

# Babylon Industrial Development Agency

ROBERT STRICOFF  
CHIEF EXECUTIVE OFFICER

Applicant Contact And Basic Information	
Name:	Lifetime DESIGN CORP
Address:	201-A BROOK AVE DEON PARK NY 11729
Phone Number(s):	[REDACTED]
Fax Number(s)	[REDACTED]
E-mail Address:	[REDACTED]
Website Address:	lifetime design corp.com
Applicant EIN Number:	[REDACTED]

Application Date:

1. Financial Assistance Requested (check applicable option(s)):

Bond Financing

Straight Lease

2. Officer of Applicant serving as contact person:

[REDACTED]	Firm: Lifetime Design Corp.
	[REDACTED]

47 WEST MAIN STREET, SUITE 3, BABYLON, NY 11702 - TEL: (631) 587-3679 FAX: (631) 587-3675

WEBSITE: WWW.BABYLONIDA.ORG

E-MAIL: INFO@BABYLONIDA.ORG



3. Attorney of Applicant:

Name: HAROLD SELIGMAN	Firm: Louis Tumminello
Phone #: 631-666-2500	Fax #:
E-mail Address: hseligman@msn.com	Address: 120 4TH AVE PO BOX 591 BAYSIDE NY 11706

4. CFO/Accountant of Applicant:

Name: FRANK AMATO	Firm:
Phone #: 732-308-3985	Fax #: 732-308-3985
E-mail Address: FMKDJNY@AOC.COM	Address: 9 SHIRAZA MANALAPAN NJ 07726

5. Financial Advisor or Consultant (if applicable):

Name: N/A	Firm:
Phone #:	Fax #:
E-mail Address:	Address:

6. Applicant is (check one of the following, as applicable):

General Partnership

Limited Partnership

C Corporation

S Corporation

Limited Liability Company

Natural Person

501(c)(3) Organization

Other (specify):

7. Are any securities of Applicant publicly traded?

Yes

No

8. Applicant's state of incorporation or formation:

*N.Y.*

9. Applicant's date of incorporation or formation:

*6/5/95*

10. States in which Applicant is qualified to do business:

*ALL*

11. Please provide a brief description of Applicant and nature of its business:

*MANUFACTURE, WAREHOUSING, INSTALLATION  
OF CUSTOM MADE WOOD PRODUCTS*

**Please note:** An "Affiliate" means any individual, corporation, partnership, joint venture, sole proprietorship, limited liability company, trust or other entity that controls, is controlled by or is under common control with the Applicant.

12. Please check all that apply:

- Applicant or an Affiliate is the fee simple owner of the Project realty.
- Applicant or an Affiliate is not currently, but expects to be the fee simple owner of the Project realty.
- Applicant or an Affiliate is not the owner of the Project realty, but is the occupant of a material portion thereof for the conduct of its business pursuant to a lease or other occupancy agreement.
- Applicant or an Affiliate is not the owner of the Project realty, but expects, immediately following the closing, to be the occupant of a material portion thereof for the conduct of its business pursuant to a lease or other occupancy agreement.
- None of the above categories fully describe Applicant and its relation to the Project realty, which may be more accurately described as follows (please provide copies of supporting documentation, as applicable):

13. If a special-purpose entity ("SPE") that is owned and controlled by the Applicant will own or otherwise control the Project realty, the SPE will be a (check one of the following as applicable):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership                  | <input type="checkbox"/> C Corporation                   |
| <input type="checkbox"/> S Corporation       | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Not-for-profit 501(c)(3) Entity |
| <input type="checkbox"/> Natural Person      | <input type="checkbox"/> Other (specify):                     |  |

Name of SPE: *TBD*

Address:

Phone Number(s):

Contact Person:

Affiliation of SPE to Applicant:

Owners of SPE and each respective ownership share:

SPE EIN Number:

**Please note:** If information required above for the SPE is unknown at time of Application submission, then please submit any missing information to the Babylon IDA as soon as it becomes available.

14. Give the following information with respect to all proposed tenants and sub-tenants at the proposed project site. Provide information on an additional sheet if space is needed.

Company Name	Phone	Affiliation with Applicant	SI & Floors (Percent of Occupancy)	Lease Expiration	Tenant Business
NA					

## Project Description and Financial Information

### Project Site

District:	100
Section:	068,00
Block(s):	01.00
Lot(s):	030.000
Street address and zip code:	162 E. INDUSTRY CT.
Zoning	Light INDUSTRIAL
Area (acreage):	1
Square footage of existing building(s):	19,040
Number of floors:	1
Intended use(s) (e.g., office, retail, etc.):	Light MANUFACTURING

1. Please provide the following Project information:

a. Please provide a brief description of the proposed Project:

Set up manufacturing FACILITY. to warehouse  
Manufacture + install custom wood Products

b. Indicate the estimated date for commencement of the Project:

10/1/12

c. Indicate the estimated date for the completion of the Project:

12/1/12

d. Will the Project require any special permits, variances or zoning approval?

Yes       No

If Yes, please explain:

e. Is any governmental entity intended or proposed to be an occupant at the Project site?

Yes       No

If Yes, please explain:

2. Please complete the following summary of Project sources and uses:

PROJECT COSTS		PROJECT FUNDING	
Land acquisition		Bonds	
Building acquisition	1,086,000	Loans <i>CITIBANK</i>	1,386,000
New construction		Affiliate/employee loans	
Renovations	300,000	Company funds	
Fixed tenant improvements		Other (explain)	
Machine and/or equipment			
Soft costs	0		
Furnishings			
Other (explain)			
<b>Total Project Costs</b>	<b>1,386,000</b>	<b>Total Project Funding Sources</b>	<b>1,386,000</b>



## Background Information on Applicant and Applicant's Affiliates

**Please note:** "Principal" means the following with respect to the Applicant and/or the SPE: all persons (entities or individuals) that control the Applicant and/or the SPE, and/or own more than 10 percent of either; all executive officers; all directors; and all members and general partners for, respectively, limited liability companies and partnerships.

Please answer the following questions and, if necessary, include additional information as an attachment:

1. Has Applicant, or any Affiliate or Principal, ever received, or is any such person or entity currently receiving, financial assistance or any other kind of discretionary benefit from any local, state or federal governmental entity or agency, or any public authority or public benefit corporation, or any local development corporation?

Yes       No      If Yes, please provide details on an attached sheet.

Please note: local, state and federal governmental entities or agencies, public authorities or public benefit corporations, and local development corporations, shall be referred to as "Public Entit(y)(ies)."

2. Has Applicant, or any Affiliate or Principal, or any existing or proposed occupant at the Project site, obtained, or is any such person or entity in the process of obtaining, or contemplating obtaining, other assistance from the Babylon IDA?

Yes       No      If Yes, please provide details on an attached sheet.

3. Has Applicant, or any Affiliate or Principal, ever defaulted on a loan or other obligation to a Public Entity?

Yes       No      If Yes, please provide details on an attached sheet.

4. Has real property in which Applicant, or Affiliate or Principal, holds or has ever held an ownership interest and/or controlling interest of 25 percent or more, now or ever been (i) the subject of foreclosure (including a deed in lieu of foreclosure), or (ii) in arrears with respect to any type of tax, assessment or other imposition?

Yes

No

If Yes, please provide details on an attached sheet.

5. Does Applicant, or any Affiliate or Principal, have any contingent liabilities not already covered above (e.g., judgment liens, lis pendens, other liens, etc.)? Please include mortgage loans and other loans taken in the ordinary course of business only if in default.

Yes

No

If Yes, please provide details on an attached sheet.

