

Department of Taxation and Finance

## IDA Appointment of Project Operator or Agent For Sales Tax Purposes

**AMENDED** 

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							
Name of IDA				IDA project number (use OSC numbering system for projects after 1998)			
Onondaga County Industrial Development Agency				3101-20-17D			
Street address				Telephone number			
333 West Washington Street, Suite 700				(315 ) 435-3	770		
City	State	ZIP code	,	Email address (op	tional)		
Syracuse	NY	13209					
L. C.							
Project operator or agent informati	On				[m. 1		
Name of IDA project operator or agent			Mark an X in the			yer identification or Social Security number	
OYA Camillus B LLC			appointed by the		X		
Street address			- 1	Telephone number		Primary operator or agent?	
144 Front Street West, Suite 310				(416) 840-3		Yes ⊠ No □	
City	State	ZIP code	2	Email address (optional)			
Toronto	ON	M5J 2	L7				
Project information							
Name of project							
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
OYA Camillus B LLC Project							
Street address of project site							
6198 Van Alstine Road	01.1-	710 1		F	4' 13		
City	State	ZIP code		Email address (op	tional)		
Camillus Purpose of project	NY	13031					
Description of goods and services intended to be exempted Construction materials, machinery and equipor installed in the facility and all furnitures, fix facility	ment neces	ssary for t	he completio	n of construct			
Date project operator or agent appointed (mmddyy) 062822	Date project of agent status	operator or ends <i>(mmdd</i>	W 0430	23 N	lark an X in to original pro	the box if this is an extension to oject:	
Estimated value of goods and services that will be exempt from New York State and local sales and use tax:	3,	758,423.0	Estimated va	alue of New York S nption provided:	tate and loc	al sales and 300,673.84	
Certification: I certify that the above statem	ents are tru	e, comple	ete, and corre	ect, and that n	o material	l information has been omitted. I	
make these statements with the knowledge t felony or other crime under New York State L Tax Department is authorized to investigate t	that willfully _aw, punish	providing able by a	false or frau substantial f	idulent informa ine and possib	ation with ole jail ser	this document may constitute a	
Print name of officer or employee signing on behalf of the	iDA		Print title				
Robert M. Petrovich Signature			Executive	Executive Director			
				8 29	22	Telephone number ( 315 ) 435-3770	