



Babylon Industrial Development Agency

ROBERT STRICOFF
CHIEF EXECUTIVE OFFICER

Applicant Contact And Basic Information	
Name:	JESCO, INC.
Address:	118 ST. NICHOLAS AVE. SOUTH PLAINFIELD, NJ 07080
Phone Number(s):	[REDACTED]
Fax Number(s)	[REDACTED]
E-mail Address:	[REDACTED]
Website Address:	WWW.JESCO.US
Applicant EIN Number:	[REDACTED]

Application Date: NOVEMBER 15, 2010

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

☐ Bond Financing

☒ Straight Lease

2. Officer of Applicant serving as contact person:

[REDACTED]	Firm: JESCO, INC.
[REDACTED]	[REDACTED]
[REDACTED]	[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: LEONARD LUSTIG, ESO	Firm: TSUNIS, GASPARIS & LUSTIG, LLP
Phone #: 631-582-4000	Fax #: 631-582-4081
E-mail Address: ADMINTG-LAW.NET	Address: 2929 EXPRESS DR. N. ISLANDIA, LONG ISLAND, NY 11749

4. CFO/Accountant of Applicant:

Name: GREG BLASZKA	Firm: JESCO, INC.
Phone #: 908-753-8080 X-1101	Fax #: 908-753-6721
E-mail Address: GREGB@JESCO.US	Address: 118 ST. NICHOLAS AVE. SOUTH PLAINFIELD, NJ 07080

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):

- | | | |
|---|--|---|
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> C Corporation |
| <input checked="" type="checkbox"/> S Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Natural Person |
| <input type="checkbox"/> 501(c)(3) Organization | <input type="checkbox"/> Other (specify): | |

7. Are any securities of Applicant publicly traded?

- ☐ Yes ☒ No

8. Applicant's state of incorporation or formation: NEW JERSEY

9. Applicant's date of incorporation or formation: OCTOBER 1972

10. States in which Applicant is qualified to do business: NY, NJ, DE, MD

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

JOHN DEERE DEALER
-SALES, SERVICE, PARTS, RENTALS

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 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): | |

**** APPLICANT DOES NOT KNOW AT THIS TIME IF THEY WILL FORM AN "SPE"**

Name of SPE: ** TO BE DETERMINED **

Address:

Phone Number(s):

Contact Person: JONATHAN ROBUSTELLI

Affiliation of SPE to Applicant: OWNER

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

**** OWNER OCCUPIED**

Project Description and Financial Information

Project Site

0100-067.00-01.00-024.060

District:	
Section:	
Block(s):	
Lot(s):	
Street address and zip code:	110 JEFERYN BLVD. EAST 11729
Zoning:	
Area (acreage):	3.67
Square footage of existing building(s):	10,000 SF BUILDING
Number of floors:	1
Intended use(s) (e.g., office, retail, etc.):	INDUSTRIAL DEALERSHIP

1. Please provide the following Project information:

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

JOHN DEERE CONSTRUCITON EQUIPMENT DEALERSHIP

- b. Indicate the estimated date for commencement of the Project: 06/01/2011
- c. Indicate the estimated date for the completion of the Project: 01/01/2013
- d. Will the Project require any special permits, variances or zoning approval?

☒ Yes ☐ No

If Yes, please explain: VARIANCES, SPECIAL PERMITS, SITE PLAN APPROVAL AND THE LIKE. . . .

- 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	1100000.	Bonds	
Building acquisition	XXXXXXXX	Loans	3040000.
New construction	1800000.	Affiliate/employee loans	
Renovations		Company funds	760000.
Fixed tenant improvements	125000.	Other (explain)	
Machine and/or equipment	250000.		
Soft costs	200000.		
Furnishings	175000.		
WTP RECYCL. SYSTEM Other (explain)	150000.		
Total Project Costs	3800000.	Total Project Funding Sources	3800000.