6. List major customers:

Company Name	Address	Contact	Phone
DDMA	Amityville, NY	Dan DeMarco	631-598-7000
Nicor	Floral Park, NY	Marco Nicholas	718-326-9100
J. Petrocelli	Ronkonkoma, NY	Gerard Petrocelli	631-981-5200
Cook & Krupa	Mineola, NY	John Cook	516-478-4110
Duratech	Deer Park, NY	Lou Zito	631-254-0311
Piece Management	Nauhyde Park, NY	Jill Siegler	516-326-0400

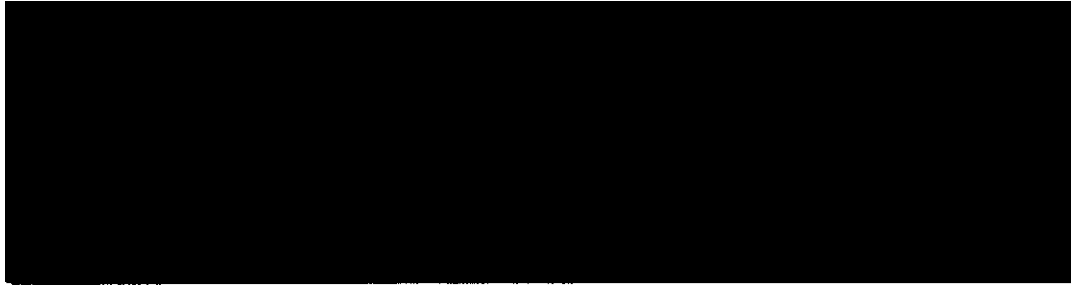
7. List major suppliers:

Company Name	Address	Contact	Phone
Roberts Plywood	Deer Park, NY	Norman Roberts	631-586-7100
Outwater Hardware	Totowa, NJ	Ron Libuser	800-631-2443
Lonalshod Staple	East Rockaway NY	Joe Iacono	516-887-1010
Atlantic Plywood	Deer Park, NY	Coleman Laszlo	877-672-3070
Interstate Plywood	Richmond Hills, NY	Howard Elman	718-805-9600
F.W. Honer Kamp	BRONX, NY	Frank Notarfrancesco	718-589-9700

8. List unions (if applicable):

Company Name	Address	Contact	Phone
NA			

**9. List banks/current accounts:**



**10. List licensing authorities, if applicable:**

Company Name	Address	Contact	Phone

## Project Description and Financial Information

**I, the undersigned officer/member/partner of Applicant, on behalf of Applicant, hereby request, represent, certify, understand, acknowledge and agree as follows:**

**I request** that this Application, together with all materials and data submitted in support of this Application (collectively, these "Application Materials"), be submitted for review to the Babylon IDA Board, in order to obtain from the Babylon IDA Board an expression of intent to provide the financial assistance for the Project. I understand that this expression of intent will take the form of an inducement resolution to be adopted by the Board.

**I represent** that I have the authority to sign these Application Materials on behalf of, and to bind, Applicant.

**I certify** to the best of my knowledge and belief that all of the information provided in these Application Materials is accurate, true and correct. I understand that an intentional misstatement of fact, or, whether intentional or not, a material misstatement of fact, or the providing of materially misleading information, or the omission of a material fact, may cause the Babylon IDA Board to reject the request made in the Application Materials.

**I understand** the following: that Applicant and Principals will be subject to a background check and actual or proposed subtenants may be subject to a background check; that the Babylon IDA may be required under SEQR to make a determination as to the Project's environmental impact and that in the event the Babylon IDA does determine that the Project will have an environmental impact, Applicant will be required to prepare, at its own expense, an environmental impact statement; that the decision of the Board to approve or to reject the request made in the Application Materials is a discretionary decision; that no Bonds may be issued (if Bonds are being requested) unless such Bonds are approved by the Supervisor of the Town; that under the New York State Freedom of Information Law ("FOIL"), the Babylon IDA may be required to disclose the Application Materials and the information contained therein; and that Applicant shall be entirely responsible and liable for the fees referred to in these Application Materials, including (in the case of Bonds) but not limited to payment of the New York State bond issuance fees (if applicable to the Bonds in question) based upon the aggregate principal amount of the Bonds.

**I further understand and agree as follows:**

**That** in the event the Application Materials are not submitted to the Babylon IDA Board for any reason including negative results obtained through the background check, and/or, with respect to Application Materials that are submitted to the Babylon IDA Board, in the event the Babylon IDA Board rejects same, then, under either of said circumstances, Applicant shall have no recourse against the Babylon IDA, or any directors, officers, employees or agents of the Babylon IDA, for the Application Fee, or for other expenses incurred by Applicant or other parties on behalf thereof, or for damages or specific performance; and that the Application Fee is under all circumstances (including but not limited to the ones just described and the ones described in the next succeeding paragraph) non-refundable; and

**That** if the Town of Babylon IDA Board adopts an inducement resolution with respect to the request made in the Application Materials, such adoption shall not be deemed a guaranty that the Town of Babylon IDA Board will adopt an authorizing resolution; or that the Babylon IDA will then provide the induced financial assistance; and

**That** Applicant shall indemnify the Babylon IDA for fees and disbursements incurred by bond counsel (in the case of a Bond transaction) or by project counsel (in the case of a straight-lease transaction); and that bond counsel or project counsel (as applicable) shall be a third-party beneficiary of this indemnity to the Babylon IDA regardless of whether financial assistance is granted and a bond closing or straight lease closing occurs and if no closing occurs, regardless of the reason thereafter and regardless of whether a closing was within or without the control of any of the Public Participants; and

**That** in the event Babylon IDA discloses the Application Materials in response to a request made pursuant to FOIL, Applicant hereby authorizes the Babylon IDA to make such disclosure and hereby releases the Babylon IDA from any claim or action that Applicant may have or might bring against the Babylon IDA, its directors, officers, agents, employees and attorneys, by reason of such disclosure; and that Applicant agrees to defend, indemnify and hold the Babylon IDA and its respective directors, officers, agents, employees and attorneys harmless (including without limitation for the cost of reasonable attorneys fees) against claims arising out of such disclosure as such claims may be made by any party including the Applicant, Affiliate, Owner or Principal, or by the officers, directors, employees and agents thereof.

I acknowledge and agree that the Babylon IDA reserves the right in its sole and absolute discretion to request additional information, waive any requirements set forth herein, and/or amend the form of this Application, to the full extent permitted by applicable law.

Requested, Represented, Certified, Acknowledged, Understood and Agreed by Applicant,

this 11 day of July 20012

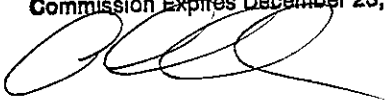
Name of Applicant:

By: Printed Name of Signer: JAMES Romanelli

Title of Signer: PRES

Signature: 

ANTHONY CAVALLI JR.  
Notary Public, State of New York  
No. 01CA6085113  
Qualified in Suffolk County  
Certified in Nassau County  
Commission Expires December 23, 2014



**Retail Questionnaire**

1. Will any portion of the Project consist of facilities or property that are or will be primarily used in making retail sales of goods to customers who personally visit the Project?  
 Yes       No
2. If the answer to question 1 is "Yes," will the applicant or any other project occupant be a registered vendor under Article 28 of the Tax Law of the State of New York (the "Tax Law") primarily engaged in the "retail sale of tangible personal property" (as defined in Section 1101 (b)(4)(i) of the Tax Law)?  
 Yes       No
3. Will any portion of the Project consist of facilities or property that are or will be primarily used in making retail sales of services to customers who personally visit the Project?  
 Yes       No
4. If the answer to question 1 or question 3 is "Yes," what percentage of the cost of the Project 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? percent
5. If the answer to question 1 or question 3 is "Yes," and the answer to question 4 is more than 33.33 percent, indicate whether any of the following apply to the Project:
  - a. Will a not-for-profit corporation operate the Project?  
 Yes       No
  - b. Is the Project likely to attract a significant number of visitors from outside the Town of Babylon?  
 Yes       No
  - c. Would the Applicant, but for the contemplated financial assistance from the Babylon IDA, locate the related jobs outside the State of New York?  
 Yes       No



d. Is the predominant purpose of the Project to make available goods or services that would not, but for the Project, be reasonably accessible to Town of Babylon residents because of a lack of reasonably accessible retail trade facilities offering such goods or services?

