



# Babylon Industrial Development Agency

ROBERT STRICOFF  
CHIEF EXECUTIVE OFFICER

## Applicant Contact And Basic Information

Name:	<b>ZWANGER &amp; PESIRI RADIOLOGY GROUP LLP</b>
Address:	<b>150 East Sunrise Highway, Suite 2A, Lindenhurst, NY 11757</b>
Phone Number(s):	[REDACTED]
Fax Number(s):	[REDACTED]
E-mail Address:	[REDACTED]
Website Address:	<a href="http://www.zwangerpesiri.com">www.zwangerpesiri.com</a>
Applicant EIN Number:	[REDACTED]

Application Date: **November 7, 2013**

- Financial Assistance Requested (check applicable option(s)):
  - Bond Financing
  - Straight Lease
- Officer of Applicant serving as contact person:

[REDACTED]	Firm: <b>Zwanger &amp; Pesiri Radiology Group LLP</b>
	[REDACTED]
	[REDACTED]

3. Attorney of Applicant:

Name: <b>Christopher E. Kent, Esq.</b>	Firm: <b>Farrell Fritz, P.C.</b>
Phone #: <b>631-367-0710</b>	Fax#: <b>631-367-0795</b>
E-mail Address: <b>ckent@farrellfritz.com</b>	Address: <b>100 Motor Parkway, Suite 138 Hauppauge, NY 11788</b>

4. CFO/Accountant of Applicant:

Name: <b>Ralph Crisci</b>	Firm: <b>Ives &amp; Sultan</b>
Phone #: <b>516-496-9500</b>	Fax#: <b>516-496-9508</b>
E-mail Address:	Address: <b>100 Crossing Park Drive Woodbury, NY 11797</b>

5. Financial Advisor or Consultant (if applicable):

Name: <b>Brian Stone</b>	Firm: <b>M&amp;T Bank</b>
Phone #: <b>631-521-4120</b>	Fax#:
E-mail Address:	Address: <b>401 Broad Hollow Road, Suite 100 Melville, NY 11747</b>

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): **Limited Liability Partnership**

7. Are any securities of Applicant publicly traded?

- Yes     No

8. Applicant's state of incorporation or formation: **New York**

9. Applicant's date of incorporation or formation: **July 6, 1995**

8. States in which Applicant is qualified to do business: **New York**

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

**For more than sixty years, Applicant has been a leading provider of radiologic services on Long Island. Applicant owns and operates a Radiology and Diagnostic Imaging Practice with offices open to the public throughout Nassau and Suffolk Counties that provide a full range of medical imaging techniques. More than 300,000 patients visit the Applicant's locations annually and, given the growing maturity of the Long Island population, it is anticipated that the number of visits each year will increase. Applicant currently has over 100 employees in its back office billing, scheduling and purchasing department located in rented space at 630-644 Wellwood Avenue, Lindenhurst and the Company has outgrown its space. Applicant has the option of relocating its back office employees to a facility outside the Town of Babylon. Through the Babylon IDA participation, the Applicant can relocate to 110 Bi-County Boulevard, Farmingdale, thereby retaining the more than 100 jobs within the Town of Babylon.**

**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      | Other (specify):  |   |

Name of SPE: **ZP Bi County LLC**

Address: **150 East Sunrise Highway, Suite 2A, Lindenhurst, NY 11757**

Phone Number(s): **631-930-9425**

Contact Person: **Marc Fischer**

Affiliation of SPE to Applicant: **Affiliated Entity**

Owners of SPE and each respective ownership share:

**Steven L. Mendelsohn, M.D. (66%)**

**Susan Zwanger-Mendelsohn M.D. (33%)**

SPE EIN Number: XXXXXXXXXX

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.



