

NCIDA

APPLICATION FOR ASSISTANCE

NIAGARA COUNTY INDUSTRIAL DEVELOPMENT AGENCY

Each applicant seeking assistance must complete the accompanying application material which includes the Application for Assistance and Environmental Assessment form. A non-refundable application fee of \$1,000.00 must be included with this application, payable to the Niagara County Industrial Development Agency. Every project seeking NCIDA assistance must use best efforts to use local labor for the construction of new, expanded or renovated facilities.

Please answer all questions. Use "none" or "not applicable" where necessary. Information in this application may be subject to public review under New York State Law, except for information that is considered deniable by the Freedom of Information Law. This form is available online at our web page at www.nccedev.com.

I. APPLICANT DATA

A. **APPLICANT NAME** _____ Maid of the Mist Hospitality LLC
ADDRESS _____ 151 Buffalo Avenue, Suite 204
CITY/STATE/ZIP _____ Niagara Falls, NY 14303

B. **APPLICANT'S OFFICER RESPONSIBLE FOR COMPLETING THIS APPLICATION**

NAME _____ Christopher M. Glynn
TITLE _____ President
MAILING ADDRESS _____ 151 Buffalo Avenue, Suite 204
CITY/STATE/ZIP _____ Niagara Falls, NY 14303
TELEPHONE _____ 716.284.8897
FAX _____ 716.284.5446
E-MAIL _____ cglynn@maidofthemist.com
APPLICANT'S TAX ID NUMBER _____ 26-3492438

6311 Inducon Corporate Drive, Suite One, Sanborn, New York 14132
(716) 278-8760 Fax (716) 278-8769

- C. **BUSINESS TYPE**
- Sole Proprietorship
 - Partnership
 - Privately-held Corporation
 - Public Corporation
 - Not-for-Profit Corporation
 - LLC
 - Other _____

D. **STATE OF INCORPORATION:**

NY

E. **IS APPLICANT AUTHORIZED TO DO BUSINESS IN NEW YORK STATE?**

Yes No

F. **PRINCIPAL STOCKHOLDERS (Owners of 20% or more of Stock Outstanding)**

Name	%	Corporate Title
Maid of the Mist Corporation	100	_____
_____	_____	_____
_____	_____	_____

G. **Has the Applicant (or any related entity) received previous NCIDA assistance?**

Yes No.

If yes, please give year(s) and project location

H. **APPLICANT'S LEGAL COUNSEL**

FIRM NAME _____ Damon Morey

ADDRESS _____ 9276 Main Street

CITY/STATE/ZIP _____ Clarence, NY 14031-1913

TELEPHONE _____ 716.858.3862

ATTORNEY'S NAME _____ Anthony Eugeni

E-MAIL _____ aeugeni@damonmorey.com

II. PROJECT & OCCUPANCY DATA

A. LOCATION OF PROPOSED PROJECT FACILITY

ADDRESS _____ One Prospect Pointe, Niagara Falls, NY 14303
PRINCIPAL USE _____ Hotel
SBL # _____ 158.12-14
ZONING _____ DCD

B. INDICATE MUNICIPAL JURISDICTION

TOWN _____
VILLAGE _____
CITY _____ Niagara Falls
SCHOOL DISTRICT _____ Niagara Falls

C. CURRENT OWNERSHIP OF PROPERTY

CURRENT OWNER _____ Maid of the Mist Hospitality LLC (Applicant)
CURRENT ASSESSMENT _____ \$3,162,000
CURRENT TAXES (ANNUAL) _____ \$182,439

D. Who are the principal user(s) of the facility (the "Company")? If there are multiple users, please indicate on attached sheet. If same as Applicant indicate the "same" below.

COMPANY NAME _____ Maid of the Mist Hospitality LLC
ADDRESS _____ 151 Buffalo Avenue, Suite 204
CITY/STATE/ZIP _____ Niagara Falls, NY 14303
CONTACT _____ Tricia Mezhir
TELEPHONE _____ 716.284.6835
TAX ID NO. _____ 26-3492438
% OF FACILITY TO BE OCCUPIED BY COMPANY _____ 100%

E. Are other facilities or related companies located within New York State:

Yes No

LOCATION _____

If there are other company facilities within the State, will any of these close or be subject to reduced activity?

Yes No

F. Has the company actively sought sites and/or facilities in another country or state?

Yes No

If yes, please describe on separate sheet.

