B. Reasons for Project

 Briefly describe the reasons why this project is necessary and what effect it will have on your business:

The Harbor Hotel brand is a business unit of Hart Hotels Inc. There are currently three Harbor Hotels located in Portland, Maine. Clayton, NY and Watkins Glen, NY. The Harbor Hotel locations are indentified as small to medium sized towns or cities located on a popular waterfront and within a community that embraces water based lifestyle. The subject location nearby Jamestown, NY and the entire Chautauqua Lake community appear to be a perfect fit to grow the Harbor Hotel brand in a fourth location.

2. If your business is unable to arrange suitable financing for this project, what will be the impact on your company and the County of Chautauqua? Would your company proceed with the project without Agency assistance and I or financing? Describe in detail:

The project will cost in excess of \$200,000 per room. This is a significant investment in an unaffiliated full service projected Four Diamond destination hotel. This is a very risky investment. The developers seek to leverage state and local economic assistance along with their own equity and business model. State and local assistance is critical. The project will not go forward without the agency assistance.

C.	7	Type o	f Project			
		1. Check category which best describes your project:				
		☐ Manufacturing ☐ Warehousing ☐ Industrial Assembly ☐ Pollution Control ☐ Research ☐ Other (Specify) Destination Hotel				
	2. If pollution control, check appropriate items below: Air Noise Solid Waste Air/Water Other (Specify)					
D.	Pro	posed	Location			
	1.	Doe	s the project consist of(check appro	priate categor	ies):	
		a.	Construction of a new building	⊠Yes	□No	
		Ъ.	Renovations to an existing building	□Yes	⊠No	
		c.	Construction of an addition to an existing building	∐Yes	⊠ No	
		d.	Acquisition of an existing building	∐Yes	No	
	If the Company is to acquire an existing plant, attach a photograph and indicate if it is in operation, about to be abandoned or abandoned. If in operation, describe present products.					
		List costs or orders made by Company for the project, at the date of this application, on a separate sheet.				
	2.	floors	ibe the proposed location(s) of this address, etc. (If new construction i proposed floor plan):	project, inclu is involved or	ding square footage, number of expansion of existing plant,	
		Villag	ge of Celeron. The Project is appr	oximately 13	m Avenue and Duquesne Street in the 0,000 square feet on four floors and is lication. Preliminary plans are attached.	

3	(List the present ov If currently owner current use of the	wner of the project site and the owner's name, address, and phone number. d by the applicant, indicate date of purchase, reason for purchase and site):
		716-893-6551 i purchased in M	arbor Hotel LLC (617 Dingens Street, Buffalo, NY 14206-2407, s the current owner of the project site. The property was farch 2014 for development of a Destination Hotel. The property at undeveloped land.
4.	D	oes the project sit Yes ⊠No	te currently have existing occupant(s)?
	If of	"Yes," list all less such leases on a	sees, the amount of space occupied by each, and the date of termination separate sheet.
5.	pre	esent owner? Yes No A	applicant is the owner.
	11	res," provide de	tails on a separate sheet.
6.	exe	cuted for such pu	have an option to purchase the project site or has a contract of sale been irchase? (If so, attach particulars.) pplicant is the owner.
7.	con	tracts with respect	aced any purchase orders or entered into any other agreements or it to proposed project costs? (If so, attach particulars.) Applicant has made limited commitments for preliminary architectural and engineering design services.
Loca	ation [Maintenance Co	sts
1.			tte taxes on the land and the building? (If current rate is not available, or each and so state.)
	Lan	d\$ \$25,71 4	1.54
	Buil	ding \$ -0-	
2.	Wha	at is the estimated	useful life of the:
	a.	Facility	50 + years
	ъ.	Equipment	20 +-years

E.

3.	Is proposed	Project	site	served	bv
-	- Proposed	1 TOJOUL	BILL	aci you	U

a.	Transportation	☐ Rail ☐ Water	⊠ Truck	☐ Air
b.	Utilities	⊠Sewer	⊠Water	□Gas
	6 4 7	MElectric Po	WAT.	

F. Employment

1. Employment at present time, if Company is now in existence within Chautauqua County, and an estimate of such employment at the proposed location at the end of one and two years:

	Present	First Year	Second Year
Full Time	-0-	75	81
Part Time*	-0-	12	16
Seasonal*	-0-	6	10

^{*}Estimate percent that total part time or seasonal working time bears to total annual full working time 10%.

