



Department of Taxation and Finance

IDA Appointment of Project Operator or Agent For Sales Tax Purposes

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**

Name of IDA Onondaga County Industrial Development Agency			IDA project number (use OSC numbering system for projects after 1998) 3101-21-12A
Street address 333 West Washington Street, Suite 130			Telephone number (315) 435-3770
City Syracuse	State NY	ZIP code 13209	Email address (optional)

Project operator or agent information

Name of IDA project operator or agent Stewart Hancock Partners LLC		Mark an X in the box if directly appointed by the IDA: <input checked="" type="checkbox"/>	Employer identification or Social Security number [REDACTED]
Street address 649 Park Avenue		Telephone number (585) 392-4600	Primary operator or agent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
City Rochester	State NY	ZIP code 14607	Email address (optional)

Project information

Name of project Stewart Hancock Partners LLC / Dunn Tire LLC Project			
Street address of project site Stewart Drive			
City Cicero	State NY	ZIP code 13212	Email address (optional)
Purpose of project Facility to be used as a distribution, warehouse, and office space supporting the storage and distribution of tires.			

Description of goods and services intended to be exempted from New York State and local sales and use taxes

Construction materials, machinery and equipment necessary for the construction of the facility or to be incorporated into or installed in the facility and all furnitures, fixtures, equipment, apparatus and other tangible property to be used in connection with the facility

Date project operator or agent appointed (mmddyy) 020722	Date project operator or agent status ends (mmddyy) 020724	Mark an X in the box if this is an extension to an original project: <input type="checkbox"/>
Estimated value of goods and services that will be exempt from New York State and local sales and use tax: 3,125,000.00		Estimated value of New York State and local sales and use tax exemption provided: 250,000.00

Certification: I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements with the knowledge that willfully providing false or fraudulent information with this document may constitute a felony or other crime under New York State Law, punishable by a substantial fine and possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity of any information entered on this document.

Print name of officer or employee signing on behalf of the IDA Robert M. Petrovich	Print title Executive Director	
Signature 	Date 2/7/22	Telephone number (315) 435-3770



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City Syracuse	State NY	ZIP code 13209	Email address (optional)

Project operator or agent information

Name of IDA project operator or agent Dunn Tire LLC		Mark an X in the box if directly appointed by the IDA: <input checked="" type="checkbox"/>	Employer identification or Social Security number [REDACTED]
Street address 475 Cayuga Road		Telephone number (716) 683-3520	Primary operator or agent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
City Buffalo	State NY	ZIP code 14225	Email address (optional)

Project information

Name of project Stewart Hancock Partners LLC / Dunn Tire LLC Project			
Street address of project site Stewart Drive			
City Cicero	State NY	ZIP code 13212	Email address (optional)
Purpose of project Facility to be used as a a distribution, warehouse, and office space supporting the storage and distribution of tires.			

Description of goods and services intended to be exempted from New York State and local sales and use taxes Construction materials, machinery and equipment necessary for the construction of the facility or to be incorporated into or installed in the facility and all furnitures, fixtures, equipment, apparatus and other tangible property to be used in connection with the facility			
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Print name of officer or employee signing on behalf of the IDA Robert M. Petrovich		Print title Executive Director	
Signature [Signature]		Date 2/7/22	Telephone number (315) 435-3770