G. Description of project (check one or more)

- New Construction Sq. Footage _____
- Addition to existing facility Sq. Footage _____
- Renovation and modernization of existing facility
- Acquisition and modernization of existing facility
- New machinery and equipment Production Non-Production
- Other (specify) _____

H. Provide a general narrative description of the project, including history and background on user(s) of the facility. Provide information on (Appendix A) for user(s) of the facility. Describe reasons why this project is necessary and its effect it will have on Applicant. Include site plans, renderings, photos, etc.

See attached sheet.

The property is a twenty three year old hotel containing the original furnishings and fixtures. Because the prior owner did not refurbish the hotel for more than twenty years, the Franchise (Choice Hotels) has produced a Product Improvement Plan (PIP) containing required updates and completion deadlines. Failure to complete the contents of the PIP within the require time table will result in a loss of the franchise flag (Comfort Inn). Retention of the franchise is critical to the properties ability to remain competitive and a profitable employer in the future. In 2012, franchise (Choice) reservations directly accounted for 8964 room nights. The loss of over 8000 reservations would result in a minimum reduction of one full time and two part time positions.

Renovations will include:

Guest Rooms - total bathroom update include all fixtures, enclosed closet or wardrobe, new case goods, lighting, carpeting wall finishes, AC units, windows, and room safes.

Elevator – replace interior cabs and hydraulics.

Public Restrooms – build new restrooms

Exercise Room – build new exercise. Relocate existing equipment with addition of new equipment.

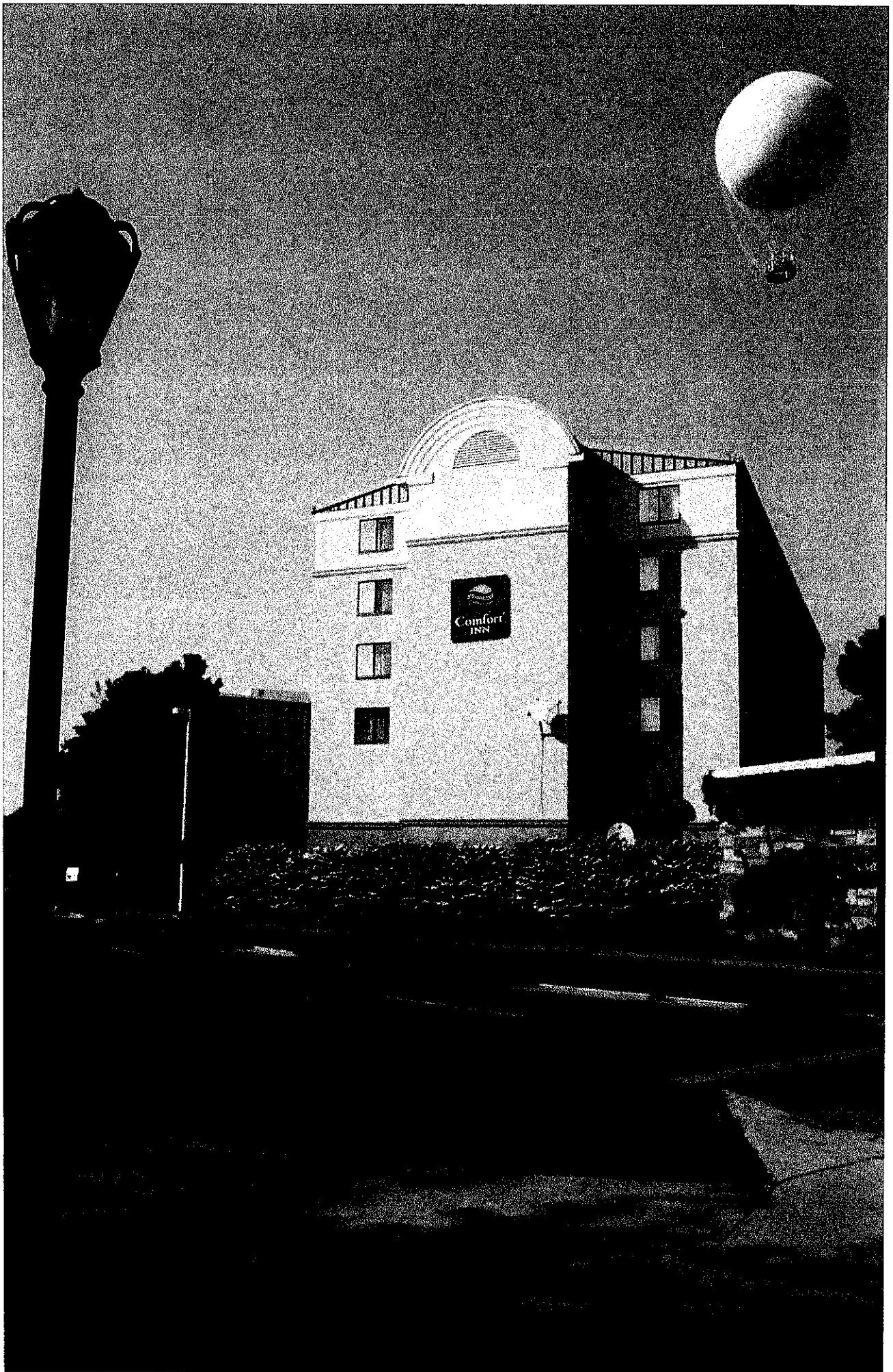
Breakfast Room – relocate breakfast room and provide all new finishes and cabinets.