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

**** 7. List major suppliers:**

Company Name	Address	Contact	Phone

**** 8. List unions (if applicable):**

Company Name	Address	Contact	Phone

***** SEE ATTACHED ****
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6. List Major Customers:

Thalle Industries Inc.	172 Rt. 9, Fishkill, NY 12524	Tina	914-762-3415
The Landtek Group, Inc.	235 Countyline Road, Amityville, NY	Melba	631-691-2381
S3 Tunnel Constructors	207 E. 94 th . St. Ste#400, NY, NY 10128	Kevin	718-392-2400
Keyspan	One Metrotech Center, Brooklyn, NY 11201	Joe	718-403-2367
Thomas Gleason Inc.	42 McKinley Lane, Poughkeepsie, NY 12601	Thomas	845-454-3730
Blacktop Maintenance Corp	27 Commerce St. Poughkeepsie, NY 12603	Dave	845-471-8700

7. List Major Suppliers:

Bomag Americas Inc.	2000 Kenville, Kewanee, IL 61443	Patty Neipert	309-852-6193
Geith, Inc.	22721 Airpark Drive, Petersburg, VA 23803	Dave Owens	804-733-2183 X-12
Vail Industrial Supply	3606 Kennedy Rd., So. Plainfield, NJ 07080	Ed Kieffer	908-756-7600
John Deere Finance Co.	6400 Northwest 86 th . St., Johnston, IO 50131	Todd Thorson	800-433-5396 x-7336
Cam Superline Inc.	4763 Zane Miller Rd., Waynesboro, PA 17268	Sandy Poffenberger	800-378-7623
Jon Deere Construction	1515 5 th . Ave., Moline, IL 61265	Jason Ambrosion	309-765-1918

8. List Unions (if Applicable):

Local 15	265 West 14 th Street, NY, NY 10011	Thomas Maguire	212-929-5327
Local 138	PO Box 206, Farmingdale, NY 11735	William Duffy	631-694-2480

**

9. List banks/current accounts:

Company Name and Account Number(s)	Address	Contact	Phone

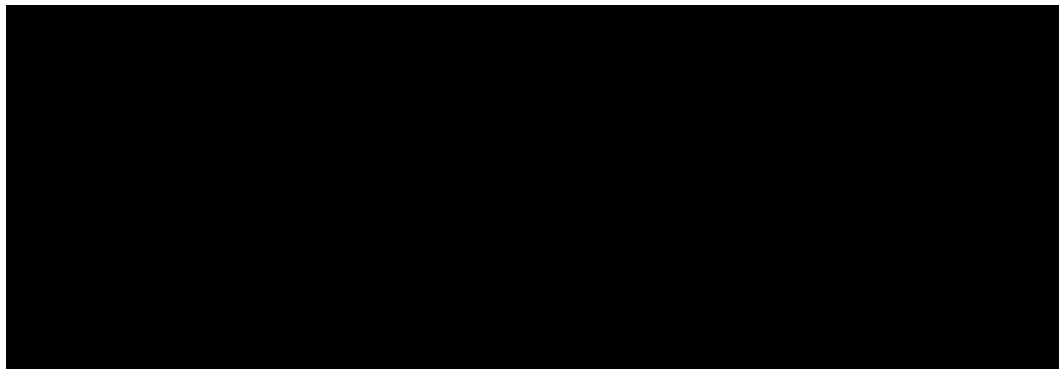
**

10. List licensing authorities, if applicable:

Company Name	Address	Contact	Phone

** SEE ATTACHED **

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10. List Licensing Authorities, if applicable: - - * COPIES FOLLOWING, FOR YOUR REVIEW *

NY Dept of Motor Vehicle Business Certificate(s) -- 04/22/2010
#02736, #02738, #02739, #02737

NYS Department of Taxation and Finance – Sales Tax Registration 02/02/2010 - #22-1979549

NYS Department of State – Division of Corporations – Active – Foreign Business Corp.



NYS Department of State

Division of Corporations

Entity Information

The information contained in this database is current through November 16, 2010.

Selected Entity Name: JESCO, INC.

Selected Entity Status Information

Current Entity Name: JESCO, INC.

Initial DOS Filing Date: NOVEMBER 26, 2007

County: NASSAU

Jurisdiction: NEW JERSEY

Entity Type: FOREIGN BUSINESS CORPORATION

Current Entity Status: ACTIVE

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

JESCO, INC.