Total \$ 90,000.00

2. Estimate the annual payroll:

At present \$ -0-

In one year \$ 1,600,000.00

G. Project Costs

 List the costs necessary for the construction, acquisition or renovation of the project. (The project costs should <u>not</u> include working capital needs or moving expenses.)

Description	An	nount
Land	\$	500,000
Building(s)	\$	23,900,000
Renovation	\$	n/a
Machinery and Equipment (Do <u>not</u> include furniture costs)	\$	2,300,000
Installation	\$	1,200,000

(G. Continued)

Fees (Do <u>not</u> include your own counsel fees)	\$	-0-
Architectural Fees	\$	600,000
Financial Charges (specify) Application fee	\$.	500,000
Other (specify) soft costs	\$	1,500,000
Subtotal	\$	30,500,000
Agency Administrative Fee	\$	300,000
Total Project Cost	\$	30,800,000

- 2. What is the amount of funds and term requested for financing through the County of Chautauqua Industrial Development Agency?
 - \$ -0- Years Not applicable

H. Project Schedule

- 1. Indicate the estimated days for:
 - a. Financing of the project 11/2016 5/2018
 - b. Commence of construction 11/1/2016
 - c. Completion of construction 5/1/2018
- 2. List the date(s) and in what amount(s) the estimated funds will be required: Not applicable

[.	Otl	ner Agency Involvement
	1.	Have you contacted any other governmental agency in reference to this project? ☐ Yes ☐ No
		If "Yes," please indicate the agency and the nature of the inquiry below: A 2015 CFA application to Empire State Development resulted in the award of a capital grant and Market NY grant.
	2.	Have you contacted any financing institutions or other industrial development agencies in New York State, or elsewhere, for financial assistance in reference to this project or one of a similar nature? ☐ Yes ☑ No
		If "Yes," please indicate below the institution and / or agency and the present status of the

J. Financial Information (attach the following)

inquiry:

Certified financial statements for the last three (3) fiscal years.
 As the applicant is a newly formed single-purpose entity, there are no certified financial statements.

For Industrial Development Bonds (IDB) complete Questions 2, 3 & 4.

- 2. Pro forma sheet as at start of operations at project site.
- 3. Project profit and loss statements for first two (2) years of operation at projected site.
- 4. Projected "cash flow" statement, by quarters, for first year of operation at project site.

Certification

<u>David P. Hart</u> deposed and says that he/she is the <u>Manager</u> of <u>Chautauqua Harbor Hotel LLC</u>, the corporation named in attached application; that he has read the foregoing application and attachments and knows the contents thereof; that the same is true to his knowledge, contains no information or date that is false or incorrect and is truly descriptive of the project which is intended as security for the requested financing.

Deponent further says the reason for this verification is made by the deponent and not by Chautauqua Harbor Hotel LLC, is because the said company is a corporation. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge, are investigations which deponent has caused to be made concerning the subject matter of this application as well as information required by deponent in the course of his duties as an officer of and from the books and papers of said corporation.

As an officer of said corporation (hereinafter referred to as the "applicant") deponent acknowledges and agrees that applicant shall be and is responsible for all costs incurred by the non-profit County of Chautauqua Industrial Development Agency (hereinafter referred to as the "Agency") acting in connection with the attendant negotiations and ultimately the closing of the project and (or) financing. If, for any reason whatsoever, the applicant fails to conclude or consummate necessary negotiations or fails to act within a reasonable or specified period of time to take reasonable, proper, or requested action or withdraws, abandons, cancels, or neglects the application, then upon presentation of invoice, applicant shall pay to the Agency, its agents or assigns all actual costs involved in conduct of the application and the drafting of documents up to that date and time, including fees of counsel for the Agency.

The costs incurred by the Agency and paid by the applicant, including the Agency's counsel's fees and the administrative fee, may be considered as a cost of the project and included as part of any resultant bond issue, subject to the limitations imposed by law.

(Chief Executive Officer of company submitting application)

Notary

Sworn to before me this

6th day of September 20, 2016

DEBRA A. HERMAN NOTARY PUBLIC, STATE OF NEW YOR REGISTRATION No. 01HE8172277

QUALIFIED IN ERIE COUNTY My Commission Expires Aug. 6, 20 TO:

Project Applicants

D. Value of Mortgage Recording Tax

Exemption Sought

FROM:

County of Chautauqua Industrial Development Agency

RE:

Cost/Benefit Analysis Questionnaire

In order for the County of Chautauqua Industrial Development Agency (the "Agency") to prepare a Cost/Benefit Analysis for a proposed project (the "Project"), the Applicant must answer the questions contained in this Project Questionnaire (the "Questionnaire") and complete the attached Schedules. This Questionnaire and the attached Schedule will provide information regarding various aspects of the Project, and the costs and benefits associated therewith.