Corridors – all new carpet, tile, lighting, and finishes.

Lobby – new furniture and finishes.

Exterior – façade enhancements and construction of new porte cochere.

Hardscape – repair and restripe parking lot.





III. COMPANY EMPLOYMENT INFORMATION

A. **Total current employment within Niagara County is**

17 Full-Time 47 Part-Time

**Current Annual Payroll
Including benefits** \$ 787,000

B. **Projected Employment:** 18 Full-Time 51 Part-Time

Applicant or principal user(s) must complete Appendix A.

IV. EMPLOYMENT IMPACT

Every project seeking NCIDA assistance must use best efforts to use Niagara County labor for the construction of new, expanded or renovated facilities. This requirement includes all project employees of the General Contractor, Subcontractor or sub to a Subcontractor, working on the project. Applicant agrees and understands the obligations herein, and agrees to transmit and convey in a timely fashion this requirement to all applicable contractors, subcontractors, suppliers and materialmen.

A. Will Niagara County contractors and/or subcontractors be utilized for the construction project?

Yes No

B. What is the estimated number of construction jobs to be created at the project site from

Niagara County: 6 Erie County: 12 Other Areas _____

V. APPLICANT PROJECT COSTS AND FINANCING

- A. Estimate the costs necessary for the construction, acquisition, rehabilitation, improvement and/or equipping of the project by the applicant.

Estimated Costs Eligible for Sales Tax Exemption Benefit

a.	Building Construction or Renovation Costs	a.	\$ <u>3,081,493</u>
b.	Sitework	b.	\$ <u>294,000</u>
c.	Non-manufacturing Equipment	c.	\$ <u>94,911</u>
d.	Furniture, Fixtures	d.	\$ <u>513,976</u>
e.	Other (specify)	e.	\$ <u>-0-</u>
f.	Subtotal	f.	\$ <u>3,984,380</u>

Estimated Costs Not Subject to Sales Tax

g.	Land and/or Building Purchase	g.	\$ <u>-0-</u>
h.	Manufacturing Equipment	h.	\$ <u>-0-</u>
i.	Soft Costs (Legal, Architect, Engineering)	i.	\$ <u>15,620</u>
j.	Other (specify)	j.	\$ <u>-0-</u>
k.	Subtotal	k.	\$ <u>15,620</u>

Total Project Costs	f + k	\$ <u>4,000,000</u>
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- B. Indicate how the project will be financed

a.	Tax-Exempt IRB	a.	\$ <u>-0-</u>
b.	Tax-Exempt Bond	b.	\$ <u>-0-</u>
c.	Taxable Industrial Revenue Bond	c.	\$ <u>-0-</u>
d.	Bank Financing	d.	\$ <u>2,000,000</u>
e.	Public Financing	e.	\$ <u>-0-</u>
f.	Equity	f.	\$ <u>2,000,000</u>

TOTAL SOURCES	\$ <u>4,000,000</u>
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Estimated Amount of Mortgage	\$ <u>2,000,000</u>
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C. **If applicant expects the Tax-Exempt IRB to exceed \$1,000,000, what is the dollar value of “capital expenditures” that the applicant and company, or any related company or person, has expended within the last three years in the municipality in which the proposed project is to be located and expects to expend in that municipality three years after the bond issue?**

D. **Has the applicant made any arrangements for the financing of the project?**

Yes No

If so, please specify bank, underwriter, etc.

