

Department of Taxation and Finance

IDA Appointment of Project Operator or Agent For Sales Tax Purposes

AMENDED **ST-60** (1/18)

The industrial development agency or authority (IDA) **must** submit this form within **30 days** of the appointment of a project operator or agent, whether appointed directly by the IDA or indirectly by the operator or another agent.

For IDA use only

IDA information	•						
IDA information				Les			
Name of IDA Onondaga County Industrial Development Agency				IDA project number (use OSC numbering system for projects after 1998) 3101-20-16C			
333 West Washington Street, Suite 700				(315) 435-3770			
City	State ZIP code		Email address (optional)				
Syracuse	NY	13209					
Project operator or agent informa	tion						
Name of IDA project operator or agent			Mark an X in	the box if directly		Employer identification or Social Security numbe	
OYA Camillus A LLC			appointed by	the IDA:	$ \mathbf{X} $		
Street address				Telephone numb	ег	Primary operator or agent?	
144 Front Street West, Suite 310				(416)840-3	3358	Yes 🔀 No 🗌	
City	State	ZIP cod	е	Email address (c	optional	1)	
Toronto	ON	M5J 2	2L7				
Project information							
Name of project							
OYA Camillus A LLC Project							
Street address of project site							
6327 Van Alstine Road							
City	State	ZIP code	e	Email address (c	ptional	1)	
Camillus	NY	13031	ĺ				
Description of goods and services intended to be exemple Construction materials, machinery and equiparties or installed in the facility and all furnitures, facility	pment nece	ssary for t	he complet	ion of construc			
Date project operator or agent appointed (mmddyy) 062822		Date project operator or agent status ends (mmddyy)			Mark an X in the box if this is an extension to an original project:		
Estimated value of goods and services that will be exempt from New York State and local sales and use ta	x: 3,	697,628.0		value of New York emption provided:	State a	and local sales and 295,810.24	
Certification: I certify that the above stater make these statements with the knowledge felony or other crime under New York State Tax Department is authorized to investigate Print name of officer or employee signing on behalf of the Robert M. Petrovich Signature	that willfully Law, punish the validity	providing hable by a	false or fra substantial ormation er	audulent inform I fine and possi	ation ible ja	with this document may constitute a iil sentence. I also understand that the	
1017	1			8129	122	(315) 435-3770	