

**TOWN OF BROOKHAVEN INDUSTRIAL DEVELOPMENT AGENCY  
APPLICATION FOR FINANCIAL ASSISTANCE**

DATE: **February \_\_, 2014**

APPLICATION OF: **EB AT HOLTSVILLE, LLC**  
Company Name/Ownership of Proposed Project

ADDRESS: **67 Clinton Road**  
**Garden City, New York 11530**

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Type of Application:     Tax-Exempt Bond     Taxable Bond             Lease  
                                  Refunding Bond                             Not-For-Profit

Please respond to all items either by filling in blanks, by attachment (by marking space “see attachment number 1”, etc.) or by N.A., where not applicable. Application must be filed in ten copies. A non-refundable application fee is required at the time of submission of this application to the Agency. The non-refundable application fee is \$2,000 for applications under \$5 million and \$4,000 for applications of \$5 million or more.

Transaction Counsel to the Agency may require a retainer which will be applied to fees incurred and actual out-of-pocket disbursements made during the inducement and negotiation processes, and will be reflected on their final statement of closing.

Information provided herein will not be made public by the Agency prior to the passage of an official Inducement Resolution, but may be subject to disclosure under the New York State Freedom of Information Law.

Prior to submitting a completed final application, please arrange to meet with the Agency’s staff to review your draft application. Incomplete applications will not be considered. The Board reserves the right to require that the applicant pay for the preparation of a Cost Benefit Analysis, and the right to approve the company completing the analysis.

Please write or call:  
Town of Brookhaven Industrial Development Agency  
c/o Town of Brookhaven Division of Economic Development

One Independence Hill  
Farmingville, New York 11738

(631) 451-6563

I. Company Data

A. COMPANY (APPLICANT FOR ASSISTANCE)

Company Name: **EB at Holtsville, LLC**

Address: **67 Clinton Road  
Garden City, New York 11530**

Contact: **Jan Burman and Steven Krieger** Title: **Members**

Phone Number: **(516) 747-1200** E-mail: [steven@engelburman.com](mailto:steven@engelburman.com); [jan@engelburman.com](mailto:jan@engelburman.com)

Federal Employer ID Number: XXXXXXXXXX

B. BUSINESS TYPE:

Sole Proprietorship [ ] Partnership [ ] Privately Held [ **X** ] **Limited Liability Company**

Public Corporation [ ] Listed on \_\_\_\_\_ Exchange

State of Incorporation **Organized in New York**

C. ANY RELATED COMPANY PROPOSED TO BE A USER OF THE FACILITY:

NAME	RELATIONSHIP
<b>Holtsville Senior Care LLC</b>	<b>Operator</b>
<b>Ultimate Care Assisted Living Management LLC</b>	<b>Manager</b>

D. COMPANY COUNSEL:

BOND COUNSEL

Firm Name: **Farrell Fritz, P.C.** \_\_\_\_\_

Address: **1320 RXR Plaza** \_\_\_\_\_

**Uniondale, NY 11556-1320** \_\_\_\_\_

Individual Attorney: **Peter L. Curry, Esq.** Phone: **(516) 227-0772**

E. PRINCIPAL STOCKHOLDERS OR PARTNERS, IF ANY (5% OR MORE EQUITY)

NAME	PERCENT OWNED
<b>Jan Burman</b>	<b>21%</b>
<b>Steven Krieger</b>	<b>30%</b>
<b>Scott Burman</b>	<b>19.5%</b>
<b>David Burman</b>	<b>19.5%</b>

F. Has the company ever filed for bankruptcy? **No**

G. Have any of the owners/top executives ever been convicted of a felony? **No**

If yes, please explain: **N/A**

H. Has the company ever been convicted of a felony? **No**

If yes, please explain: **N/A**

I. If any of the above persons, or a group of them, owns more than 50% interest in the company, list all other organizations which are related to the company by virtue of such persons having more than a 50% interest in such organizations.