118 ST. NICHOLAS AVENUE

SOUTH PLAINFIELD, NEW JERSEY, 07080

Registered Agent

NONE

This office does not record information regarding the names and addresses of officers, shareholders or directors of nonprofessional corporations except the chief executive officer, if provided, which would be listed above. Professional corporations must include the name(s) and address(es) of the initial officers, directors, and shareholders in the initial certificate of incorporation, however this information is not recorded and only available by viewing the certificate.

*Stock Information

# of Shares	Type of Stock	\$ Value per Share
-------------	---------------	--------------------

No Information Available

*Stock information is applicable to domestic business corporations.

Name History

Filing Date	Name Type	Entity Name
NOV 26, 2007	Fictitious	JESCO EQUIPMENT
NOV 26, 2007	Actual	JESCO, INC.

A **Fictitious** name must be used when the **Actual** name of a foreign entity is unavailable for use in New York State. The entity must use the fictitious name when conducting its activities or business in New York State.

NOTE: New York State does not issue organizational identification numbers.

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New York State Department of
Taxation and Finance
Sales Tax Registration
W A Hartman Campus
Albany NY 12227

10021206375100-AT00



JESCO, INC.
118 ST NICHOLAS AVE
SOUTH PLAINFIELD NJ 07080-1808

New York State Department of Taxation and Finance
Certificate of Authority

Identification number

22-1979549

(Use this number on all returns and correspondence)



VALIDATED

2/2/2010

Dept of Tax
and Finance

JESCO, INC.
497 FISHKILL AVE
BEACON NY 12508-1252

is authorized to collect sales and use taxes under Articles 28 and 29 of the New York State Tax Law.

Nontransferable

This certificate must be prominently displayed at your place of business.
Fraudulent or other improper use of this certificate will cause it to be revoked.
The certificate may not be photocopied or reproduced.



New York State Department of Motor Vehicles

OFFICIAL BUSINESS CERTIFICATE

THIS CERTIFICATE EXPIRES 03/31/12

FACILITY IDENTIFICATION NO. 7110173 RS

JESCO INC
497 FISHKILL AVENUE
BEACON NY 12508

Validation Date and Number: 04/22/10 02736

This person is REGISTERED AS A
REPAIR SHOP

pursuant to the provisions of the Vehicle and Traffic Law



This document does not certify that this business complies with zoning and other local laws
POST IN A CONSPICUOUS PLACE

61P (11/95)



New York State Department of Motor Vehicles

OFFICIAL BUSINESS CERTIFICATE

THIS CERTIFICATE EXPIRES 03/31/12

FACILITY IDENTIFICATION NO. 7110173 TRS

JESCO INC
497 FISHKILL AVENUE
BEACON NY 12508

Validation Date and Number: 04/22/10 02738

This person is REGISTERED AS A
TRANSPORTER

pursuant to the provisions of the Vehicle and Traffic Law



This document does not certify that this business complies with zoning and other local laws
POST IN A CONSPICUOUS PLACE

61P (11/95)



New York State Department of Motor Vehicles

OFFICIAL BUSINESS CERTIFICATE

THIS CERTIFICATE EXPIRES 03/31/12

FACILITY IDENTIFICATION NO. 7110173

JESCO INC
497 FISHKILL AVENUE
BEACON NY 12508

Validation Date and Number: 04/22/10 02739

This person is REGISTERED AS A
DEALER

pursuant to the provisions of the Vehicle and Traffic Law



This document does not certify that this business complies with zoning and other local laws
POST IN A CONSPICUOUS PLACE

61P (11/95)



New York State Department of Motor Vehicles

OFFICIAL BUSINESS CERTIFICATE

THIS CERTIFICATE EXPIRES 03/31/12

FACILITY IDENTIFICATION NO. 7110173 ISP

Validation Date and Number: 04/22/10 02737

This person is LICENSED AS A
PUBLIC INSPECTION STATION

pursuant to the provisions of the Vehicle and Traffic Law.
2B

JESCO INC
497 FISHKILL AVENUE
BEACON NY 12508



This document does not certify that this business complies with zoning and other local laws
POST IN A CONSPICUOUS PLACE

-61P (11/95)