VI. PROJECT CONSTRUCTION INFORMATION

A. **What is the proposed commencement date of construction or acquisition of the project?**

_____ Winter/Spring 2013

B. **Outline the timetable for the project, indicating when project will be in full use.**

_____ June 2016

VII. REPRESENTATIONS BY THE APPLICANT

The Applicant understands and agrees with the Agency as follows:

- A. Job Listings. In accordance with Section 858-b(2) of the New York General Municipal Law, the Applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the Project will be listed with the New York State Department of Labor Community Services Division (the "DOL") and with the administrative entity (collectively with the DOL, the "JTPA Entities") of the service delivery area created by the federal job training partnership act (Public Law 97-300) ("JTPA") in which the Project is located.
- B. First Consideration for Employment: In accordance with Section 858-b(2) of the New York General Municipal Law, the Applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, where practicable, the Applicant will first consider persons eligible to participate in JTPA programs who shall be referred by the JTPA Entities for new employment opportunities created as a result of the Project.
- C. Annual Sales Tax Filings: In accordance with Section 874(8) of the New York General Municipal Law, the Applicant understands and agrees that, if the Project receives any sales tax exemptions as part of the Financial Assistance from the Agency, in accordance with Section 874(8) of the General Municipal Law, the Applicant agrees to file, or cause to be filed, with the New York State Department of Taxation and Finance, the annual form prescribed by the Department of Taxation and Finance, describing the value of all sales tax exemptions claimed by the Applicant and all consultants or subcontractors retained by the Applicant.
- D. Annual Employment Reports: The Applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, the Applicant agrees to file, or cause to be filed, with the Agency, on an annual basis, reports regarding the number of people employed at the project site.
- E. Absence of Conflicts of Interest: The Applicant has received from the Agency a list of the members, officers and employees of the Agency. No member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described: _____.
- F. Local Labor: The Applicant understands that the residents of Niagara County will be providing assistance to the project. The Applicant further understands that every project seeking NCIDA assistance must use best efforts to use Niagara County labor for the construction of new, expanded or renovated facilities. This requirement includes all project employees of the General Contractor, Subcontractor or sub to a Subcontractor, working on the project. Applicant agrees and understands the obligations herein, and agrees to transmit and convey in a timely fashion this requirement to all applicable contractors, subcontractors, suppliers and materialmen.

VIII. ENVIRONMENTAL ASSESSMENT

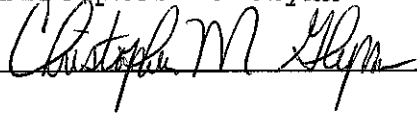
New York State law requires that an Environmental Assessment Form (EAF) must be completed and submitted along with this application. Attach the EAF which was submitted to the municipality.

Name of Applicant's Officer Responsible for Completing Application:

(Please Print)

____ Christopher M. Glynn

Signature

____  _____

Date of Application

____ 2/4/2013 _____

CERTIFICATION

Christopher M. Glynn

Name of chief executive of the company submitting application

Member President Maid of the Mist Hospitality LLC

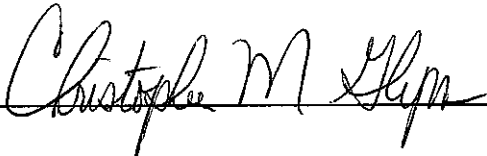
Deposes and says that he/she is the ^ of ^, the corporation named in the attached application; that he/she has read the foregoing application and knows the contents thereof; that the same is true to his/her knowledge. Deponent further says the reason this verification is made by the deponent and not 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/her 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/her duties as an officer of and from the books and papers of said corporation.

As 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 nonprofit Niagara County Industrial Development Agency (hereinafter referred to as the "Agency") acting on behalf of the attached application whether or not the application, the project it describes, the attendant negotiations and ultimately the necessary issue of bonds and/or completion of the lease/leaseback transaction are ever carried to successful conclusion. If, for any reason whatsoever, the applicant fails to act within a reasonable or specified period of time to take reasonable, proper, or requested actions or withdraws, abandons, cancels, or neglects the application or if the Agency or applicant are unable to identify buyers willing to purchase the total bond issue required or facilitate the lease/leaseback transaction, then upon presentation of invoice, applicant shall pay to the Agency, its agents, or assigns all actual costs involved in conduct of the application, up to that date and time, including but not necessarily limited to fees of bond counsel for the Agency and fees of general counsel for the Agency. Upon successful conclusion and sale of the required bond issue or completion of the lease/leaseback transaction, the applicant shall pay to the Agency an administrative fee set by the Agency. The cost incurred by the Agency and paid by the applicant, including bond counsel and the Agency's general counsel's fees and the administrative fee, may be considered as a cost of the project and included as part of the resultant bond issue or lease/leaseback transaction.