Yes  No

e. Will the Project be located in one of the following: (a) an area designated as an economic development 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) that, according to the most recent census data, has (i) a poverty rate of at least 20 percent for the year to which the data relates, or at least 20 percent of its 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

6. If the answers to any of subdivisions (c) through (e) of question 5 are "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", please furnish details in a separate attachment.

7. If the answers to any of subdivisions (a) through (e) of question 5 are "Yes," please furnish details in a separate attachment.

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

Name of Applicant:

By: Printed Name of Signer: *JAMES Romanelli*

Title of Signer: *PROS*

Signature:

Date:

A large, stylized handwritten signature in black ink, appearing to read "James Romanelli".

## Anti-Pirating Questionnaire

1. Will the completion of the Project result in the removal of a plant or facility of the Applicant, or of a proposed occupant of the Project, from an area in New York State (but outside of the Town of Babylon) to an area within the Town of Babylon?

Yes  No

If "Yes," please provide the following information:

Address of the to-be-removed plant or facility:

Names of all current occupants of the to-be-removed plant or facility:

2. Will the completion of the Project result in the abandonment of one or more plants or facilities of the Applicant, or of any proposed occupant of the Project, located in an area of New York State other than the Town of Babylon?

Yes  No

If "Yes," please provide the following information:

Addresses of the to-be-abandoned plant(s) or facility(ies):

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

3. Will the completion of the Project in any way cause the removal and/or abandonment of plants and facilities anywhere in New York State (but outside of the Town of Babylon)?

Yes  No

If "Yes," please provide all information relevant to such future removal and/or abandonment:

If the answer to either question 1, 2 or 3, is "Yes," please continue and answer questions 4 and 5.

4. Is the Project reasonably necessary to preserve the competitive position of this Applicant, or of any proposed occupants of the Project, in its industry?
- Yes       No
5. Is the Project reasonably necessary to discourage the Applicant, or any proposed occupant of the Project, from removing such plant or facility to a location outside New York State?
- Yes       No

If the answer to question 4 and/or question 5 is "Yes," please provide on a separate sheet of paper a detailed statement explaining same.

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

Name of Applicant:

By: Printed Name of Signer: *JAMES Romanelli*  
Title of Signer: *Pres*

Signature: *James Romanelli*  
Date: *11 DAY OF JULY 2012*

ANTHONY CAVALLI JR.  
Notary Public, State of New York  
No. 01CA6085113  
Qualified in Suffolk County  
Certified in Nassau County  
Commission Expires December 23, 2014



## Employment Questionnaire

The Town of Babylon Industrial Development Agency requires all Applicants to fill out this Employment Questionnaire. As used in this Questionnaire, "Company" means the Applicant; "Project Location" means the project location which Applicant has identified in its Application; and "Tenant" means any person or entity to whom or to which Applicant intends to lease part or all of the Project Location. If Applicant is a real estate holding company that is an affiliate of an operating company and Applicant intends to lease the Project Location to such operating company, then the Applicant and the operating company must fill out separate copies of this Questionnaire.

Applicant Name: *Lifetime Design Corp.*  
Address: *201A Brook Ave. Deer Park, NY 11729*  
Phone Number(s): *631-242-1162*  
I.R.S. Employer ID Number: [REDACTED]  
Department of Labor. Registration Number: [REDACTED]  
Project Location: *162 E. Industrial Ct.*

1. How many employees does Applicant employ in the Town of Babylon at the time of Application submission?

	Number	Average Annual Salary (FT) Hourly Rate (PT)	On average Part-time Workers Hours per week
Full Time	<u>11</u>	\$ <u>527,260</u>	
Part Time	<u>-</u>	\$ _____	_____

2. How many employees referred to in question 1 reside in the Town of Babylon at the time of Application submission?

	Number	Average Annual Salary (FT) Hourly Rate (PT)	On average Part-time Workers Hours per week
Full Time	<u>2</u>	\$ <u>70,720</u>	
Part Time	<u>N/A</u>	\$ _____	_____

3. How many employees does Applicant employ outside of the Town of Babylon but in New York State at the time of Application submission?

Number	Average Annual Salary (FT) Hourly Rate (PT)	On average Part-time Workers Hours per week
Full Time <u>0</u>	\$ _____	_____
Part Time <u>0</u>	\$ _____	_____

4. How many employees does the applicant employ at the project location (annual average) at the time of Application submission? 0

Number	Average Annual Salary (FT) Hourly Rate (PT)	On average Part-time Workers Hours per week
Full Time _____	\$ _____	_____
Part Time _____	\$ _____	_____

*Not at project location yet*

5. Projected employment at Project Location for the Applicant on December 31 of each of the five calendar years following the completion of the Project.

Year	Number of Full-time Employees	Average Annual Full-time Salary	Number of Part-time Employees	Average Hourly Rate Part-time	Average Hours per week Part-time	Average Annual Part-time Salary	Total Estimated Annual Payroll
1	13	48,218	—	—	—	—	627,000
2	14	48,218	—	—	—	—	675,000
3	16	48,218	—	—	—	—	771,500
4	18	48,218	—	—	—	—	868,000
5	20	48,218	—	—	—	—	964,000

6. Describe the occupational composition of the workforce at the Project Location. Please describe pay levels and number of employees at each pay level.

*4 - ADMINISTRATIVE. APP. \*245,000 ANN.  
 3 MECHANICS. APP. \*145,000 ANN.  
 3 LABORERS. APP. \*91,500 ANN.  
 1 INSTALLER. APP. 45,760 ANN.*

7. Please provide documentary evidence (Form Year end W-2, Form EEO-1 or external or internal payroll statements(last quarter or year end statements) supporting the answer provided in question numbers 1, 3 and 4.

8. Does Applicant intend to employ new employees at the Project Location, and/or will Applicant transfer current employees from premises currently being used? Please provide details.

YES, TRANSFER CURRENT EMPLOYEES - see #6  
ADD. 9 EMPLOYEES OVER 5 YR. TERM

I authorize any private or governmental entity, including but not limited to the New York State Department of Labor ("DOL"), to release to the Babylon IDA and to its successors and assigns, any and all employment information under DOL's control that is pertinent to the Company and the Company's employees. This authorization shall remain in effect throughout the term of this Lease.

Name of Applicant:

By: Printed Name of Signer: JAMES Romanelli

Title of Signer: PRES

Signature:

Date:

*[Handwritten Signature]*  
10 DAY OF JULY 2012

Attach to this Questionnaire your most recent four quarters of the NYS-45 "Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return." Attach additional pages if necessary.

ANTHONY CAVALLI JR.  
Notary Public, State of New York  
No. 01CA6085113  
Qualified in Suffolk County  
Certified in Nassau County  
Commission Expires December 23, 2014

*[Handwritten Signature]*



## Labor Questionnaire

The Applicant and its Affiliates hereinafter will be referred to as the "Companies" or individually as a "Company." If any of the following questions applies to none of these Companies, answer "NONE"; but, for any question that does apply, be sure to specify to which of the Companies the answer is relevant. When the space provided for an answer is insufficient, provide the answer on a separate sheet of paper and attach that paper to this Questionnaire.

1. List all of the labor union contracts and collective bargaining arrangements to which any of the Companies is currently a party:

None

2. Have any of the Companies during the current calendar year and the five calendar years preceding the current calendar year experienced labor unrest situations, including pending or threatened labor strikes, hand billing, consumer boycotts, mass demonstrations or other similar incidents?