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,

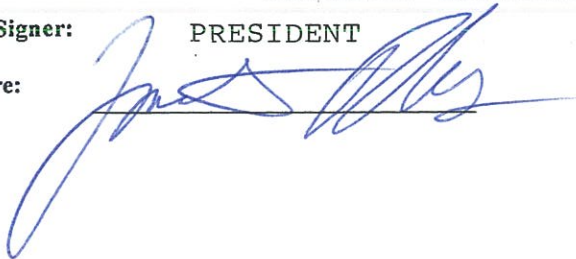
this 15 day of NOVEMBER ~~200~~ 2010

Name of Applicant: JESCO, INC.

By: Printed Name of Signer: JONATHAN ROBUSTELLI

Title of Signer: PRESIDENT

Signature:



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?

-N/A-

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.

-N/A-

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

Name of Applicant: JESCO, INC.

By: Printed Name of Signer: JONATHAN ROBUSTELLI

Title of Signer: PRESIDENT

Signature:

Date: NOVEMBER 15, 2010

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.

SEE ATTACHED

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4. Detailed Statement:

Jesco's Business strategy for entering into the Lower New York, Five Boroughs and Long Island is to establish a minimum of two full sales, service and parts facilities in order to be able to compete with those already established in these markets. In addition the accessibility to major highways from this location will allow us to deliver products and services in a timely manner, and at a competitive cost.

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

Name of Applicant: JESCO, INC.

By: Printed Name of Signer: JONATHAN ROBUSTELLI

Title of Signer: PRESIDENT

Signature: 

Date: NOVEMBER 15, 2010

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: JESCO, INC.
Address: 118 ST. NICHOLS AVE. SO. PLAINFIELD NJ 07080
Phone Number(s): 908-753-8080
I.R.S. Employer ID Number: [REDACTED]
Department of Labor. Registration Number: [REDACTED]
Project Location: 110 JEFYRN BLVD EAST

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>0</u>	\$ <u> </u>	
Part Time	<u>0</u>	\$ <u> </u>	<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>0</u>	\$ <u> </u>	
Part Time	<u>0</u>	\$ <u> </u>	<u> </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>16</u>	\$ <u>67,800.</u>	<u>0</u>
Part Time <u>0</u>	\$ <u>0</u>	<u>0</u>

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) Hourly Rate (PT)	On average Part-time Workers Hours per week
Full Time <u>0</u>	\$ <u>0</u>	<u>0</u>
Part Time <u>0</u>	\$ <u>0</u>	<u>0</u>

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	15	67,800	0	0	0	0	67,800
2	17	69,835	0	0	0	0	69,835
3	20	71,930	0	0	0	0	71,930
4	22	74,100	0	0	0	0	74,100
5	25	76,300	0	0	0	0	76,300

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

SALES	5	69,000.00	
SALES MGR.	1	110,000.00	
PARTS DEPT.	2	45,750.00	
PARTS MGR	1	57,000.00	
TECHNICIANS	5	60,873.00	
SERV. MGR.	1	97,650.00	
RENT. MGR.	1	80,000/.00	23

16 PEOPLE

- ** 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.

** SEE ATTACHED **
PAGE 24A

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.

NEW HIRES

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: JESCO, INC.

By: Printed Name of Signer: JONATHAN ROBUSTELLI

Title of Signer: PRESIDENT

Signature: 

Date: NOVEMBER 15, 2010

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.

NYS-45-MN (7/09)

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



Reference these numbers in all correspondence:

UI Employer registration number 4937070 7

Withholding identification number 221979549 6

Employer legal name:

JESCO INC

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

Jan 1 - Mar 31 1 Apr 1 - Jun 30 2 July 1 - Sep 30 3 **X** Oct 1 - Dec 31 4 Tax year 10 YY

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

For office use only

Postmark

Received Date

UI SK AI SI WT SK

Number of employees

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

a. First month

16

b. Second month

16

c. Third month

16

Part A - Unemployment insurance (UI) information

1. Total remuneration paid this quarter..... 297839.00
2. Remuneration paid this quarter to each employee in excess of \$3,500 since January 1.... 280839.00
3. Wages subject to contribution (subtract line 2 from line 1)..... 17000.00
4. UI contributions due
Enter your Tax rate 4.025 %..... 684.25
5. Re-employment service fund (multiply line 3 x .00075)..... 12.75
6. UI previously underpaid with interest.....
7. Total of lines 4, 5, and 6..... 697.00
8. Enter UI previously overpaid ...
9. Total UI amounts due (if line 7 is greater than line 8, enter difference). . 697.00
10. Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below).....
11. Apply to outstanding liabilities and/or refund.....