**The Ownership Group listed above has more than a 50% interest in numerous other real estate entities, most recently in BK at Lake Grove, LLC, which is currently working together with the Agency in the development of an assisted living housing project in Lake Grove.**

J. Is the company related to any other organization by reason of more than a 50% ownership? If so, indicate name of related organization and relationship:

**The Company is related to the Operator and Management entities listed in Paragraph "C" above, as well as numerous other real estate entities.**

K. List parent corporation, sister corporations and subsidiaries:

**There are no parent entities or subsidiaries of the Company. The Operator and Management entities listed in Paragraph "C" above, as well as numerous other real estate entities, are "sister" entities to the Company.**

L. Has the company (or any related corporation or person) been involved in or benefited by any prior industrial development financing in the municipality in which this project is located, whether by this agency or another issuer? (Municipality herein means city, town or village, or if the project is not in an incorporated city, town or village, the unincorporated areas of the county in which it is located.) If so, explain in full:

**BK at Lake Grove, LLC has received the benefit of a \$39,995,000 Tax-Exempt bond financing with the Agency, which financing closed in December, 2013.**

M. Has the company (or any related corporation or person) made a public offering or private placement of its stock within the last year? If so, please provide offering statement used. **No.**

N. List major bank references of the company:

**Signature Bank – Morey Danon, Group Director; (516) 408-5014  
Bank United – Paul Breuer; (631) 454-1240  
Roosevelt & Cross – Paul Lamas; (212) 504-9297**

O. OPERATION AT CURRENT LOCATION

1. Employment: **-0-**

2. Payroll **-0-**

3. Type of operation (manufacturing, wholesale, distribution, retail, etc.) and products and/or services: **N/A**

4. Size of existing facility acreage: **N/A**

5. Number of buildings and square feet: **N/A**

6. North American Industry Classification System (NAICS) **62312**

II. PROPOSED PROJECT DATA

A. Location of project: (include as an attachment a map showing the location)

Address: **North Ocean Avenue, Holtsville, New York**

Suffolk County Tax Map: District **0200** Section **696.00** Block **05.00** Lot **001.003**

B. Project Site: (Include as an attachment copies of survey, preliminary site plan, architectural rendering of the facility) **See Attachment No. 1**

If acquiring land, please note that Federal law prohibits the use of 25% or more of tax-exempt IDB proceeds for the purchase of land. If acquiring existing buildings, please note that Federal law prohibits the acquisition of existing buildings with tax-exempt IDB proceeds unless the rehabilitation expenses of the building are equal to or greater than 15% of the portion of the cost of acquiring the building that is financed with tax-exempt IDB proceeds. Rehabilitation does not include any amount expended on new contraction (additions or expansions).

1. Acreage: **Approximately 5.14 Acres**

2. Buildings:

A) Existing number and square feet of each building:

**Existing Sewage Treatment Plant**

B) Does the project consist of additions and/or renovations to existing buildings? If yes, indicate the nature of expansion or renovation:

**Expansion of Existing Sewage Treatment Plant**

C) New Construction – number and square feet of each building:

**One building of approximately 120,000 square feet, together with Exterior Amenities and Parking.**

D) Builder or contractor and address: **Sister Company of the Applicant**

E) Architect name and address: **To be Determined**

3. Indicate present use of site: **Vacant Land with Sewage Treatment Plant**

4. Indicate relationship of applicant to present user of site:

**Applicant is the Contract Vendee under a Contract to purchase the Land from Exit 63 Development, LLC**

C. Proposed project ownership (company or realty partnership):

**Applicant EB at Holtsville, LLC will own the subject property.**

D. What will the building or buildings to be acquired, constructed or expanded be used for by the company? (Include a description of products to be manufactured, assembled, or processed, and services to be rendered):

**The Applicant will construct a new approximately 120,000 square foot Assisted Living residential facility with approximately 140 units and 150 beds. The Project will provide an**

**attractive residence for seniors in the Town of Brookhaven and surrounding areas who wish to remain in the communities they help build and near their families, while providing dietary, recreational, cleaning and other services to allow the seniors to be properly cared for in a hospitable setting.**

E. If any space in the project is to be leased to third parties, indicate the total square footage of the project to be leased to each tenant, and the proposed use by each tenant: **N/A**

