

Application for Assistance Introduction

- I. Each applicant seeking financial assistance through the Niagara County Industrial Development Agency must complete and return the accompanying Application and Environmental Assessment forms. This information is necessary to determine project and/or applicant eligibility.
- II. Subject to the applicable statute, information provided by applicant will be treated confidential until such time as the Agency takes action on the request. In accordance with Article 6 of the Public Officers Law, all records in possession of the Agency are open to public inspection and copy.
- III. The Niagara County Industrial Development Agency has a one thousand dollar (\$1000.00) non-refundable application fee that must accompany the application submission. Additionally, the applicant is responsible for all public hearing expenses.
- IV. At the time of the project closing, project applicant is required to pay certain costs associated with the project financing, including, but not limited to, Agency costs actually incurred. The applicant shall be responsible for the payment of an Agency fee in the amount of one percent (1.00%) of the face value of the project, together with Agency counsel fees as set forth in the Agency fee policy schedule, together with various related costs. Upon request, a fee summary will be provided to the Applicant.
- V. One (1) original signed copy of the Application and Environmental Assessment form should be returned to the Niagara County Industrial Development Agency at 6311 Inducon Corporate Drive, Suite One, Sanborn, New York 14132.
- VI. The following information may be required by the Agency and returned once an action of the Agency has been taken:
 1. Financial Statements for the last three (3) years; and
 2. Projections for the next three (3) years including Balance Sheets, Profit and Loss Statements, Cash Flow Statements by quarters, etc.
- VII. Upon the closing of the Project, the Agency shall have the right to erect a sign at the site indicating the Agency's involvement with the Project. The sign shall be placed in a public viewing area at the direction of the applicant and shall be removed within 30 days of project completion.

The Niagara County Industrial Development Agency does not discriminate on the basis of race, color, religion, sex, sexual orientation, marital status, age, national origin, disability or status as a disabled or Vietnam Veteran or any other characteristic protected by law.

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** MERANI HOLDINGS, LLC
ADDRESS 114 BUFFALO AVE.
CITY/STATE/ZIP NIAGARA FALLS, NY, 14303

B. APPLICANT'S OFFICER RESPONSIBLE FOR COMPLETING THIS APPLICATION

NAME FASAL MERANI
TITLE VICE PRESIDENT
MAILING ADDRESS 114 BUFFALO AVE.
CITY/STATE/ZIP NIAGARA FALLS, NY, 14303
TELEPHONE 905-933-6992
FAX 716-255-0963
E-MAIL FASAL@MERANILCO.COM
APPLICANT'S TAX ID NUMBER 201808080

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:**

NEW YORK

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
<u>ASHAL MENANI</u>	<u>100</u>	<u>PRESIDENT</u>

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

Yes No.

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

HOLIDAY INN 2005, FOUR POINTS, 2011

H. **APPLICANT'S LEGAL COUNSEL**

FIRM NAME GOLD AND GOLD LAW

ADDRESS 345 BUFFALO AVE.

CITY/STATE/ZIP NIAGARA FALLS, NY, 14303

TELEPHONE 716-912-6069

ATTORNEY'S NAME MICHAEL GOLD

E-MAIL MICHAELAGOLDESQ@GMAIL.COM

II. PROJECT & OCCUPANCY DATA

A. LOCATION OF PROPOSED PROJECT FACILITY

ADDRESS LOT ATTACHED TO 114 BUFFALO AVE (ADDRESS WILL BE PROVIDED AFTER SPLIT).
PRINCIPAL USE RETAIL/RESTAURANT.
SBL # _____
ZONING TOURIST/COMMERCIAL.

B. INDICATE MUNICIPAL JURISDICTION

TOWN ~~NIAGARA FALLS~~
VILLAGE _____
CITY NIAGARA FALLS.
SCHOOL DISTRICT NIAGARA

C. CURRENT OWNERSHIP OF PROPERTY

CURRENT OWNER MEGAN HOLDINGS, LLC
CURRENT ASSESSMENT CURRENTLY ADJURED TO 114 BUFFALO
CURRENT TAXES (ANNUAL) AVE. WILL BECOME A SEPERATE PARCEL.

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 PROPERTY WILL BE OWNED BY
ADDRESS MEGAN HOLDINGS, LLC (INFO ABOVE), BUT
CITY/STATE/ZIP CEASED TO A COMPANY.
CONTACT _____
TELEPHONE _____
TAX ID NO. _____
% OF FACILITY TO BE OCCUPIED BY COMPANY _____

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

Yes

No

LOCATION

N/A

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 N/A

If yes, please describe on separate sheet.

G. Description of project (check one or more)

- New Construction Sq. Footage 7800
- 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.

A 7800 SQFT FACILITY WILL BE BUILT ON
A PARCEL CURRENTLY BEING USED AS A
PARKING LOT FOR THE HOLIDAY INN NIAGARA FALLS.
IT WILL BE LEASED TO A FAMILY FRIENDLY
RESTAURANT CHAIN, AND PERHAPS A RETAIL COMPONENT.