Since we need this Questionnaire to be completed before we can finalize the Cost/Benefit Analysis, please complete this Questionnaire, and forward it to us at your earliest convenience.

PROJECT QUESTIONNAIRE

PROJECTED PROJECT INVESTMENT

265,000

A. Land-Related Costs

1. Land acquisition \$ 500 000

2. Site preparation \$ 1,300,000

3. Landscaping \$ included above

4. Utilities and infrastructure development \$ included above

5. Access roads and parking development \$ included above

6. Other land-related costs (describe) \$

D. Building-Related Costs	
 Acquisition of existing structures 	\$n/a
2. Renovation of existing structures	\$ n/a
3. New construction costs	\$ 15,400,000
4. Electrical systems	\$2,400,000
Heating, ventilation and air conditioning	\$3,000,000
6. Plumbing & Fire Protection	\$ 1,800,000
7. 7. Other building-related costs (describe)	\$
C. Machinery and Equipment Costs	
 Production and process equipment 	\$
2 Packaging equipment	\$
3. Warehousing equipment	\$
4. Installation costs for various equipment	\$
5. Other equipment-related costs (describe)	\$
D. Furniture and Fixture Costs	
1. Office furniture	\$ included below
2. Office equipment	\$ included below
3. Computers	\$ included below
4. Other furniture-related costs (describe)	\$ 3,500,000
Hotel furniture, kitchen equipment and installation	
E. Working Capital Costs	
1. Operation costs	\$
2. Production costs	\$
3. Raw materials	\$
4. Debt service (Construction Financing)	\$800,000
5. Relocation costs	\$
6. Skills training	\$
7. Other working capital-related costs (describe)	\$
F. Professional Service Costs	
1. Architecture and engineering	\$ 600,000
2. Accounting/legal	\$
3. Other service-related costs (describe)	\$
0.01.0.4	
G. Other Costs	\$1,950,000
1. Soft Costs	
2.	\$

Η.	Summary of Expenditures	
1.	Total Land Related Costs	\$1,800,000
2.	Total Building Related Costs	\$22,600,000
3.	Total Machinery and Equipment Costs	\$
4.	Total Furniture and Fixture Costs	\$3,500,000
5.	Total Working Capital Costs	\$800,000
6.	Total Professional Service Costs	\$600,000
7.	Total Other Costs	\$ 1.950.000

PROJECTED CONSTRUCTION EMPLOYMENT IMPACT

I. Please provide estimates of total construction jobs at the Project:

Year	Construction Jobs	Construction Jobs	
	(Annual wages and	(Annual wages and	
	benefits\$40,000 and	benefits over	
	under)	\$40,000)	
Current Year		8 ave. FTE	
Year 1		45 ave. FTE	
Year 2		15 ave. FTE	
Year 3			
Year 4			
Year 5			

11. Please provide estimates of total annual wages and benefits of total construction jobs at the Project:

Year	Total Annual Wages and		Estimated Additional	
		Benefits		NYS Income Tax
Current Year	\$_	100,000	\$	6,000
Year 1	\$ _	8,000,000	\$	480,000
Year 2	\$ -	2,650,000	\$	159,000
Year 3	\$_		\$	
Year 4	\$_		\$_	
Year 5	\$		\$ _	

PROJECTED PERMANENT EMPLOYMENT IMPACT

I. Please provide estimates of total existing permanent jobs to be preserved or retained as a result of the Project:

Year	Existing Jobs
------	---------------

(Annual wages and benefits

\$40,000 and under)

Existing Jobs

(Annual wages and benefits over \$40,000 Current Year -0-

Year 1	-0-	-0-
Year 2	-0-	-0-
Year 3	-0-	-0-
Year 4	-0-	-0-
Year 5	-0-	-0-

II. Please provide estimates of total new permanent jobs to be created at the Project:

Year Jobs	New Jobs	New
	(Annual wages and benefits \$40,000 and under)	(Annual wages and benefits over \$40,000)
Current Year	-0-	
Year 1	69	6
Year 2	6	1
Year 3	2	-0-
Year 4	2	-0-
Year 5	2	-0-

III. Please provide estimates of total annual wages and benefits of total permanent construction jobs at the Project:

Year	Total Annual Wages and Benefits	Estimated Additional NYS Income Tax
Current Year Year 1 Year 2 Year 3 Year 4 Year 5	\$ 100,000 \$ 8,000,000 \$ 2,650,000 \$ \$ \$	\$6,000 \$480,000 \$157,000 \$ \$\$

- IV. Please provide estimates for the following:
 - A. Creation of New Job Skills relating to permanent jobs. Please complete Schedule A.

