

Department of Taxation and Finance

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

ST-60

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

	Name of IDA						
	Onondaga County Industrial Development Agency						
Street address			Telephone number				
335 Montgomery Street, 2nd Floor			(315 ) 435-37	70			
City				Email address (optional)			
Syracuse	NY 13	202					
Project operator or agent informati	on			T= .			
Name of IDA project operator or agent			the box if directly		identification or Social Security number		
Paradise Companies 10, LLC		appointed by			15:		
Street address			Telephone number	0	Primary operator or agent?		
344 S. Warren Street, Suite 202			( 315 ) 299-629		Yes X No _		
City		code	Email address (option	Jdress (optional)			
Syracuse	NY 13	202					
Project information							
Name of project							
Paradise Companies 10, LLC							
Street address of project site							
111 & 117 East Seneca St							
City	State ZIP	code	Email address (option	nal)			
Manlius		104					
Purpose of project	141 10	101					
and other ancillary interior and exterior am	enities and sitew	ork.					
Description of goods and services intended to be exempte Construction materials, machinery and equip the facility and all furnitures, fixtures, equipments	ment necessary f	or the constru	ction of the facility				
Construction materials, machinery and equip	ment necessary f	for the construind other tangib	ction of the facility le property to be u	ised in cor	nnection with the facility.		
Construction materials, machinery and equip the facility and all furnitures, fixtures, equipment of the project operator or 002525	ment necessary fent, apparatus ar  Date project operator agent status ends (m	for the construing other tangib	ction of the facility le property to be u	ised in cor	box if this is an extension to		



Department of Taxation and Finance

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

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				3101-24-05A			
Street address				Telephone number			
335 Montgomery Street, 2nd Floor				(315 ) 435-3770			
City State ZIP code				Email address (optional)			
Syracuse	acuse NY 13202						
Project operator or agent information	tion						
Name of IDA project operator or agent		1	Mark an X in the	e box if directly	Employ	er identification or Social Security number	
ICON Construction Management, LLC		ā	appointed by the	e IDA:			
Street address				Telephone number		Primary operator or agent?	
344 S. Warren Street, Suite 202				( 315 ) 299-629	2	Yes 🛛 No 🗌	
City	State	ZIP code		Email address (optio	nal)		
Syracuse	NY	13202					
Project information							
Name of project							
Paradise Companies 10, LLC Project							
Street address of project site							
111 & 117 East Seneca St							
City	State	ZIP code		Email address (optio	nal)		
Manlius	NY	13104					
and other ancillary interior and exterior a	menities an	d sitework.					
Description of goods and services intended to be exempted to be ex	pment nece	essary for th	e constructi	on of the facility			
Date project operator or agent appointed (mmddyy) 092525		t operator or s ends <i>(mmddy</i>	v) 09252		an <b>X</b> in thriginal proj	ne box if this is an extension to ect:	
Estimated value of goods and services that will be exempt from New York State and local sales and use tax	x: 2	2,231,556.00		llue of New York Stat	e and loca	I sales and 178,556.00	
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	that willfull Law, punis the validity	y providing hable by a s	false or frau substantial f	dulent information  ine and possible  ered on this docu	on with t jail sent	his document may constitute a tence. I also understand that the	
Signature	H			9/25/20	25	Telephone number ( 315 ) 435-3770	