Christopher M. Glynn

Print Name of Chief Executive

Signature



NIAGARA COUNTY INDUSTRIAL DEVELOPMENT AGENCY

PROJECTED EMPLOYMENT*

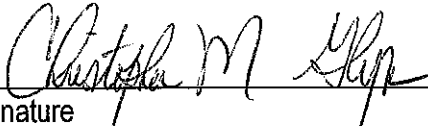
	Full-Time		Part-Time	=	Total		Total Payroll*
Total number of employees within Niagara County at the date of application	<u>17</u>	+	<u>47</u>	=	<u>64</u>		<u>\$787,000</u>
Total number of employees to be directly IMPACTED by the project:	<u>17</u>	+	<u>47</u>	=	<u>64</u>		<u>\$787,000</u>
ADD: Number of new jobs to be created During the first year after completion:	<u>1</u>	+	<u>0</u>	=	<u>1</u>		<u>25,000</u>
Total end of first year:	<u>18</u>	+	<u>47</u>	=	<u>65</u>		<u>\$812,000</u>
ADD: Number of new jobs to be created During the second year after completion:	<u>0</u>	+	<u>2</u>	=	<u>2</u>		<u>5,000</u>
Total end of second year:	<u>18</u>	+	<u>49</u>	=	<u>67</u>		<u>\$805,379</u>
ADD: Number of new jobs to be created During the third year after completion:	<u>0</u>	+	<u>2</u>	=	<u>2</u>		<u>5,000</u>
Total end of third year:	<u>18</u>	+	<u>51</u>	=	<u>70</u>		<u>\$821,387</u>
Estimated average annual salary of <u>new</u> jobs to be created:					<u>\$16.00/Hr.</u>	F/T	<u>\$8.00/Hr.</u> P/T
Expected high salary of <u>new</u> jobs to be created:	<u>\$25,000</u> Annual						
Expected low salary of <u>new</u> jobs to be created:	<u>\$8.00/Hr.</u>						

List types of jobs (i.e. production, managerial, clinical, engineering, etc.) to be created.

Sales Associate, Housekeeping, Maintenance, Guest Services

*Applicant or principal user(s) as noted in Section III B of application (includes benefits)

Christopher M. Glynn, President
Print Name


Signature

2/4/2013
Date

PROJECT ID NUMBER

617.20
APPENDIX C


SEQR

STATE ENVIRONMENTAL QUALITY REVIEW

SHORT ENVIRONMENTAL ASSESSMENT FORM

for UNLISTED ACTIONS Only

PART 1 - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT / SPONSOR Maid of the Mist Hospitality LLC	2. PROJECT NAME Comfort Inn - The Pointe
3. PROJECT LOCATION: Niagara Falls, NY Municipality	Niagara County
4. PRECISE LOCATION: Street Address and Road Intersections, Prominent landmarks etc - or provide map One Prospect Pointe, Niagara Falls, NY 14303 (closest hotel to Niagara Falls State Park entrance)	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input checked="" type="checkbox"/> Modification / alteration	
6. DESCRIBE PROJECT BRIEFLY: See attached sheet.	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER RESTRICTIONS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, describe briefly:	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply.) <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park / Forest / Open Space <input type="checkbox"/> Other (describe)	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (Federal, State or Local) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency name and permit / approval:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency name and permit / approval:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT / APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant / Sponsor Name Christopher M. Glynn	Date: February 1, 2013
Signature 	

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

The property is a twenty three year old hotel containing the original furnishings and fixtures. Because the prior owner did not refurbish the hotel for more than twenty years, the Franchise (Choice Hotels) has produced a Product Improvement Plan (PIP) containing required updates and completion deadlines. Failure to complete the contents of the PIP within the require time table will result in a loss of the franchise flag (Comfort Inn). Retention of the franchise is critical to the properties ability to remain competitive and a profitable employer in the future. In 2012, franchise (Choice) reservations directly accounted for 8964 room nights. The loss of over 8000 reservations would result in a minimum reduction of one full time and two part time positions.

Renovations will include:

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Elevator – replace interior cabs and hydraulics.

Public Restrooms – build new restrooms

Exercise Room – build new exercise. Relocate existing equipment with addition of new equipment.

Breakfast Room – relocate breakfast room and provide all new finishes and cabinets.

Corridors – all new carpet, tile, lighting, and finishes.

Lobby – new furniture and finishes.

Exterior – façade enhancements and construction of new porte cochere.

Hardscape – repair and restripe parking lot.