III. COMPANY EMPLOYMENT INFORMATION

HOLIDAY (NW)

A. Total current employment within Niagara County is

0 Full-Time 0 Part-Time

24 Full 80 part

Current Annual Payroll
Including benefits

\$ 0

\$ 1,400,000

B. Projected Employment:

25-30

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?

0 Yes No

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

Niagara County: 20 Erie County: 20 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.	\$ 900,000
b.	Sitework	b.	\$ 150,000
c.	Non-manufacturing Equipment	c.	\$ 200,000
d.	Furniture, Fixtures	d.	\$ _____
e.	Other (specify) _____	e.	\$ _____
f.	Subtotal	f.	\$ _____

Estimated Costs Not Subject to Sales Tax

g.	Land and/or Building Purchase	g.	\$ N/A
h.	Manufacturing Equipment	h.	\$ _____
i.	Soft Costs (Legal, Architect, Engineering)	i.	\$ 150,000
j.	Other (specify) _____	j.	\$ _____
k.	Subtotal	k.	\$ _____

Total Project Costs f + k \$ 1,400,000

B. Indicate how the project will be financed

a.	Tax-Exempt IRB	a.	\$ _____
b.	Tax-Exempt Bond	b.	\$ _____
c.	Taxable Industrial Revenue Bond	c.	\$ _____
d.	Bank Financing	d.	\$ 900,000
e.	Public Financing	e.	\$ _____
f.	Equity	f.	\$ 500,000

TOTAL SOURCES \$ 1,400,000

Estimated Amount of Mortgage \$ 400,000

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.

A 500,000 LINE OF CREDIT HAS BEEN EXTENDED BY
EVANS BANK.

VI. PROJECT CONSTRUCTION INFORMATION

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

SEPT 2012.

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

START SEPT 2012, COMPLETE AND OPEN MAY 2013.

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.

VII. REPRESENTATIONS BY THE APPLICANT

CERTIFICATION

FARUK MERNAN

Name of chief executive of the company submitting application

Deposes and says that he/she is the VICE PRESIDENT

of MERNAN HOLDINGS, LLC, 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

MERNAN HOLDINGS, LLC, (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.

FARUK MERNAN

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>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
Total number of employees to be directly IMPACTED by the project:	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
ADD: Number of new jobs to be created During the first year after completion:	<u>15</u>	<u>10</u>	<u>25</u>	<u> </u>
Total end of first year:	<u>15</u>	<u>10</u>	<u>25</u>	<u>375,000</u>
ADD: Number of new jobs to be created During the second year after completion:	<u>5</u>	<u>—</u>	<u>5</u>	<u> </u>
Total end of second year:	<u>20</u>	<u>10</u>	<u>30</u>	<u>450,000</u>
ADD: Number of new jobs to be created During the third year after completion:	<u>—</u>	<u>5</u>	<u>5</u>	<u> </u>
Total end of third year:	<u>20</u>	<u>15</u>	<u>35</u>	<u>525,000</u>
Estimated average annual salary of <u>new</u> jobs to be created:	<u>25,000</u>			
Expected high salary of <u>new</u> jobs to be created:	<u>50,000</u>			
Expected low salary of <u>new</u> jobs to be created:	<u>SEWER WAGE</u>			

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

1 GENERAL MANAGER, 1 CURF, 2 SUPERVISORS, 2 SOW CHIEFS, 24 FRONT LINE

*Applicant or principal user(s) as noted in Section III B of application (includes benefits) COOKS, SEWERS, BUS DR, ETC.

FACIL MERRIN
Print Name

[Signature]
Signature

6/11/12
Date

PROJECT ID NUMBER

617.20

SEQR

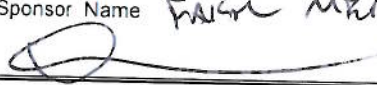
APPENDIX C

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 <i>MEAN HOLDINGS, LLC</i>	2. PROJECT NAME <i>RAINBOW BLVD RESTAURANT</i>
3. PROJECT LOCATION: Municipality <i>NIAGARA FALLS</i>	County <i>NIAGARA</i>
4. PRECISE LOCATION: Street Address and Road Intersections, Prominent landmarks etc - or provide map <i>RAINBOW BLVD NEAR TRAFALC CIRCLE, ACROSS HOTEL NIAGARA.</i>	
5. IS PROPOSED ACTION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification / alteration	
6. DESCRIBE PROJECT BRIEFLY: <i>A 7500 SQFT FACILITY BUILT ON A CURRENT PARKING LOT. WILL BE ATTACHED TO THE HOTEL IN BUT WILL BE A STANDALONE FACILITY</i>	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres <i>xx</i> 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: <i>BUILDING PERMIT.</i>	
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 <i>FARAH MEHANI</i>	Date: <i>6/1/12</i>
Signature 	

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

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.
 Yes No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.
 Yes No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? (If yes, explain briefly):
 Yes No

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? If yes explain:
 Yes No

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question d of part ii was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

 Name of Lead Agency

 Date

 Print or Type Name of Responsible Officer in Lead Agency

 Title of Responsible Officer

 Signature of Responsible Officer in Lead Agency

 Signature of Preparer (If different from responsible officer)