Yes       No      If Yes, please explain:

3. Have any of the Companies received any federal and/or state unfair labor practices complaints asserted during the current calendar year and the three calendar years preceding the current calendar year?

Yes       No      If Yes, please describe and explain current status of complaints:

4. Do any of the Companies have pending or threatened requests for arbitration, grievance proceedings, labor disputes, strikes or disturbances during the current calendar year and the three calendar years preceding the current calendar year?

Yes       No      If Yes, please explain:

5. Are all employees of the Companies permitted to work in the United States?

Yes       No      If No, please provide details on an attached sheet.

What steps do the Companies take as a matter of course to ascertain their employees' employment status?

Provide Photo I.D. & present documents as per  
Federal Requirements

Do the Companies complete and retain all required documentation related to this inquiry, such as Employment Eligibility Verification (I-9) forms?

Yes       No      If No, please explain:

6. Has the United States Department of Labor, the New York State Department of Labor or any other local, state or federal department, agency or commission having regulatory or oversight responsibility with respect to workers and/or their working conditions and/or their wages, inspected the premises of any Company or audited the payroll records of any Company during the current calendar year or during the three calendar years preceding the current one?

Yes       No

If the answer to this question is "Yes," briefly describe the nature of the inspection, the inspecting governmental entity and when the inspection occurred. Briefly describe the outcome of the inspection, including any reports that may have been issued and any fines or remedial or other requirements imposed upon the Company or Companies as a consequence:

7. Has any Company incurred, or potentially incurred, any liability (including withdrawal liability) with respect to an employee benefit plan, including a pension plan?

Yes       No

If the answer to this question is "Yes," quantify the liability and briefly describe its nature and refer to any governmental entities that have had regulatory contact with the Company in connection with the liability:

8. Are the practices of any Company now, or have they been at any time during the three calendar years preceding the current calendar year, the subject of any complaints, claims, proceedings or litigation arising from alleged discrimination in the hiring, firing, promoting, compensating or general treatment of employees?

Yes       No

If the answer to this is "Yes," provide details. When answering this question, please consider "discrimination" to include sexual harassment.

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

Name of Applicant:

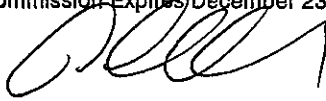
By: Printed Name of Signer: James Romanelli

Title of Signer: Pres

Signature:

Date: 11  11  
11 MAY 04 JULY 2012

ANTHONY CAVALLI JR.  
Notary Public, State of New York  
No. 01CA6085113  
Qualified in Suffolk County  
Certified in Nassau County  
Commission Expires December 23, 2014



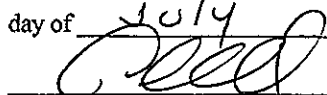
CERTIFICATION

James Romanelli (Name of Chief Executive Officer of company submitting application) deposes and says that he is the President (title) of Lifetime Design Corp. (Company Name), the corporation named in the attached application; that he has read the foregoing application and knows the contents thereof; that the same is true to his knowledge.

Deponent further says that the reason this verification is being made by deponent and not by Lifetime Design Corp. (Company Name) 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 acquired 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 Town of Babylon Industrial Development Agency (hereinafter referred to as the "Agency") acting on behalf of the applicant in connection with this application and all matters relating to the lease back transaction. 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 cost incurred with respect to the application, up to that date and time, including fees of project counsel and general counsel for the Agency. The applicant shall pay to the Agency an administrative fee set by the Agency not to exceed an amount equal to 1% of the total project cost, which amount is payable at closing.

  
Chief Executive Officer of Company

Sworn to before me this 11  
day of July, 2012  


(Seal)  
ANTHONY CAVALLI JR.  
Notary Public, State of New York  
No. 01CA6085113  
Qualified in Suffolk County  
Certified in Nassau County  
Commission Expires December 23, 2014

P.O. Address

to the TOWN OF BABYLON  
INDUSTRIAL DEVELOPMENT AGENCY

STATE OF NEW YORK

} ss. :

COUNTY OF SUFFOLK

James Romanelli

being duly sworn, deposes and says

1. This affidavit is made by your deponent and intended to be filed with the above board of the Town of Babylon to fulfill requirements of Article XXIII of the Building Zone Ordinance of the Town of Babylon with respect to the above-entitled Application made or intended to be made affecting property located and described as follows:

162 E. INDUSTRY CT. DEER PARK NY

2. The name and address of the Applicant are as follows :

Li Peting Design Corp  
201-A BROAD AVE  
DEER PARK NY 11729

3. The name and address of the person who has made and signed this Application are as follows:

James Romanelli  
94 Anchorage Drive  
W. Islip NY 11795

4. The names and addresses of all persons having any interest whatsoever in the property described in this Application direct or indirect, vested or contingent, regardless of whatever such person has an interest as a contract vendor, contract vendee, lessor, sub-leasor, contract lessor, lessee, sub-lessee, contract lessee, holder of any beneficial interest, contract holder of any beneficial interest, mortgagor, mortgagee, holder of any encumbrance of lien, contract holder of any encumbrance or lien, guarantor, assignee, agent or broker, or otherwise, and regardless of whether the interest arises as the result of advancing or lending funds in connection with the acquisition or development of the property and regardless of whether the interest may arise or be affected by the decision to be made by this Board, are as follows :

JAMES Romanelli  
94 Anchorage DR  
WEST ISLIP NY 11778

5. The names and addresses of all persons who will receive any benefit as a result of their work, effort or services in connection with this Application are as follows :

NONE

6. The names and addresses of all persons hereinabove set forth under paragraph number 4 or paragraph number 5 of this affidavit who also have any interest such as described in paragraph number 4 or in paragraph number 5 of this Affidavit, in any property within one mile of the property described in this Application, are as follows : NONE

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7. The names and addresses of all persons hereinabove set forth under paragraph number 4 or paragraph number 5 of this Affidavit who are officers or employees of the Town of Babylon, are as follows : NONE

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8. In detail, the nature and extent of the Interest in the property described in this Application, of all officers or employees of the Town of Babylon set forth under paragraph number 7 of this Affidavit, are as follows : NONE

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9. The names and addresses of all persons hereinabove set forth under paragraph 4 or paragraph 5 of this Affidavit, who are related to any officer or employee of the Town of Babylon are as follows : NONE

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10. In detail, the nature of the relationship between all persons set forth in paragraph number 9 of this Affidavit and any officers or employees of the Town of Babylon, are as follows : NONE

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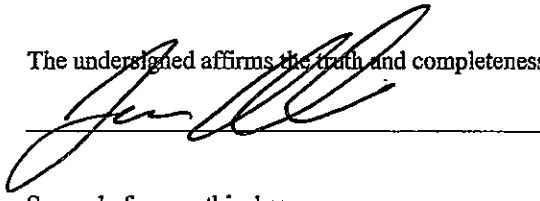
11. In detail, the nature and extent of the interest in the property described in the Application of all persons set forth under paragraph number 9 of this Affidavit, are as follows : NONE

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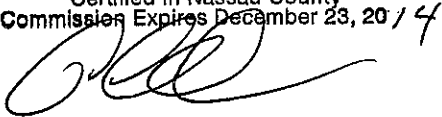
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The undersigned affirms the truth and completeness of the foregoing under penalty of perjury:



Sworn before me this day  
11 day of July 2012

ANTHONY CAVALLI JR.  
 Notary Public, State of New York  
 No. 01CA6085113  
 Qualified in Suffolk County  
 Certified in Nassau County  
 Commission Expires December 23, 2014



Project I.D. Number \_\_\_\_\_

### Short Environmental Assessment Form

Part 1 – Project Information (To be completed by Applicant or Project Sponsor)

1. Applicant/Sponsor: Lifetime Design Corp
2. Project Name: Lifetime Design Corp
3. Project Location: 162 E. INDUSTRY CT SCTM# \_\_\_\_\_

4. Precise Location- Municipality / County:  
DEER PARK NY 11729

(Street address and road intersections, prominent land marks, etc. or provide map)

5. Is Proposed Action  New  Expansion  Modification / Alteration

6. Describe Project Briefly:  
Moving to new location to MANUFACTURE  
WAREHOUSES INSTALL CUSTOM WOOD PRODUCTS

7. Amount of Land Affected (initially) NA acres (ultimately) \_\_\_\_\_ acres

8. What proposed action complies with existing zoning or other existing land use restrictions? ALL

9. What is present land use in vicinity of project?

- Residential
- Industrial
- Commercial
- Agriculture
- Park / Forrest/ Open Space
- Other

Describe: \_\_\_\_\_

10. Does action involve a permit approval, or funding, now or ultimately from any other governmental agency: \_\_\_\_\_yes \_\_\_\_\_no (Federal, State or Local)?