**Project Description and Financial Information**

**Project Site**

District:	<b>0100</b>
Section:	<b>069.00</b>
Block(s):	<b>03.00</b>
Lot(s):	<b>005.024</b>
Street address and zip code:	<b>110 Bi-County Boulevard, Farmingdale, NY 11735</b>
Zoning	<b>G Industrial</b>
Area (acreage):	<b>9.50 acres</b>
Square footage of existing building(s):	<b>146,705 SF</b>
Number of floors:	<b>One Floor</b>
Intended use(s) (e.g., office, retail, etc.):	<b>Office Use</b>

1. Please provide the following Project information:

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

**Lease 15,502 SF (Suites 109, 110 & part of 103) at an existing 146,705 SF Building owned by 110 Bi-County Boulevard, LLC, located at 110 Bi-County Boulevard, Farmingdale, NY, complete build out of the leased space, purchase office equipment and furnishings and relocate over 100 current employees from 630-644 Wellwood Avenue, Lindenhurst to conduct back office operations for Zwanger-Pesiri Radiology Group. Economic Assistance from the Babylon IDA will assure the retention of over 100 jobs in the Town of Babylon that might otherwise have relocated to available office space outside the Town.**

b. Indicate the estimated date for commencement of the Project: **December 1, 2014**

c. Indicate the estimated date for the completion of the Project: **March 1, 2014**

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	<b>Per Lease</b>	Loans	
New construction		Affiliate/employee loans	
Renovations		Company funds	<b>\$300,000</b>
Fixed tenant improvements	<b>\$175,000</b>	Other (explain)	
Machine and/or equipment	<b>\$300,000</b>	<b>Landlord's Tenant Improvements</b>	<b>\$175,000</b>
Soft costs			
Furnishings			
Other (explain)			
<b>Total Project Costs</b>	<b>\$475,000</b>	<b>Total Project Funding Sources</b>	<b>\$475,000</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.

**Town of Hempstead IDA for acquisition, construction and equipping diagnostic imaging centers within the Town of Hempstead.**

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.

**Various malpractice actions covered by insurance**





**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<sup>th</sup> day of November, 2013

Name of Applicant: ZWANGER & PESIRI RADIOLOGY GROUP LLP

By: Name of Signer: STEVEN L. MENDELSON, M.D.

Title of Signer: Owner/CEO

Signature: Steven Mendelson

**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)? N/A

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 N/A

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: N/A

- 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? **Yes**

If "Yes", please furnish details in a separate attachment. **Over 100 jobs retained and relocated within the Town of Babylon**

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

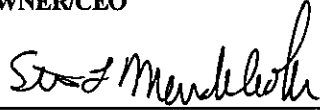
THE UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above, and in any statement attached hereto, are true and correct.

Name of Applicant: **ZWANGER & PESIRI RADIOLOGY GROUP LLP**

By: Name of Signer: **STEVEN L. MENDELSON, M.D.**

Title of Signer: **OWNER/CEO**

Signature:

Handwritten signature of Steven L. Mendelson in black ink, written over a horizontal line.

Date: **November 11, 2013**

### 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? **N/A**

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?

**N/A**

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: **ZWANGER & PESIRI RADIOLOGY GROUP LLP**

By: Name of Signer: **STEVEN L. MENDELSON, M.D.**

Title of Signor: **Owner/CEO**

Signature: 

Date: **November 11, 2013**

## 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:** ZWANGER & PESIRI RADIOLOGY GROUP LLP

**Address:** 150 Sunrise Highway, Suite 2A, Lindenhurst, NY 11757

**Phone Number(s):** 631-930-9425

**I.R.S. Employer ID Number:** [REDACTED]

**Department of Labor. Registration Number:**

**Project Location:** 110 Bi-County Boulevard, Farmingdale, NY 11735

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 110	\$ 45,200	
Part Time 6	\$ 13.50 / hour	15-20 hours

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 42	\$ 36,279	
Part Time 0		

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)	On average Part-time Workers
	Hourly Rate (PT)	Hours per week
Full Time 68	\$ 45,200	
Part Time 6	\$ 13.50	15-20

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

Number	Average Annual Salary (FT)	On average Part-time Workers
-0-	Hourly Rate (PT)	Hours per week
Full Time		
Part Time		

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	110	\$ 45,000	7	\$14.00	15	\$10,900	\$5,000,000
2	113	\$ 46,000	8	\$14.50	15	\$11,300	\$5,200,000
3	116	\$ 47,000	9	\$15.00	15	\$11,700	\$5,500,000
4	120	\$ 48,000	10	\$15.75	15	\$12,250	\$5,800,000
5	125	\$ 50,000	11	\$16.50	15	\$12,850	\$6,250,000