F. List principal items or categories of equipment to be acquired as part of this project:

**Furniture, Fixtures and Equipment appurtenant and appropriate to the use of the Project as an Assisted Living Residential Facility.**

G. Has construction work on this project begun? If yes, complete the following:

- |                     |         |                 |                  |
|---------------------|---------|-----------------|------------------|
| (a) SITE CLEARANCE: | YES [ ] | NO [ <b>X</b> ] | % COMPLETE _____ |
| (b) FOUNDATION:     | YES [ ] | NO [ <b>X</b> ] | % COMPLETE _____ |
| (c) FOOTINGS:       | YES [ ] | NO [ <b>X</b> ] | % COMPLETE _____ |
| (d) STEEL:          | YES [ ] | NO [ <b>X</b> ] | % COMPLETE _____ |
| (e) MASONRY:        | YES [ ] | NO [ <b>X</b> ] | % COMPLETE _____ |
| (f) OTHER:          | YES [ ] | NO [ <b>X</b> ] | % COMPLETE _____ |

H. Existing facilities within New York State:

1) Are there other facilities owned, leased, or used by the company (or a related company or person) within the state? If so, describe whether owned, leased, or other terms of use:

**Sister companies of the Applicant own and/or operate assisted living facilities throughout Long Island.**

2) If there are other facilities within the state, is it expected that any of these facilities will close or be subject to reduced activity?

YES [ ] NO [ **X** ]

3) If you answered yes to question 2, above, please indicate whether project is reasonably necessary for the company to maintain its competitive position in the industry. Please explain in detail: **N/A**

4) Has the company thought about moving to another state? If so, please explain: **N/A**

5) Will the project meet zoning requirements at the proposed location?

YES [ ] NO [ **X** ]

6) If a change of zoning is required, please provide the details/status of the change of zone request.

**The Project has received a change of zone from the current L-1 designation to NH-H Health Facility.**

I. Does the company, or any related corporation or person, have a lease on the project site?

YES [ ] NO [ **X** ]

J. Does the company now own the project site?

YES [  ]

NO [  ]

1. If yes, please indicate:

A) Date of purchase: \_\_\_\_\_

B) Purchase price: \_\_\_\_\_

C) Balance of existing mortgage: \_\_\_\_\_

D) Holder of mortgage: \_\_\_\_\_

E) Special conditions: \_\_\_\_\_

2. If no, indicate:

A) Present owner of site: **Exit 63 Development, LLC**

B) Does the company or any related person or corporation have an option or a contract to Purchase the site and/or any buildings on the site?

YES [  ]

NO [  ]

If yes, indicate:

1) Date signed: **October 5, 2012**

2) Purchase price: **\$5,250,000**

3) Settlement date: **December, 2014**

4) Please attach a copy of option or contract.

K. Is there a relationship legally or by virtue of common control or ownership between the company (and/or its stockholders) and the seller of the project (and/or its shareholders)? If yes, please describe this relationship: **No**

L. How much equity do you have in this project?

**The Applicant will have approximately \$4,000,000 of equity in the Project.**

III. PROJECT COSTS

A. Give an accurate estimate of cost of all items:

	AMOUNT
LAND	<b>\$5,250,000.00</b>
<b>BUILDING – New Construction</b>	<b>\$ 27,000,000.00</b>
SITE WORK	<b>\$ 2,000,000.00</b>
LEGAL FEES	<b>\$ 300,000.00</b>
ENGINEERING & ARCHITECTURAL FEES	<b>\$ 900,000.00</b>
LEGAL & FINANCIAL CHARGES	<b>\$ 4,600,000.00</b>
EQUIPMENT	<b>\$ 1,800,000.00</b>
RECORDING FEES	<b>\$ 100,000.00</b>
OTHER (SPECIFY) <b>Marketing/Start Up</b>	<b><u>\$ 1,000,000.00</u></b>
 TOTAL	 <b>\$42,950,000.00</b>

B. METHOD OF FINANCING COSTS

	Amount	Term
1. Tax-exempt IDB financing:	<b>\$40,000,000.00</b>	<b>40 years</b>
2. Taxable IDB financing:	\$ _____	_____ years
3. SBA (504) or other governmental financing:	\$ _____	_____ years
4. Other loans:	\$ _____	_____ years
5. Company's equity contribution:	<b>\$2,950,000.00</b>	
 Total Project Costs	 <b>\$41,950,000.00</b>	

C. Have any of the above costs been paid or incurred (including contracts of sale or purchase orders) as of the date of this application?