11. Does any aspect of the action have a currently valid permit or approval?

yes  
 no

If yes, list agency name and permit / approval \_\_\_\_\_

12. As a result of proposed action will existing permit / approval require modification?

yes  
 no

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

Applicant / Sponsor: Name Lifeline Design Corp Date 7/11/12

Signature Jane Rull



Prepared by Project Sponsor

Notice: This document is assigned to assist in determining whether the action proposed may have a significant effect on the environment. Please complete the entire form, Parts A through E. Answers to these questions will be considered as part of the application for approval and may be subject to further verification and public review. Provide any additional information you believe will be needed to complete Parts 2 and 3.

It is expected that completion of the full EAF will be dependent on information requiring such additional work is unavailable, so indicate and specify each instance.

Name of action: \_\_\_\_\_

Location of Action, (include Street address, Municipality, County)

\_\_\_\_\_  
\_\_\_\_\_

Location of Applicant / Sponsor:	201-A BROOK AVE DEER PK
Business Telephone:	631-242-1162
Address	201-A BROOK AVE
City/PO:	DEER PARK
State:	NY
Zip Code:	11729

Name of Owner, (if different):
Business Telephone:
Address:
City/PO:
State:
Zip Code:

Please complete each question- Indicate N.A. if not applicable

A. Site Description:

Physical setting of overall project, both developed and undeveloped areas:

1. Present land use:

- Urban
- Industrial
- Commercial
- Resident (suburban)
- Rural (non-farm)
- Forrest
- Agriculture
- Other

2. Total acreage of project area: 1 acres.

Approximate Acreage	Presently	After Completion
Meadow or Brush land (Non Agricultural)	<u>0</u> acres	<u>0</u> acres
Forested	<u>0</u> acres	<u>0</u> acres
Agricultural (includes orchards, croplands, pasture, etc.)	<u>0</u> acres	<u>0</u> acres
Wetland (freshwater or tidal as per articles 24,25 of ECL)	<u>0</u> acres	<u>0</u> acres
Water Surface Area	<u>0</u> acres	<u>0</u> acres
Unvegetate, (rock, earth or fill)	<u>0</u> acres	<u>0</u> acres
Roads, Buildings, Other Paved Surfaces	<u>1</u> acres	<u>1</u> acres
Other (indicate type)	<u>0</u> acres	<u>0</u> acres

3. What is the predominant soil type (s) on project site?

- a. Soil Drainage:  well drained \_\_\_\_\_% of site  
 moderately well drained \_\_\_\_\_% of site  
 poorly drained \_\_\_\_\_% of site

b. If any agricultural land is involved, how many acres of soil are classified within soil group

c. 1 through 4 of the NYS Classification System? \_\_\_\_\_ acres. (See NYCRR 370).

4. Are there bedrock outcroppings on project site? \_\_\_\_\_yes no

a. What is the depth to bedrock? \_\_\_\_\_ (in feet)

5. Approximate percentage of proposed project site with slopes: NA

\_\_\_\_\_0-10%

\_\_\_\_\_10-15%

\_\_\_\_\_15% or greater

6. Is project substantially contiguous to, or contain a building, site or district, listed on the State or National Registers of Historic Places: \_\_\_\_\_yes no

7. Is project substantially contiguous to a site listed on the Register of National Natural Landmarks: \_\_\_\_ yes  no
8. What is the depth of the Water Table? \_\_\_\_ (in feet)
9. Is the site located over a primary, principal or sole source aquifer? \_\_\_\_ yes  no
10. Does hunting, fishing or shell fishing opportunities presently exist in the project area?  
 \_\_\_\_ yes  no
11. Does project site contain any species of plant or animal life that is identified as threatened or endangered? \_\_\_\_ yes  no  
 According to \_\_\_\_\_  
 Identify each species \_\_\_\_\_
12. Are there any unique or unusual land forms on the project site? (i.e. cliffs, dunes, other geological formations) \_\_\_\_ yes  no  
 Describe \_\_\_\_\_  
 \_\_\_\_\_
13. Is the project site presently used by the community or neighborhood as an open space or recreation area? \_\_\_\_ yes  no  
 If yes explain \_\_\_\_\_
14. Does present site include scenic views known to be important to the community?  
 \_\_\_\_ yes  no
15. Are there streams within or contiguous to project area? \_\_\_\_ yes  no  
 a. Name of stream and name of river to which it is tributary: \_\_\_\_\_  
 \_\_\_\_\_
16. Lakes ponds, wetland areas within or contiguous to project area:  
 a. b. size \_\_\_\_\_
17. Is the site served by existing public utilities:  yes \_\_\_\_ no  
 a. If yes, does sufficient capacity exist to allow connection?  yes \_\_\_\_ no  
 b. B. If yes, will improvements be necessary to allow connection? \_\_\_\_ yes \_\_\_\_ no

18. Is the site located in an agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA Section 303 and 3047? \_\_\_yes  no
19. Is the site located in or substantially contiguous to a Critical Environmental Area designated pursuant to article 8 of the ECL and 6 NYCRR 617? \_\_\_yes  no
20. Has the site ever been used for disposal of solid or hazardous wastes? \_\_\_yes  no

### B. Project Description

1. Physical dimensions and scale of project, (fill in dimensions as appropriate)
- Total contiguous acreage owned or controlled by project sponsors 1 acres.
  - Project acreage to be developed: \_\_\_ acres initially \_\_\_ acres ultimately. N/A
  - Project acreage to remain undeveloped: \_\_\_ acres. N/A
  - Length of project in miles: \_\_\_ (if appropriate).
  - If the project is an expansion, indicate percent of expansion proposed \_\_\_%. N/A
  - Number of off-street parking spaces 40 existing \_\_\_ proposed.
  - Maximum vehicular trips generated per hour 0 (upon completion of project)?
  - If residential: number and type of housing units: NA
    - One family \_\_\_ initially \_\_\_ ultimately
    - Two Family \_\_\_ initially \_\_\_ ultimately
    - Multiple Family \_\_\_ initially \_\_\_ ultimately
    - Condominium \_\_\_ initially \_\_\_ ultimately
  - Dimension, ( in feet) of largest proposed structure \_\_\_ Height; \_\_\_ width; \_\_\_ length. 19K sq ft.
  - Linear feet frontage along a public thoroughfare project will occupy? \_\_\_ ft.
2. How much natural material, (i.e. rock, earth, etc.) will be removed from the site? \_\_\_ tons/cubic yards.
3. Will disturbed areas be reclaimed? \_\_\_ yes \_\_\_ no  N/A
- If yes, for what intended purpose is the site being reclaimed?  
\_\_\_\_\_
- 
- Will topsoil be stockpiled for reclamation? \_\_\_ yes  no N/A
  - Will upper subsoil be stockpiled for reclamation? \_\_\_ yes \_\_\_ no N/A

