



County of Chautauqua Industrial Development Agency

APPLICATION FOR FINANCIAL ASSISTANCE
(LEAD PROGRAM)

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 appropriate notations, such as "see Schedule 2(A), etc.); or writing "N.A.", signifying "not applicable".

A \$250 non-refundable Application Fee (the "Application Fee") is payable to the County of Chautauqua Industrial Development Agency (the "Agency") at the time this Application for the project contemplated herein (the "Project") is submitted to the Agency. In the event that the proposed transaction does close, the Application Fee shall be credited against the Closing Fee (as hereinafter defined).

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.

- Please contact the Agency's Main Office @ (716) 661-8900 with any questions relative to the application content and/or process.

PART I: APPLICANT

Name: XMas Dave LLC
 Address: 85 Innsbruck Drive Cheektowaga New York 14227
 Phone: (716) 706-0320
 NY State Dept. of Labor Reg #: N.A.
 Federal Employer ID #: 88-1252140
 NAICS Code #: 531120
 NAICS Sector: 53
 NAICS Industry: _____
 Website: none
 Nature of business (goods to be sold, manufactured, assembled or processed, services rendered):
Commercial real estate

Contact Name: David M. Gordon
 Title: Managing Member
 Phone Number: (716) 706-0320
 E-Mail: dave@christmascentral.com

Business Type:
 Sole Proprietorship
 General Partnership
 Limited Partnership
 Limited Liability Company
 Privately Held Corporation
 Publicly Held Corporation
 Not-for-Profit Corporation

State/Year of Incorporation/Organization: 2022
 Qualified to do Business in New York (Yes or No): Yes

PART II: PROJECT

Address of proposed project facility:
18 Main Street, Silver Creek, NY, 14136
 Tax Map Parcel Number(s):
32.18-7-11; 32.18-7-8; 32.18-7-9; 32.18-7-4;
32.18-7-16; 32.18-7-19; 32.18-7-13; 32.18-7-14;
32.18-7-15; 32.18-7-18; 32.18-7-26; 49.06-2-11;
49.06-2-12
 City/Town/Village(s): Silver Creek
 School District(s): Silver Creek
 Current Legal Owner: Silver Creek Partners LLC
 Contract to purchase (Yes or No): Yes

Present use of the Project site:
Warehousing and storage

Proposed User(s)/Tenant(s) of the Facility
 (Complete for each User/Tenant for additional User/Tenants of the Company, use space at the end of this section)

Company Name: To be determined
 Address: _____
 City/State/Zip: _____
 Tax ID No.: _____
 Contact Name: _____
 Title: _____
 Phone Number: _____
 E-Mail: _____

% of facility to be occupied by User/Tenant:

Relationship to the Applicant:

Owners of 20% or more of Applicant:

Name %
David M. Gordon 100%

Owners of 20% or more of User/Tenant:

Name % Corporate Title

OFFICERS OF APPLICANT

Name: Title:
David M. Gordon Managing Member

APPLICANT'S LEGAL COUNSEL:

Firm name: Kavinoky Cook LLP
Address: 726 Exchange St, Suite 800, Buffalo, NY 14210
Contact: Laurence K. Rubin, Esq.
Phone: (716) 845-6000
Fax: (716) 845-6474
E-Mail: lrubin@kavinokycook.com

Type of Proposed Project (check all that apply):

Renovation of Existing Facility
Square footage of area renovated: 130,000
Square footage of existing facility: 130,000

Acquisition of Furniture/Machinery/Equipment
List principal items or categories:
Warehousing equipment and tools, office equipment and supplies

Other (specify): _____

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:

Building is in need of repair to be adequate for warehousing and storage

Please list Affiliates/Parents/Subsidiary Entities to Applicant (attach organization chart if necessary)

N/A

PART III. CAPITAL COSTS OF THE PROJECT

A. Provide an estimate of Project Costs of all items listed below:

	<u>Item</u>	<u>Cost</u>
1.	Renovation Cost:	\$250,000
2.	Furniture, Equipment & Machinery Acquisition (not included in 1. above):	\$100,000
3.	Other (describe):	\$ _____
	Total Project Costs:	\$350,000

B. Estimated Sources of Funds for Project Costs:

	<u>Source</u>
a. Conventional Mortgage Loans:	\$ _____
b. SBA or other Governmental Financing: Identify: _____	\$ _____
c. Other Public Sources (e.g., grants, tax credits): Identify: _____	\$ _____
d. Other Public Agency Loans:	\$ _____
e. Other Private Loans:	\$ _____
f. Equity Investment: (excluding equity attributable to grants/tax credits)	\$350,000
Total Funding:	\$ <u>350,000</u>

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

C. Requested Financial Assistance:

Estimated Value of Sales Tax Benefit: \$28,000 (NOTE: Cannot exceed \$99,000)
(i.e., gross amount of cost of goods and services that are subject to state and local sales and use taxes multiplied by [8.0%])

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

D. Status of Expenses

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 _____

NO X

E. Existing Operations

Does the Applicant or any User(s)/Tenant(s) currently operate in the County? If YES, describe such operations, including whether the proposed Project will result in the relocation or abandonment of such other operation(s).