YES [ ] NO [ **X** ] If yes, give particulars on a separate sheet.

D. Are costs of working capital, moving expenses, work in progress, or stock in trade included in the proposed uses of bond proceeds? Give details: **No**

E. Will any of the funds borrowed through the Agency be used to repay or refinance an existing mortgage or outstanding loan? Give details. **No**

F. What portion, if any, of the cost of the project is to be financed from funds of the company (other than from the proposed bond issue)? Give details:

**The Applicant will pay the initial costs of operating and leasing up the Facility from its own funds, and be responsible for any construction costs in excess of the amounts contemplated under the Bond financing.**

- G. Has the company made any arrangements for the marketing or the purchase of the bond or bonds? If so, indicate with whom: **No, although Roosevelt & Cross has underwritten numerous prior bond transactions with sister entities of the Applicant.**

IV. MEASURE OF GROWTH AND BENEFITS

A. If the company presently operates in the Town of Brookhaven, give current employment and payroll. Also give reasonable estimates of employment and payroll directly attributable to the facility to be built in the Town of Brookhaven.

<b>CURRENT EMPLOYMENT FIGURES</b>	UNDER \$30,000	\$30,000 – \$50,000	OVER \$75,000
Number of Full-Time Employees (FTE) earning: <b>N/A</b>			
Number of Part-Time Employees (FTE) earning: <b>N/A</b>			

TOTAL PAYROLL FOR FULL-TIME EMPLOYEES		<b>\$-0-</b>
TOTAL PAYROLL FOR PART-TIME EMPLOYEES		<b>\$-0-</b>
TOTAL PAYROLL FOR ALL EMPLOYEES		<b>\$-0-</b>

<b>PROJECTED EMPLOYMENT FIGURES – YEAR ONE</b>	UNDER \$30,000	\$30,000 – \$50,000	OVER \$75,000
Number of Full-Time Employees (FTE) earning:	<b>24</b>	<b>20</b>	<b>1</b>
Number of Part-Time Employees (FTE) earning:	<b>10</b>	<b>-0-</b>	<b>-0-</b>

TOTAL PAYROLL FOR FULL-TIME EMPLOYEES		<b>\$1,550,000.00</b>
TOTAL PAYROLL FOR PART-TIME EMPLOYEES		<b>\$ 175,000.00</b>
TOTAL PAYROLL FOR ALL EMPLOYEES		<b>\$1,725,000.00</b>

<b>PROJECTED EMPLOYMENT FIGURES – YEAR TWO</b>	UNDER \$30,000	\$30,000 – \$50,000	OVER \$75,000
Number of Full-Time Employees (FTE) earning:	<b>27</b>	<b>22</b>	<b>1</b>
Number of Part-Time Employees (FTE) earning:	<b>20</b>	<b>-0-</b>	<b>-0-</b>

TOTAL PAYROLL FOR FULL-TIME EMPLOYEES		<b>\$1,700,000.00</b>
TOTAL PAYROLL FOR PART-TIME EMPLOYEES		<b>\$ 360,000.00</b>
TOTAL PAYROLL FOR ALL EMPLOYEES		<b>\$2,060,000.00</b>

The Board reserves the right to visit the facility to confirm that job creation numbers are being met.

V. PROJECT CONSTRUCTION SCHEDULE

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

**The closing of the purchase of the land is expected to occur at the end of 2014. Construction would start promptly thereafter.**

- B. Give an accurate estimate of the time schedule to complete the project and when the first use of the project is expected to occur:

**The Project will be completed approximately 18 months after the Closing Date.**

- C. At what time or times and in what amount or amounts is it estimated that funds will be required?