4. How many acres of vegetation, (trees, shrubs, ground covers) will be removed from site: \_\_\_ acres N/A
5. Will any mature forest, (over 100 years old) or other locally important vegetation be removed by this project? \_\_\_yes \_\_\_no N/A
6. If single phase project: Anticipated period of construction \_\_\_ months, (including demolition). MOVE IN CONDITION
7. If Multi-phased:
- Total number of phases anticipated \_\_\_ (number)
  - Anticipated date of commencement phase 1: \_\_\_ month \_\_\_ year. (including demolition)
  - Approximate completion date of final phase: \_\_\_ month \_\_\_ year
  - Is phase 1 functionally dependent on subsequent phases? \_\_\_yes \_\_\_no
8. Will blasting occur during construction? \_\_\_yes  no
9. Number of jobs generated:
- during construction 10
  - after project is complete 0
10. Number of jobs eliminated by this project \_\_\_.
11. Will project require relocation of any projects or facilities? \_\_\_yes  no  
If yes explain \_\_\_\_\_
12. Is surface liquid waste disposal involved? \_\_\_yes  no  
a. If yes, indicate type of waste, ( sewage, industrial, etc.) and amount \_\_\_\_\_
13. Is subsurface liquid waste disposal involved? \_\_\_yes  no.  
Explain: \_\_\_\_\_
14. Will surface area of existing water body increase or decrease by proposal?  
\_\_\_yes  no Explain: \_\_\_\_\_
15. Is project or any portion of project located in a 100 year flood plain?  
\_\_\_yes  no

16. Will the project generate solid waste?  yes  no  
 a. If yes, what is the amount per month 1 tons)  
 b. If yes, will an existing solid waste facility be used?  yes  no  
 c. If yes, give name TOWN OF BABYLON  
 d. Will any wastes not go into a sewage disposal system or into a sanitary landfill?  yes  no  
 e. If yes, explain \_\_\_\_\_
17. Will the project involve the disposal of solid waste?  yes  no  
 a. If yes, what is the anticipated rate of disposal? \_\_\_\_\_ tons/month.  
 b. If yes what is the anticipated site life? \_\_\_\_\_ years.
18. Will project use herbicides or pesticides  yes  no
19. Will project routinely produce odors, (more than one hour a day)?  
 yes  no
20. Will project produce operating noise exceeding the local ambient noise levels?  
 yes  no
21. Will project result in an increase in energy use?  
 yes  no
22. If water supply is from wells, indicate pumping capacity \_\_\_\_\_ gals/min.
23. Total anticipated water usage per day \_\_\_\_\_ gals/day.
24. Does project involve Local, State or Federal Funding?  yes  no  
 If yes, explain \_\_\_\_\_

25. Approvals required:	Type	Submittal Date
City, Town, Village Board	yes no	
City, Town, Village Plan Bd.	yes no	
City, Town, Zoning Board	yes no	
City, County, Health Dept.	yes no	
Other Local Agencies	yes no	
Other Regional Agencies	yes no	
State Agencies	yes no	
Federal Agencies	yes no	

C. Zoning and Planning Information

1. Does proposed action involve a planning or zoning decision \_\_\_\_yes  \_\_\_\_no  
If yes, indicate decision required:  
\_\_\_\_ zoning amendment \_\_\_\_ zoning variance \_\_\_\_ special use permit  
\_\_\_\_ subdivision \_\_\_\_ site plan \_\_\_\_ new revision of master plan  
\_\_\_\_ resource management plan \_\_\_\_ other
2. What is the zoning classification of the site? light industrial
3. What is the maximum potential development of the site if developed as permitted by the proposed zoning? NA
4. What is the proposed zoning of the site? NA
5. What is the maximum potential development of the site if developed as permitted by the proposed zoning? NA
6. Is the proposed action consistent with the recommended uses in adopted local land use plans?  yes \_\_\_\_ no
7. What are the predominant land use(s) and zoning classifications within a ½ mile radius of proposed action? INDUSTRIAL
8. Is the proposed action compatible with adjoining/surrounding land uses within a ¼ mile?  yes \_\_\_\_ no
9. If the proposed action is the subdivision of land, how many lots are proposed?  
NA
10. Will proposed action require any authorization(s) or the formation of sewer or water districts? \_\_\_\_ yes  no
11. Will the proposed action create a demand for any community provided services (recreation, education, police, and fire protection)? \_\_\_\_ yes  no  
If yes, is existing capacity sufficient to handle projected demand? \_\_\_\_ yes \_\_\_\_ no
12. Will the proposed action result in the generation of traffic significantly above present levels? \_\_\_\_ yes  no  
If yes, is the existing road network adequate to handle the additional traffic?  
\_\_\_\_ yes \_\_\_\_ no

**D. Informational Details**

Attach any information as may be needed to clarify your project. If there are or may be any adverse impacts associated with your proposal, Please discuss such impacts and the measures which you propose to mitigate or avoid them.

**E. Verification**

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

Applicant /Sponsor Name: Lidstrom Design Corp.

Signature: Jean Hill Date: 7/11/12

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with the assessment.

Project Manager: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Notice and Acknowledgement of Pay Rate and Payday  
Under Section 195.1 of the New York State Labor Law  
Notice for Hourly Rate Employees

1. Employer Information

Name:

Lifetime Express Manufacturing

Doing Business As (DBA) Name(s):

Lifetime Express Manufacturing

FEIN (optional):

Physical Address:

201A Brook Ave.  
Deer Park, N.Y. 11729

Mailing Address:

201A Brook Ave.  
Deer Park, N.Y. 11729

Phone:

(631) 242-1162

2. Notice given:

- At hiring
- On or before February 1st
- Before a change in pay rate(s), allowances claimed or payday

3. Employee's rate of pay:

\$ 22 per hour

4. Allowances taken:

- None
- Tips \_\_\_\_\_ per hour
- Meals \_\_\_\_\_ per meal
- Lodging \_\_\_\_\_
- Other \_\_\_\_\_

5. Regular payday: Friday

6. Pay is:

- Weekly
- Bi-weekly
- Other

7. Overtime Pay Rate:

\$ 33 per hour (This must be at least 1½ times the worker's regular rate with few exceptions.)

8. Employee Acknowledgement:

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.

Check one:

- I have been given this pay notice in English because it is my primary language.
- My primary language is \_\_\_\_\_, I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Larry North  
Print Employee Name

[Signature]  
Employee Signature

11/30/12

Date

Lucille Cavalli Office Administrator

Preparer's Name and Title

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.

Notice and Acknowledgement of Pay Rate and Payday Under Section 195.1 of the New York State Labor Law Notice for Hourly Rate Employees



1. Employer Information

Name: **Lifetime Express Manufacturing**

Doing Business As (DBA) Name(s):

FEIN (optional):

Physical Address: **201A Brook Ave  
Deer Park, NY 11729**

Mailing Address: **S.A.A.**

Phone: **631-242-1162**

3. Employee's rate of pay: \$ 22.00 per hour

4. Allowances taken:
- None
  - Tips \_\_\_\_\_ per hour
  - Meals \_\_\_\_\_ per meal
  - Lodging \_\_\_\_\_
  - Other \_\_\_\_\_

5. Regular payday: Friday

6. Pay is:
- Weekly
  - Bi-weekly
  - Other

7. Overtime Pay Rate: \$ 33.00 per hour (This must be at least 1½ times the worker's regular rate with few exceptions.)

8. Employee Acknowledgement: On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.

- Check one:
- I have been given this pay notice in English because it is my primary language.
  - My primary language is \_\_\_\_\_ I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Print Employee Name John MASSARO

Employee Signature [Signature]

Date 6/15/12

Preparer's Name and Title Luella A. Parnelli Cavali  
Office Manager

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.