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

- 1 Billing Manager @ \$ 70,000
- 1 Asst. Billing Manager @ \$ 60,000
- 1 Scheduling Manager @ \$ 70,000
- 1 Asst. Scheduling Manager @ \$ 60,000
- Warehouse Foreman @ \$ 65,000
- 105 Centralized Billing & Scheduling Workers @ \$40,000

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. **All of the Applicant's employees currently working in its scheduling and billing back office operations at 630-644 Wellwood Avenue, Lindenhurst will be transferred to the Project location and the Applicant intends to increase employment in this sector of its business by an estimated 15 full time and 5 part time employees over the first five years at the Project location.**

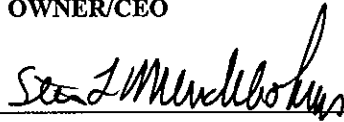
I authorize any private or governmental entity, including but not limited to the New York State Department of Labor ("DOL"), to release to the Babylon IDA and to its successors and assigns, any and all employment information under DOL's control that is pertinent to the Company and the Company's employees.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

Name of Applicant: **ZWANGER & PESIRI RADIOLOGY GROUP LLP**

By: Name of Signer: **STEVEN L. MENDELSON, M.D.**

Title of Signer: **OWNER/CEO**

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



Date: **November 11, 2013**

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.



## 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: **N/A**
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. 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 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?

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

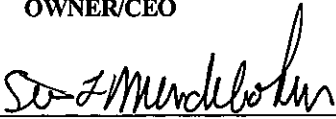
If the answer to this is "Yes," provide details. When answering this question, please consider "discrimination" to include sexual harassment.

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

Name of Applicant: **ZWANGER & PESIRI RADIOLOGY GROUP LLP**

By: Name of Signer: **STEVEN L. MENDELSON, M.D.**

Title of Signer: **OWNER/CEO**

Signature: 

Date: **November 11, 2013**

In the matter of the Application of:  
**ZWANGER & PESIRI RADIOLOGY GROUP LLP**

FULL DISCLOSURE  
AFFIDAVIT

P.O. Address  
**150 East Sunrise Highway, Suite 2A  
Lindenhurst, NY 11757**

to the TOWN OF BABYLON

**Industrial Development Agency**  
(title of applicable Board(s))

STATE OF NEW YORK

ss.:

COUNTY OF SUFFOLK

**STEVEN L. MENDELSON, M.D.** 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:

**110 Bi-County Boulevard, Farmingdale, NY 11735**

**SCTM NO. 0100-069.00-03.00-005.024**

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

**ZWANGER & PESIRI RADIOLOGY GROUP LLP**

**150 East Sunrise Highway, Suite 2A, Lindenhurst, NY 11757**

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

**STEVEN L. MENDELSON, M.D.**

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, sublessee, 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 :

**STEVEN L. MENDELSON, M.D.**

**SUSAN ZWANGER-MENDELSON, M.D.**

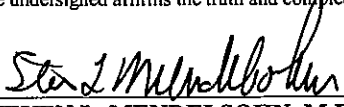
5. The names and addresses of all persons who will receive any benefit as a result of their work, effort or services in connection with this Application are as follows :

**STEVEN L. MENDELSON, M.D.**


**SUSAN ZWANGER-MENDELSON, M.D.**

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:
  
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**
  
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: **N/A**
  
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**
  
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**
  
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: **N/A**

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

  
**STEVEN L. MENDELSON, M.D.**

Sworn before me this day  
11th day of **November**, 2013

  
**CHRISTOPHER E. KENT**  
Notary Public, State of New York  
No. 02KE494782  
Qualified in Suffolk County  
Commission Expires April 6, 2015

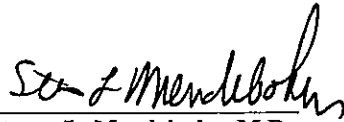
CERTIFICATION

**STEVEN L. MENDELSON, M.D.** (Name of Chief Executive Officer of company submitting application) deposes and says that he is the **OWNER/CEO** (title) of **ZWANGER & PESIRI RADIOLOGY GROUP LLP**, (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 \_\_\_\_\_ (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.