Part B - Withholding tax (WT) information

12. New York State tax withheld..... 14797.33
13. New York City tax withheld..... 478.69
14. Yonkers tax withheld.....
15. Total tax withheld (add lines 12, 13 and 14)..... 15276.02
16. WT credit from previous quarter's return (see instr.).....
17. Form NY S-1 payments made for quarter..... 15276.02
18. Total payments (add lines 16 and 17)..... 15276.02
19. Total WT amount due (if line 15 is greater than line 18, enter difference)
20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)*
- 20a. Apply to outstanding liabilities and/or refund..... **OR**
- 20b. Credit to next quarter withholding tax.....
21. Total payment due (add lines 9 and 19; make one remittance payable to NYS Employment Taxes)..... 697.00

* An overpayment of either tax cannot be used to offset the amount due on the other tax. Complete Parts D and E on back of form, if required. This is a scannable form; please file the original.

Part C -- Employee wage and withholding information

Quarterly employee/payee wage reporting information (if more than five employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT. Do not use negative numbers; see instructions)

Annual wage and withholding totals

If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

a Social security number b Last name, first name, middle initial

c UI total remuneration/gross wages paid this quarter

d Gross wages or distribution (see instructions) e Total tax withheld

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

Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Taxpayer's signature

REFERENCE COPY PREPARED BY PAYCHEX

Signer's name (please print)

Title

DO NOT FILE

Date

Telephone number

5853367600

Certification 2224

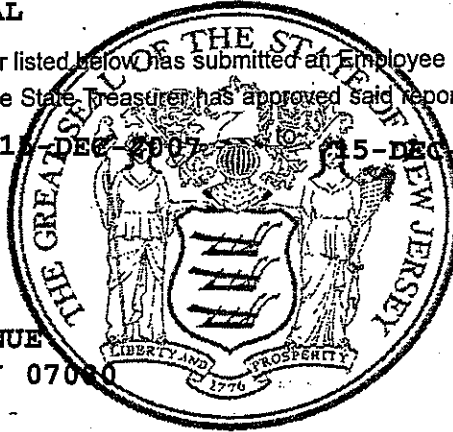
CERTIFICATE OF EMPLOYEE INFORMATION REPORT

RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of

15-DEC-2007 to 15-DEC-2010

JESCO, INC.
118 ST. NICHOLAS AVENUE
SO. PLAINFIELD NJ 07080



Bradley Abela

State Treasurer

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:

★ ★ SEE ATTACHED ★ ★
 PAGE 25A

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:

1. Union List(s)

Operating Engineers – Local 825
65 Springfield Ave.
Springfield, NJ 07081

Local 447 of the International Association
Of Machinists and Aerospace Workers
3460 N. Delaware Ave.
Room 106
Philadelphia, PA 19134

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?

I-9 FORM

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: JESCO, INC.

By: Printed Name of Signer: JONATHAN ROBUSTELLI

Title of Signer: PRESEIDENT

Signature:

Date:


NOVEMBER 15, 2010

CERTIFICATION

JONATHAN ROBUSTELLI (Name of Chief Executive Officer of company submitting application) deposes and says that he is the PRESIDENT (title) of JESCO, INC. (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 JESCO, INC. (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
PRESIDENT

Sworn to before me this 16
day of NOVEMBER, 2010
Audrey Smith
(Seal)

AUDREY SMITH
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Nov. 2011

In the matter of the Application of:

JESCO, INC.