PROJECTED OPERATING IMPACT

I. Please provide estimates for the impact of Project operating purchases and sales:

Additional Purchases_(1st year following project completion)	\$2,000,000
Additional Sales Tax Paid on Additional Purchases	\$160,000
Estimated Additional Sales (1st full year following project completion	\$6,000,000
Estimated Additional Sales Tax to be collected on additional sales (1st full year following project completion)	\$480,000

II. Please provide estimates for the impact of Project on existing real property taxes and new payments in lieu of taxes ("Pilot Payments"):

Year	Existing Real Property Taxes	New Pilot	Total
Current Year	An experience and account of the property of the second se	Payments	
	\$25,700	-0-	\$ 25,700
Year 1	\$25,700	-0-	\$ 25,700
Year 2	\$25,700	-0-	\$ 25,700
Year 3	\$25,700	-0-	\$ 25,700
Year 4	\$25,700	-0-	\$ 25,700
Year 5	\$25,700	-0-	\$ 25,700
Year 6	\$25,700	\$100,000	\$125,700
Year 7	\$25,700	\$100,000	\$125,700
Year 8	\$25,700	\$100,000	\$125,700
Year 9	\$25,700	\$100,000	\$125,700
Year 10	\$25,700	\$100,000	\$125,700
Year 11	\$25,700	\$200,000	\$225,700
Year 12	\$25,700	\$200,000	\$225,700
Year 13	\$25,700	\$200,000	\$225,700
Year 14	\$25,700	\$200,000	\$225,700
Year 15	\$25,700	\$200,000	\$225,700

III. Please provide estimates for the impact of other economic benefits expected to be produced as a result of the Project:

Based on a 5% occupancy tax, estimated first full year collection will equal \$200,000. Approximately \$400,000 of service charges and gratuities will be paid by hotel patrons. This will be distributed to hotel employees in addition to salaries. Hotel patrons expected to spend \$50 per day outside of the hotel. This will add \$1.7m to local area tourism spending.

CERTIFICATION

I certify that I have prepared the responses provided in this Questionnaire and that, to the best of my knowledge, such responses are true, correct, and complete.

I understand that the foregoing information and attached documentation will be relied upon, and constitute inducement for, the Agency in providing financial assistance to the Project. I certify that I am familiar with the Project and am authorized by the Company to provide the foregoing information, and such information is true and complete to the best of my knowledge. I further agree that I will advise the Agency of any changes in such information, and will answer any further questions regarding the Project prior to the closing.

Date Signed: September 6, 2016

Name of Person Completing Project Questionnaire on behalf of the Company.

Name: <u>David P. Hart</u>
Title: <u>Manager</u>

Phone Number: 716-893-6551

Signature:

SCHEDULE A

CREATION OF NEW JOB SKILLS

Please list the projected new job skills for the new permanent jobs to be created at the Project as a result of the undertaking of the Project by the Company.

New Job Skills	Number of Positions Created	Wage Rate
AAA Four Diamond Hotel GM	1	\$ 90,000
Destination Sales	1	\$ 48,000
Destination Banquet	1	\$ 40,000
Destination Concierge	2	\$ 23,000
* AAA Four Diamond		
Food & Beverage, Housekeeping	Various	Various
Guest Service		

^{*} All hired positions will be trained in top tier hotel service delivery, cleanliness and customer satisfaction.

Should you need additional space, please attach a separate sheet.

County of Chautauqua Industrial Development Agency

FINANCIAL FEE STRUCTURE

REVOLVING LOAN FUNDS

1% of total loan

CIVIC FACILITIES BONDS

1% of total IDA project cost

INDUSTRIAL REVENUE BONDS

1% of total IDA project cost

TAX LEASES

1% of total IDA project cost

AN APPLICATION FEE OF \$250 IS DUE UPON SUBMISSION OF ALL LOAN APPLICATIONS AN APPLICATION FEE OF \$1,000 IS DUE UPON SUBMISSION OF ALL BOND AND TAX LEASE APPLICATIONS