No _____

PART IV: COST-BENEFIT ANALYSIS

If the Applicant presently operates in Chautauqua County, provide the current number of employees in the following occupations. Then, estimate the projected Full Time Equivalent (“FTE”) employees as indicated following completion of the Project:

Current and Planned Occupations	Present Jobs Per Occupation	Est. FTEs Post-Completion:			Est. # of County Residents by yr. 3
		1 year	2 years	3 years	
Management	0	_____	_____	_____	_____
Professional	0	_____	_____	_____	_____
Administrative	0	_____	_____	_____	_____
Production	0	_____	_____	_____	_____
Supervisor	0	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Laborer	0	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>
Independent Contractor	0	_____	_____	_____	_____
Other (describe)	0	_____	_____	_____	_____

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 Chautauqua County because of the proposed Project:

<u>Category of Jobs to be Retained/Created:</u>	<u>Average Salary or Range of Salary:</u>	<u>Average Fringe Benefits or Range of Fringe Benefits:</u>
Management		
Professional		
Administrative		
Production		
Supervisor	\$40,000 - \$50,000	\$4,000 - \$5,000
Laborer	\$30,000 - \$45,000	\$3,000 - \$4,500
Independent Contractor ¹		
Other		

Please indicate the number of temporary construction jobs anticipated to be created in connection with the renovation, installation and equipping of the Project: 5

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 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.

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., Western New York)?

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).

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

5%

Describe any municipal revenues that will result from the Project:

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 Chautauqua County and the State:

	<u>Amount</u>	<u>% Sourced in Chautauqua County</u>	<u>% Sourced in State</u>
Year 1	\$20,000	80	20
Year 2	\$20,000	80	20
Year 3	\$20,000	80	20

Describe, if applicable, other benefits to the Chautauqua 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:

Reduced unemployment, spin-off sales tax of \$10,000 annually, increased activity and vitality in Village Central Business District

If applicable, has renovation, installation or equipping work on the Project begun? If YES, indicate the percentage of completion: Minimal securing of building and clean up

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

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

Renovation and equipping are estimated to start June 15, 2022 and be completed in phases through June 1, 2023

PART V: QUESTIONS

Please answer the following questions. If an answer is "YES" to any question, please provide details in the space provided at the end of the section.

Will the completion of the Project result in the removal of a plant or facility of the Applicant (or a proposed user, occupant or tenant of the Project) from a location in New York State (but outside the County) to a location in the County or in the abandonment of such a plant or facility located in New York State?

YES ___ NO X

**If the answer is "Yes" please answer the following two (2) questions.

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 X NO ___

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 X NO ___

Is there a likelihood that the proposed Project would not be undertaken by the Applicant but for the granting of the Financial Assistance by the Agency? (If yes, explain; if no, explain why the Agency should grant the Financial Assistance with respect to the proposed Project).

YES X NO ___

The project would be delayed or reduced resulting in fewer jobs being created during the next three years 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.

YES X NO ___

The Applicant certifies that attached hereto as **Exhibit B** is a completed and signed Short Environmental Assessment Form with respect to the proposed Project in accordance with Article 8 of the N.Y. Environmental Conservation Law (i.e., the New York State Environmental Quality Review Act).

YES X NO ___

Will customers personally visit the Project site for "retail sales" of Goods and/or Services? "Retail Sales" means (i) sales by a registered vendor under Article 28 of the Tax Law of the State primarily engaged in the retail sale of tangible personal

property, as defined in section 1101(b)(4)(i) of the Tax Law of the State, or (ii) sales of a service to such customers.

Sales of Goods: YES ___ NO X

Sales of Services: YES ___ NO X

** If the answer to both is "No" please continue to the next page; if the answer to either is "Yes" please answer the four (4) remaining questions.

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?

_____ %

Is the Project likely to attract a significant number of visitors from outside the economic development region (i.e., Western New York) in which the Project is or will be located?

YES ___ NO ___

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 ___

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 ___

**CERTIFICATIONS AND ACKNOWLEDGMENTS
OF THE APPLICANT**

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 County of Chautauqua 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, 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, all 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 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.

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, under penalty of perjury, 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.