P.O. Address

118 ST. NICHOLAS AVE.

SOUTH PLAINFIELD, NJ 07080

to the TOWN OF BABYLON

INDUSTRIAL DEVELOPMENT AGENCY

FULL DISCLOSURE
AFFIDAVIT

STATE OF NEW YORK

} ss. :

COUNTY OF SUFFOLK

JONATHAN ROBUSTELLI

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 EAST JEFFRYN BLVD

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

118 ST. NICHOLAS AVE.

SOUTH OLAINFIELD, NJ 07080

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

JONATHAN ROBUSTELLI

17 SPRINGDALE LANE

WARREN, NJ 07059

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-leesor, 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 :

WELLS FARCO BANK, NA

120 MOUNTAIN VIEW BOULEVARD

BASKING RIDGE, NJ 07920

- ** 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 :

** SEE ATTACHED **
PAGE FDA1

5. All Persons/Effort or Service. . . .

Jesco Inc.
118 St. Nicholas Ave.
South Plainfield, NJ 07080

Jonathan Robustelli
President, Jesco Inc.
118 St. Nicholas Ave.
South Plainfield, NJ 07080

Tsunis, Gasparis & Lustig, LLP
Leonard Lustig, Esq.
2929 Express Dr. N.
Islandia, Long Island, NY 11749

Attorney for the Seller

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 :

N/A

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 :

N/A

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 :

N/A

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 :

N/A

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:

Sworn before me this day

16 day of November 2010

Audrey Smith

AUDREY SMITH
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Nov. 2011

Project I.D. Number _____

Short Environmental Assessment Form

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

1. Applicant/Sponsor: JESCO, INC.
2. Project Name: JOHN DEERE DEALERSHIP
3. Project Location: 110 JEFRYN BLVD. SCTM# 0100-067.00-01.00-024.060

4. Precise Location- Municipality / County:

110 JEFRYN BLVD. EAST
DEERE PARK, NY 11729

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

5. Is Proposed Action XX New Expansion Modification / Alteration

6. Describe Project Briefly:

RECONSTRUCTION OF BUILDING TO BECOME SUITABLE
FOR A JOHN DEERE CONSTRUCTION FACILITY

7. Amount of Land Affected (Initially) 3.67 acres (ultimately) _____ acres

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

PROPERTY IS LOCATED IN AN INDUSTRIAL DISTRICT

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

Residential
XX 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: XX yes _____no _____(Federal, State or Local)?

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

_____yes

XX no

If yes, list agency name and permit / approval _____

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

_____yes

XX no

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

Applicant / Sponsor: Name _____ Date _____

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: _____

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

Location of Applicant / Sponsor:
Business Telephone:
Address
City/ PO:
State:
Zip Code:

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)
- ☐ Forest
- ☐ Agriculture
- ☐ Other

2. Total acreage of project area: _____ acres.

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?

- 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:

- ☐ 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)
 - a. Total contiguous acreage owned or controlled by project sponsors ____acres.
 - b. Project acreage to be developed: ____acres initially ____acres ultimately.
 - c. Project acreage to remain undeveloped: ____ acres.
 - d. Length of project in miles: ____ (if appropriate).
 - e. If the project is an expansion, indicate percent of expansion proposed ____%.
 - f. Number of off-street parking spaces ____existing ____proposed.
 - g. Maximum vehicular trips generated per hour ____ (upon completion of project)?
 - h. If residential: number and type of housing units:
One family ____initially ____ultimately
Two Family ____initially ____ultimately
Multiple Family ____initially ____ultimately
Condominium ____initially ____ultimately
 - i. Dimension, (in feet) of largest proposed structure
____ Height; ____width; ____length.
 - j. 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
 - a. If yes, for what intended purpose is the site being reclaimed?

 - b. Will topsoil be stockpiled for reclamation? ____yes ____no
 - 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
5. Will any mature forest, (over 100 years old) or other locally important vegetation be removed by this project? _____yes _____no
6. If single phase project: Anticipated period of construction _____ months, (including demolition).
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 _____
 - after project is complete _____
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 ____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? ____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? _____
3. What is the maximum potential development of the site if developed as permitted by the proposed zoning? _____
4. What is the proposed zoning of the site? _____
5. What is the maximum potential development of the site if developed as permitted by the proposed zoning? _____
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? _____
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?

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: _____

Signature: _____ Date: _____

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: _____