  
**Steven L. Mendelson, M.D.**  
Chief Executive Officer of Company

Sworn to before me this 11<sup>th</sup>  
day of November, 2013

(Seal)

  
**CHRISTOPHER E. KENT**  
Notary Public, State of New York  
No. 02KE4947782  
Qualified in Suffolk County  
Commission Expires April 6, 2015

Project I.D. Number\_

### Short Environmental Assessment Form

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

1. Applicant/Sponsor: **ZWANGER & PESIRI RADIOLOGY GROUP LLP**
2. Project Name: **ZP BI COUNTY LLC**
3. Project Location: **110 Bi-County Boulevard, Farmingdale, NY 11735**

SCTM# **0100-069.00-03.00-005.024**

4. Precise Location- Municipality/County: **Babylon Town, Suffolk County**

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

5. Is Proposed Action  New  Expansion  Modification/ Alteration

6. Describe Project Briefly: **Lease 15,502 SF at an existing 146,705 SF Office Building located at 110 Bi-County Blvd., Farmingdale, NY, complete build out of leased space, purchase office equipment and furnishings and relocate over 100 current employees from other leased space at 630-644 Wellwood Avenue, Lindenhurst to Project Location to conduct scheduling, billing and other back office operations for Zwanger-Pesiri Radiology Group.**

7. Amount of Land Affected (initially) 15,502 SF (ultimately) 15,502 SF

8. Will proposed action complies with existing zoning or other existing land use restrictions? **Yes**

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

Residential  
 Industrial  
 Commercial  
 Agriculture  
 Park / Forrest/ Open Space  
 Other (Office)

Describe: **Mixed of Industrial, Commercial and Office Uses in the area**

10. Does action involve a permit approval, or funding, now or ultimately from any other governmental agency:  yes  no **Local/Town Approval** (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

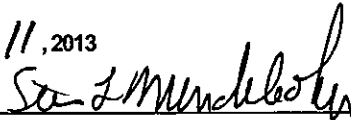
no

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

Applicant/Sponsor: **STEVEN L. MENDELSON, M.D.**

Date: **November 11, 2013**

Signature \_\_\_\_\_





**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: **ZP BI COUNTY LLC LEASE**

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

**110 Bi-County Boulevard, Farmingdale, NY 11735**

**Town of Babylon, County of Suffolk**

Location of Applicant/Sponsor:

Business Telephone: **631-930-9425**

Address **150 East Sunrise Highway, Suite 2A,**

City/ PO: **Lindenhurst**

State: **New York**

Zip Code: **11757**

Name of Owner (if different): **110 Bi-County Boulevard, LLC**

Business Telephone:

Address:

City/PO: **85 South Service Road,**

**Plainview**

State: **New York**

Zip Code: **11803**

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)
- Forest
- Agriculture
- Other

2. Total acreage of project area: **15,502 SF Leased Space within an existing 146,705 SF Office Building**

**N/A**

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

3. What is the predominant soil type (s) on project site? **N/A**

- 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 **N/A**

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

4. Are there bedrock outcroppings on project site? \_\_\_\_\_ Yes **X** no

a. What is the depth to bedrock? \_\_\_\_\_ (in feet) **N/A**

5. Approximate percentage of proposed project site with slopes:

- 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 **X** 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) **N/A**
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: **None**  
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 X 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 X no
20. Has the site ever been used for disposal of solid or hazardous wastes? \_\_\_ Yes X no **Not to my knowledge**