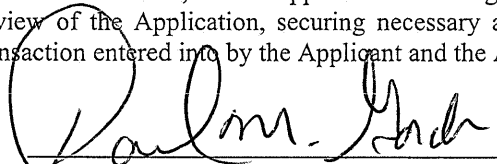
SEVENTH:

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.

EIGHTH:

Upon successful closing of the proposed Project transaction, the Applicant shall pay to the Agency an administrative fee (the "Closing Fee") in the amount of \$1,500. In addition, the Applicant shall pay the Agency's counsel fee in the amount of \$850 upon successful closing of the proposed Project transaction.

Regardless of the success of this Application or whether the hoped-for Financial Assistance is realized, Applicant agrees to pay all costs in connection with any efforts by the Agency on behalf of the Applicant including any fees and expenses of the Agency's general counsel, transaction counsel, and all applicable recording, filing or other related fees, taxes and charges upon receipt and review of the Application, securing necessary approvals, closing the necessary transaction, and/or terminating any transaction entered into by the Applicant and the Agency.



Name: David M. Gordon
Title: Managing Member

Subscribed and affirmed to me this 9th
day of June, 2022

Carol A. Julian
Notary Public

CAROL A. JULIAN
No. C1JUE164263
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 04/30/2023

EXHIBIT A

Financial Assistance Schedule

Agency staff will indicate the amount of sales and use tax benefits based on estimated Project Costs as contained herein, but in no event shall the sales and use tax benefit exceed \$99,000.

This section of this Application will be: (i) **completed by IDA Staff** based upon information contained within the Application, and (ii) provided to the Applicant for ultimate inclusion as part of the completed Application.

Sales Tax Exemption Benefit:

Estimated Sales Tax exemption for facility renovation: \$28,000 combined with FFE

Estimated Sales Tax exemption for furniture, fixtures, machinery and equipment: \$ See above

Estimated duration of Sales Tax exemption: One Year

Exhibit B

State Environmental Quality Review Act Compliance Checklist

The County of Chautauqua Industrial Development Agency (the "Agency"), pursuant to the State Environmental Quality Review Act ("SEQRA"), must evaluate the environmental impacts of a project before deciding whether to undertake the project. The Applicant shall attach hereto a completed and signed Short Environmental Assessment Form with respect to the proposed Project.

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. 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.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information

Name of Action or Project:

Renovation of former Petri Cookie campus, Silver Creek NY

Project Location (describe, and attach a location map):

18-30 Main Street and 239-256 Central Avenue , Silver Creek NY

Brief Description of Proposed Action:

Renovation and equipping of vacant industrial property as warehousing and related facility

Name of Applicant or Sponsor:

XMAS Dave LLC

Telephone: 716-706-0320

E-Mail: dave@christmascentral.com

Address:

85 Innsbruck Drive

City/PO:

Cheektowaga

State:

NY

Zip Code:

14227

1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?

NO

YES

If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.

2. Does the proposed action require a permit, approval or funding from any other government Agency?

NO

YES

If Yes, list agency(s) name and permit or approval:

3. a. Total acreage of the site of the proposed action?

4.380 acres

b. Total acreage to be physically disturbed?

0 acres

c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?

4.380 acres

4. Check all land uses that occur on, are adjoining or near the proposed action:

- Urban
 Rural (non-agriculture)
 Industrial
 Commercial
 Residential (suburban)
 Forest
 Agriculture
 Aquatic
 Other(Specify):
 Parkland

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input type="checkbox"/>	<input type="checkbox"/>

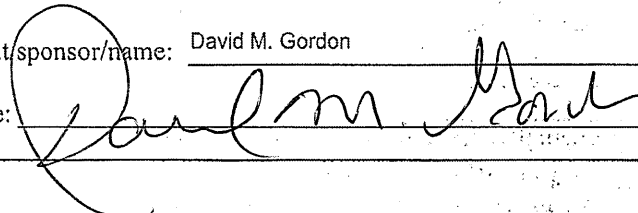
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