**Notice and Acknowledgement of Pay Rate and Payday**  
**Under Section 195.1 of the New York State Labor Law**

Notice for Employees Paid a Weekly Rate or a Salary for a Fixed Number of Hours (40 or Fewer in a Week)

**1. Employer Information**

Name: Lifetime Express Mfg.

Doing Business As (DBA) Name(s): Lifetime Express Mfg.

FEIN (optional):

Physical Address: 201 A Brook Ave.  
Deer Park, N.Y. 11729

Mailing Address: 201 A Brook Ave.  
Deer Park, N.Y. 11729

Phone: (631) 242-1162

**3. Employee's Pay Rate:**

\$ 22.00 per year

Weekly hours 40 (Specify the number of hours for which the weekly rate or salary will be paid.)

Employers may not pay a non-hourly rate to a non-exempt employee in the Hospitality Industry, except for commissioned salespeople.

**4. Allowances taken:**

- None
- Tips \_\_\_\_\_ per hour
- Meals \_\_\_\_\_ per meal
- Lodging \_\_\_\_\_
- Other \_\_\_\_\_

**5. Regular payday:** Friday

**6. Pay ~~is~~**

- Weekly
- Bi-weekly
- Other

**7. Overtime Pay Rate:**

\$ \_\_\_\_\_ per hour (This must be at least 1½ times the worker's regular rate, with few exceptions.)

**2. Notice given:**

- At hiring
- On or before February 1
- Before a change in pay rate(s), allowances claimed or payday

**8. Employee Acknowledgement:**

On this day, I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated payday. I told my employer what my primary language is.

**Check one:**

- I have been given this pay notice in English because it is my primary language.
- My primary language is ENGLISH. I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Peter J Ciardulli  
 Print Employee Name  
Peter Ciardulli  
 Employee Signature

11/15/2012  
 Date  
Jacobs Allen Caldwell  
 Preparer Name and Title  
**OFFICE MANAGER**

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.



**Notice and Acknowledgement of Pay Rate and Payday/Avi ak Rekonesans Jou Pèyman ak To Pèyman**  
**Under Section 195.1 of the New York State Labor Law/Sou Seksyon 195.1 nan Lwa Travay Eta Nouyòk la**  
**Notice for Hourly Rate Employees/Avi pou Anplwaye k ap Touche Chak Èdtan yo**

**1. Employer Information / Enfòmasyon Sou Anplwayè**  
 Name/Non: Lifetime Express Manufacturing  
 Doing Business As (DBA) name(s)/ Non Komèsyal: Lifetime Express Manufacturing  
 FEIN (optional)/Nimewo Idantifikasyon Federal (opsyonèl):  
 Physical Address/Adrès Fizik: 201 A Brook Ave. Deer Park, N.Y. 11729  
 Mailing Address/Adrès Postal: 201A Brook Ave. Deer Park, N.Y. 11729  
 Phone/Telefòn: (631) 242-1162

**3. Employee's Pay Rate/To Pèyman Anplwaye**

\$ 13 per hour/pa èdtan

**4. Allowances taken /Alokasyon li pran**

- None/Okenn
- Tips/Poubwa \_\_\_\_\_ per hour/pa èdtan
- Meals/Repa \_\_\_\_\_ per meal/pa repa
- Lodging/Lojman \_\_\_\_\_
- Other/Lòt bagay \_\_\_\_\_

**5. Regular payday/Jou pèyman regilye**

Friday

**6. Pay is /Pèyman an fèt**

- Weekly/Chak semèn
- Bi-weekly/Chak de semèn
- Other/Yon lòt fason: \_\_\_\_\_

**7. Overtime Pay Rate/To Pèyman Pou Travay Siplemanntè (travay ki depase 40 èdtan nan yon semèn):**

\$ 19.50 per hour/pa èdtan (This must be at least 1½ times the worker's regular rate, with few exceptions.)/(Sa sipoze omwen 1 ½ fwa to regilye travayè a, ak kèk eksepsyon.)

**2. Notice given/ Yo bay avi a:**

- At hiring/Lè yo anplwaye a
- On or before February 1 / 1ye fevriye oswa avan sa
- Before a change in pay rate(s), allowances claimed or payday. / Avon gen yon chanjman nan to pèyman an (yo), alokasyon yo reklame oswa jou pèyman an.

**8. Employee Acknowledgement /Rekonesans**

**Anplwaye:** On this day, I received notice of my pay rate, overtime rate (if eligible), allowances, and designated payday in English and my primary language. I told my employer that my primary language is **Haitian Creole**. /Nan jou sa a, mwen te resevwa yon avi sou to pèyman mwen, to travay siplemanntè (si m kalifye), alokasyon, ak jou ki chwazi pèyman mwen ann Angle ak lang manman mwen. Mwen te di anplwayè mwen lang manman mwen se **Kreyòl Ayisyen**.

Dervil Cetaute

Print employee name/Ekri non anplwaye a ak lèt yo dekole

Employee Signature /Siyati Anplwaye a

1-26-12  
Date/Dat

Lucille Cavalli Office Administrator  
Preparer Name and Title /Non ak Tit moun kap prepare dokiman an

The employee must receive a signed copy of this form. The employer must keep the original for 6 years. /Anplwaye a dwe resevwa yon kopi fòm sa a ki siyen. Anplwayè a dwe kenbe orijinal la pandan 6 ane.



Notice and Acknowledgement of Pay Rate and Payday Under Section 195.1 of the New York State Labor Law

Notice for Employees Paid a Weekly Rate or a Salary for a Fixed Number of Hours (40 or Fewer in a Week)

**1. Employer Information**

Name: Lifetime Express Mfg.

Doing Business As (DBA) Name(s): Lifetime Express Mfg.

FEIN (optional):

Physical Address: 201 A Brook Ave. Deer Park, N.Y. 11729

Mailing Address: 201 A Brook Ave. Deer Park, N.Y. 11729

Phone: (631) 242-1162

**2. Notice given:**

At hiring

On or before February 1

Before a change in pay rate(s), allowances claimed or payday

**3. Employee's Pay Rate:** \$ 37.440. per year

Weekly hours 40 (Specify the number of hours for which the weekly rate or salary will be paid.)

Employers may not pay a non-hourly rate to a non-exempt employee in the Hospitality Industry, except for commissioned salespeople.

**8. Employee Acknowledgement:**

On this day, I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated payday. I told my employer what my primary language is.

**Check one:**

I have been given this pay notice in English because it is my primary language.

My primary language is \_\_\_\_\_, I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Lucille A Romanello Cavalli  
Print Employee Name

Lucille A Romanello Cavalli  
Employee Signature

Date: 1/31/12

Lucille A Romanello Cavalli  
Preparer Name and Title

**4. Allowances taken:**

None

Tips \_\_\_\_\_ per hour

Meals \_\_\_\_\_ per meal

Lodging \_\_\_\_\_

Other \_\_\_\_\_

**5. Regular payday:** Friday

**6. Pay is:**

Weekly

Bi-weekly

Other

**7. Overtime Pay Rate:**

\$ \_\_\_\_\_ per hour (This must be at least 1½ times the worker's regular rate, with few exceptions.)

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.