#### B. Project Description

1. Physical dimensions and scale of project, (fill in dimensions as appropriate)
  - a. Total contiguous acreage owned or controlled by project sponsors  
**15,502 SF**
  - b. Project acreage to be developed: **15,502 SF** initially **15,502 SF** ultimately.
  - c. Project acreage to remain undeveloped: \_\_\_ acres. **N/A**
  - d. Length of project in miles: \_\_\_ (if appropriate). **N/A**
  - e. If the project is an expansion, indicate percent of expansion proposed \_\_\_%. **N/A**
  - f. Number of off-street parking spaces 100 existing 100 proposed.
  - g. Maximum vehicular trips generated per hour 12.5 (upon completion of project)?
  - h. If residential: number and type of housing units: **N/A**  
 One family \_\_\_ initially \_\_\_ ultimately  
 Two Family \_\_\_ initially \_\_\_ ultimately  
 Multiple Family \_\_\_ initially \_\_\_ ultimately  
 Condominium \_\_\_ initially \_\_\_ ultimately
  - i. Dimension, (in feet) of largest proposed structure **N/A**  
 \_\_\_ Height; \_\_\_ width; \_\_\_ length.
  - j. Linear feet frontage along a public thoroughfare project will occupy? **N/A**
2. How much natural material, (i.e. rock, earth, etc.) will be removed from the site?  
 \_\_\_ tons/cubic yards. **None**
3. Will disturbed areas be reclaimed? \_\_\_ yes \_\_\_ no X **N/A**
  - a. If yes, for what intended purpose is the site being reclaimed?
  - b. Will topsoil be stockpiled for reclamation? \_\_\_ yes \_\_\_ no **N/A**
  - c. Will upper subsoil be stockpiled for reclamation? \_\_\_ yes \_\_\_ no

4. How many acres of vegetation, (trees, shrubs, ground covers) will be removed from site: \_\_\_\_\_ acres **None**
5. Will any mature forest, (over 100 years old) or other locally important vegetation be removed by this project? \_\_\_\_\_yes **X**no
6. If single phase project: Anticipated period of construction **3** months, (including demolition).
7. If Multi-phased: **N/A**
- a. Total number of phases anticipated \_\_\_\_\_ (number)
- b. Anticipated date of commencement phase 1: \_\_\_\_\_month \_\_\_\_\_year. (including demolition)
- c. Approximate completion date of final phase: \_\_\_\_\_ month \_\_\_\_\_ year
- d. Is phase 1 functionally dependent on subsequent phases? \_\_\_\_\_yes \_\_\_\_\_no
8. Will blasting occur during construction? \_\_\_\_\_ Yes **X**no
9. Number of jobs generated:
- a. during construction **N/A**
- b. after project is complete **over 100**
10. Number of jobs eliminated by this project **0**
11. Will project require relocation of any projects or facilities? **X**yes \_ \_no  
If yes explain: **Relocate over 100 office workers within the Town of Babylon**
12. Is surface liquid waste disposal involved? \_\_\_\_\_ Yes **X**no
- a. If yes, indicate type of waste, (sewage, industrial, etc.) and amount \_\_\_\_\_
12. Is subsurface liquid waste disposal involved? \_\_\_\_\_yes **X**no.  
Explain: \_\_\_\_\_
14. Will surface area of existing water body increase or decrease by proposal? \_\_\_\_\_yes **X**no Explain:
15. Is project or any portion of project located in a 100 year flood plain? \_\_\_\_\_yes **X**no

16. Will the project generate solid waste?  yes no  
 a. If yes, what is the amount per month \_\_\_\_\_ tons)  
 b. If yes, will an existing solid waste facility be used?  yes \_\_\_ no  
 c. If yes, give name \_\_\_\_\_  
 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? 15 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. **N/A**
23. Total anticipated water usage per day 930 gals/day.
24. Does project involve Local, State or Federal Funding? \_\_\_\_\_ Yes  no  
 If yes, explain
25. Approvals required: Building Permit Type TBD 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	<input checked="" type="checkbox"/> yes	No <b>Town Building Dept.</b>
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? **G Industrial**
3. What is the maximum potential development of the site if developed as permitted by the proposed zoning? **N/A. Fully developed site**
4. What is the proposed zoning of the site? **Office**
5. What is the maximum potential development of the site if developed as permitted by the proposed zoning? **N/A. Fully developed site**
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, Office, Commercial**
8. Is the proposed action compatible with adjoining/surrounding land uses within a ½ mile? yes \_\_\_\_no
9. If the proposed action is the subdivision of land, how many lots are proposed?  
**N/A**
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: **ZWANGER & PESIRI RADIOLOGY GROUP LLP**

Signature: 

**STEVEN L. MENDELSON, M.D.**

Date: **November 11, 2013**

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: \_\_\_\_\_