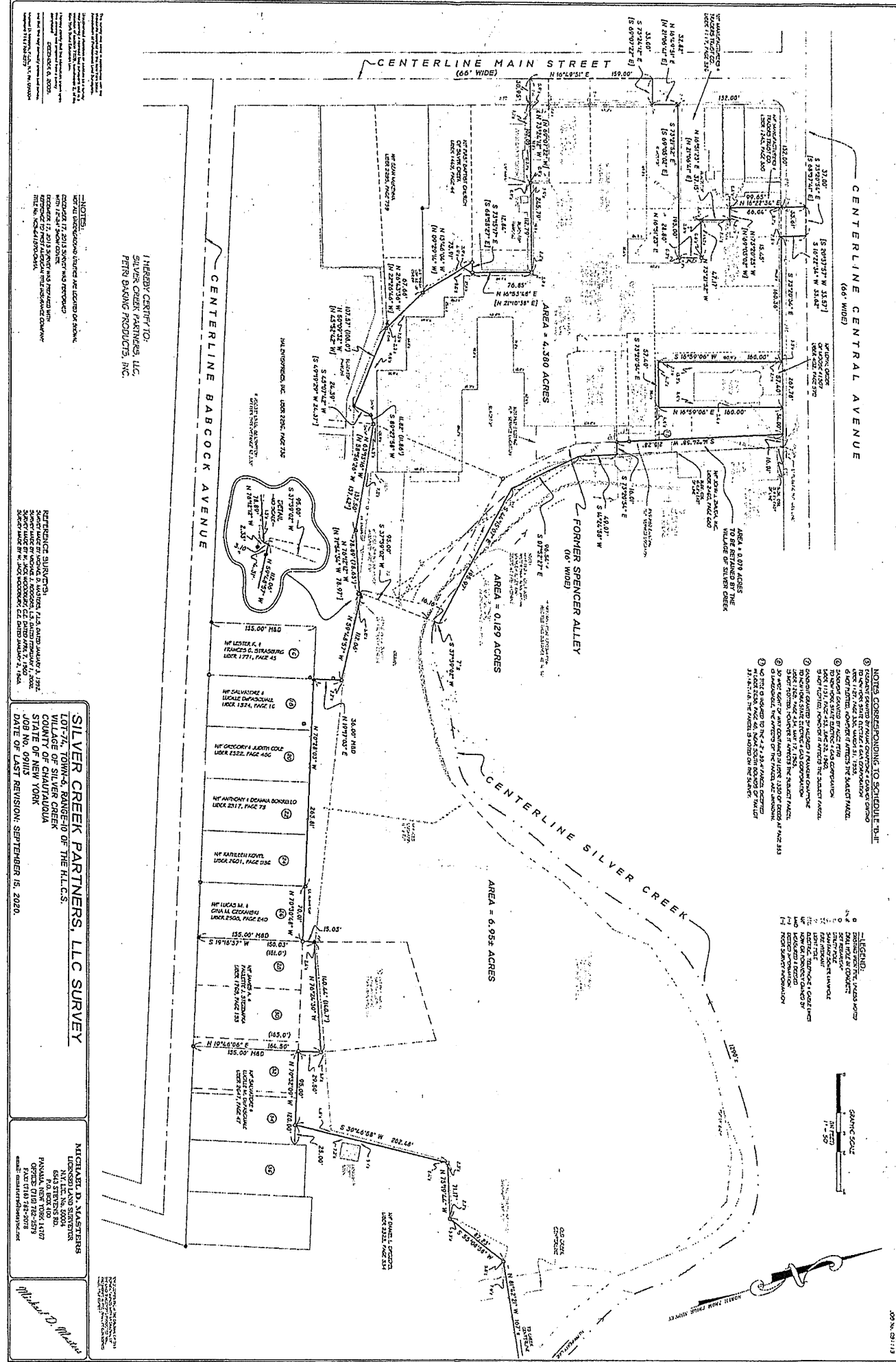
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: David M. Gordon Date: 6/8/2022

Signature:  Title: Managing Member



NOTES:
 1. HERBIV CERTIFY TO:
 SILVER CREEK PARTNERS, LLC,
 PETRI BAKING PRODUCTS, INC.

LEGEND:
 1. BOUNDARY LINE
 2. CENTERLINE
 3. CENTERLINE SILVER CREEK
 4. CENTERLINE MAIN STREET
 5. CENTERLINE CENTRAL AVENUE
 6. CENTERLINE BARBOCK AVENUE
 7. CENTERLINE SPENCER ALLEY
 8. CENTERLINE SILVER CREEK
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REFERENCE SURVEYS:
 1. HERBIV CERTIFY TO:
 SILVER CREEK PARTNERS, LLC,
 PETRI BAKING PRODUCTS, INC.
 DATE OF LAST REVISION: SEPTEMBER 15, 2020.

SILVER CREEK PARTNERS, LLC SURVEY
 TOTAL ACRES: 10.000
 TOTAL ACRES: 10.000
 COUNTY OF CHAUTAUKA
 STATE OF NEW YORK
 JOB NO. 091115
 DATE OF LAST REVISION: SEPTEMBER 15, 2020.

MICHAEL D. MASTERS
 LICENSED LAND SURVEYOR
 1000 STATE ST. SUITE 200
 CHEMUNG, NY 14809
 PHONE: (716) 752-5275
 FAX: (716) 752-5275
 email: michael@mastersurveyors.com

Michael D. Masters

NOTES CORRESPONDING TO SCHEDULE E-101-F
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