**Notice and Acknowledgement of Pay Rate and Payday/Aviso y Acuse de Recibo de Tasa de Pago y Día de Cobro**  
**Under Section 195.1 of the New York State Labor Law/Bajo la Sección 195.1 de La Ley de Trabajo del Estado de Nueva York**  
 Notice for Hourly Rate Employees/Aviso para empleados con tasa de pago por hora

**1. Employer Information/Información del Empleador**  
 Name/Nombre: Lifetime Express Manufacturing  
 Doing Business As (DBA) name(s)/ Nombre(s) comercial(es): Lifetime Express Manufacturing  
 FEIN (optional)/ Número de identificación Federal (opcional):  
 Physical Address/Dirección Física: 201A BROOK AVE. DEER PARK N.Y. 11729  
 Mailing Address/Dirección postal u oficial: 201 A BROOK AVE. DEER PARK N.Y. 11729  
 Phone/Teléfono: (631) 242-1162

**3. Employee's Pay Rate/Tasa de pago del empleado:**  
 \$ 13 per hour/por hora

**4. Allowances taken/Créditos tomados:**  
 None/ninguno  
 Tips/Propinas \_\_\_\_\_ per hour/ por hora  
 Meals/Comidas \_\_\_\_\_ per meal/ por comida  
 Lodging/ Hospedaje \_\_\_\_\_  
 Other/Otra \_\_\_\_\_

**5. Regular payday/Día de Cobro Regular:**  
Friday

**8. Employee Acknowledgement/Acuse de Recibo del Empleado:** On this day, I received notice of my pay rate, overtime rate if eligible, allowances, and designated payday in English and my primary language. I told my employer that my primary language is Spanish. En esta fecha, se me ha informado de mi tasa de pago, mi tasa de pago de horas extras (si elegible), créditos, y del día de cobro en inglés y en mi lengua materna. Le indiqué al empleador de que mi lengua materna es español.

Jesus Joya  
 Print Employee Name/Escriba el nombre del empleado en letra de imprenta

[Signature]  
 Employee Signature/Firma del Empleado

1/30/12  
 Date/Fecha

**2. Notice given/Aviso emitido:**  
 At hiring/ En la contratación  
 On or before February 1/En o antes del 1 de Febrero  
 Before a change in pay rate(s), allowances claimed or payday. Antes de un cambio en tasa de pago, créditos tomados, o día de cobro

Lucille Cavalli Office Administrator  
 Preparer Name and Title/Nombre y Título del Preparador de este Documento.

The employee must receive a signed copy of this form. The employer must keep the original for 6 years./El empleado debe recibir una copia firmada, de este documento. El original debe permanecer con el empleador por 6 años.



Notice and Acknowledgement of Pay Rate and Payday  
Under Section 195.1 of the New York State Labor Law  
Notice for Hourly Rate Employees

**1. Employer Information**

Name: Lifetime Express Manufacturing

Doing Business As (DBA) Name(s):

FEIN (optional):

Physical Address: 201 A Brook Ave  
Deer Park NY 11729

Mailing Address:

Phone: 631-242-1162

3. Employee's rate of pay:  
\$ 23.00 per hour

4. Allowances taken:
- None
  - Tips \_\_\_\_\_ per hour
  - Meals \_\_\_\_\_ per meal
  - Lodging \_\_\_\_\_
  - Other \_\_\_\_\_

5. Regular payday: Friday

6. Pay is:
- Weekly
  - Bi-weekly
  - Other

7. Overtime Pay Rate:  
\$ 34.50 per hour (This must be at least 1½ times the worker's regular rate with few exceptions.)

2. Notice given:
- At hiring
  - On or before February 1st
  - Before a change in pay rate(s), allowances claimed or payday

8. Employee Acknowledgement:  
On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.

Check one:

- I have been given this pay notice in English because it is my primary language.
- My primary language is \_\_\_\_\_ I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Print Employee Name  
William Saf

Employee Signature  
[Signature]

Date  
4/9/12

Preparer's Name and Title  
[Signature]

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.



Notice and Acknowledgement of Pay Rate and Payday  
Under Section 195.1 of the New York State Labor Law  
Notice for Hourly Rate Employees

1. Employer Information

Name:

Lifetime Express Manufacturing

Doing Business As (DBA) Name(s):

Lifetime Express Manufacturing

FEIN (optional):

Physical Address:

201A Brook Ave.  
Deer Park, N.Y. 11729

Mailing Address:

201A Brook Ave.  
Deer Park, N.Y. 11729

Phone:

(631) 242-1162

2. Notice given:

- At hiring
- On or before February 1st
- Before a change in pay rate(s), allowances claimed or payday

3. Employee's rate of pay:

\$ 26 per hour

4. Allowances taken:

- None
- Tips \_\_\_\_\_ per hour
- Meals \_\_\_\_\_ per meal
- Lodging \_\_\_\_\_
- Other \_\_\_\_\_

5. Regular payday: Friday

6. Pay is:

- Weekly
- Bi-weekly
- Other

7. Overtime Pay Rate:

\$ 39 per hour (This must be at least 1½ times the worker's regular rate with few exceptions.)

8. Employee Acknowledgement:

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.

Check one:

- I have been given this pay notice in English because it is my primary language.
- My primary language is \_\_\_\_\_ I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Brian Lyden

Print Employee Name

[Signature]

Employee Signature

1/26/12

Date

Lucille Conalli Office Administrator

Preparer's Name and Title

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.



Notice and Acknowledgement of Pay Rate and Payday Under Section 195.1 of the New York State Labor Law Notice for Hourly Rate Employees



1. Employer Information

Name: **Lifetime Express Manufacturing**  
 Doing Business As (DBA) Name(s):  
 FEIN (optional):  
 Physical Address: **201 A Brook Ave Deer Park, NY 11729**  
 Mailing Address: **201 A Brook Ave Deer Park, New York 11729**  
 Phone:

2. Notice given:  
 At hiring  
 On or before February 1st  
 Before a change in pay rate(s), allowances claimed or payday

3. Employee's rate of pay:  
 \$ 20 per hour

4. Allowances taken:  
 None  
 Tips \_\_\_\_\_ per hour  
 Meals \_\_\_\_\_ per meal  
 Lodging \_\_\_\_\_  
 Other \_\_\_\_\_

5. Regular payday: Friday

6. Pay is:  
 Weekly  
 Bi-weekly  
 Other

7. Overtime Pay Rate:  
 \$ 30 per hour (This must be at least 1 1/2 times the worker's regular rate with few exceptions.)

8. Employee Acknowledgement:  
 On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.

Check one:  
 I have been given this pay notice in English because it is my primary language.  
 My primary language is \_\_\_\_\_ I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Jorge A Florez  
 Print Employee Name

Jorge A. Florez  
 Employee Signature

May 18, 2012  
 Date

Lucille A. Conzatti-Cavall  
 Preparer's Name and Title  
Office Manager

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.

Notice and Acknowledgement of Pay Rate and Payday  
Under Section 195.1 of the New York State Labor Law  
Notice for Hourly Rate Employees



**1. Employer Information**

Name: Lifetime Express Manufacturing

Doing Business As (DBA) Name(s):

FEIN (optional):

Physical Address: 201A Brook Ave  
Deer Park, NY 11729

Mailing Address: 201A Brook Ave.  
Deer Park, NY 11729

Phone: 631-242-1162

3. Employee's rate of pay:  
\$ 22.00 per hour

4. Allowances taken:

None

Tips \_\_\_\_\_ per hour

Meals \_\_\_\_\_ per meal

Lodging \_\_\_\_\_

Other \_\_\_\_\_

5. Regular payday: Friday

6. Pay is:

Weekly

Bi-weekly

Other

7. Overtime Pay Rate:  
\$ 33.00 per hour (This must be at least 1 1/2 times the worker's regular rate with few exceptions.)

8. Employee Acknowledgement:  
On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.

Check one:

I have been given this pay notice in English because it is my primary language.

My primary language is \_\_\_\_\_ I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Norman F. Montiel  
Print Employee Name

Norman F. Montiel  
Employee Signature

3-23-12  
Date

Lucille Cavalli - Office Administrator  
Preparer's Name and Title

2. Notice given:

At hiring

On or before February 1st

Before a change in pay rate(s), allowances claimed or payday

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.