**Approximately \$9,000,000 of the bond proceeds would be required to close on the purchase of the land, pay allowable bond expenses, and reimburse the Applicant for payments made prior to the Closing to its professionals. The balance would be required in approximately equal monthly amounts thereafter.**

VI. SUBMIT THE FOLLOWING INFORMATION OF THE COMPANY N/A

- A. Financial statements for the last two fiscal years (unless included in the company's annual report).
- B. What, if any, will be the expected increase in the dollar amount of sales? \$\_\_\_\_\_
- C. Company's annual reports (or 10-K's if publicly held) for the two most recent fiscal years.
- D. Quarterly reports (form 10-Q's) and current reports (form 8-K's) since the most recent annual report, if any.
- E. In addition, please attach the financial information described in items A, B. and C of any expected guarantor of the proposed bond issue.
- F. Completed Long Environmental Assessment Form.
- G. Most recent quarterly filing of NYS Department of Labor form 45, as well as the most recent fourth quarter filing. Please remove the employee Social Security numbers and note the full-time equivalency for part-time employees.

Town of Brookhaven Industrial Development Agency  
Payment in Lieu of Tax (PILOT) Policy

An annual fee of \$1,000 will be due to the Agency in addition to the PILOT payment to cover ongoing costs incurred by the Agency on behalf of the project.

1. The Town of Brookhaven Industrial Development Agency (IDA) may grant, or be utilized to obtain a partial or full real property tax abatement for a determined period which can be as long as ten years. To be eligible for this abatement there would be a requirement of new construction, or renovation, and a transfer of title of the real property to the Town of Brookhaven IDA.
2. The Chief Executive Officer (CEO) or their designee shall consult with the Town Assessor to ascertain the amounts due pursuant to each PILOT Agreement. Thereafter, the PILOT payment for each project shall be billed to the current lessees. The lessees can pay the PILOT payment in full by January 31<sup>st</sup> of each year, or in two equal payments due January 31<sup>st</sup> and May 31<sup>st</sup> of each year of the PILOT Agreement. The CEO or their designee shall send all PILOT invoices to the lessees on a timely basis.
3. The Town of Brookhaven IDA shall establish a separate, interest bearing bank account for receipt and deposit of all PILOT payments. The CEO or their designee shall be responsible for depositing and maintaining said funds with input from the Chief Financial Officer (CFO).
4. The CEO or their designee shall remit PILOT payments and penalties if any, to the respective taxing authorities in the proportionate amounts due to said authorities. These remittances shall be made within thirty (30) days of receipt of the payments to the Agency.
5. If first-half PILOT payments are not received on a timely basis (as outlined in paragraph 2 hereof), the following interest and penalties shall accrue:

(i)	2/1 to 2/28	1% of the amount due
(ii)	3/1 to 3/31	2% of the amount due
(iii)	4/1 to 4/30	3% of the amount due
(iv)	5/1 to 5/31	4% of the amount due
(v)	6/1 to 6/30	5% of the amount due
(vi)	7/1 to 7/31	5% of the amount due
(vii)	8/1 to 8/31	5% of the amount due
(viii)	9/1 to 9/30	5% of the amount due
(ix)	10/1 to 10/31	5% of the amount due
(x)	11/1 to 11/30	5% of the amount due

PILOT payments paid after May 31<sup>st</sup> shall pay interest and penalties as follows:

(i)	6/1 to 6/30	5% interest and 5% penalty
(ii)	7/1 to 7/31	6% interest and 5% penalty
(iii)	8/1 to 8/31	7% interest and 5% penalty
(iv)	9/1 to 9/30	8% interest and 5% penalty
(v)	10/1 to 10/31	9% interest and 5% penalty
(vi)	11/1 to 11/30	10% interest and 5% penalty

For PILOT payments past due beyond on year, additional interest and penalties will accrue.

6. If a PILOT payment is not received by January 31<sup>st</sup> of any year or May 31<sup>st</sup> of the second half of the year the lessee shall be in default pursuant to the PILOT Agreement. The Agency may give the lessee notice of said default. If the payment is not received within sixty (60) days of when due, the CEO shall notify the Board, and thereafter take action as directed by the Board.

7. The CEO shall maintain records of the PILOT accounts at the Agency office.
8. Nothing herein shall be interpreted to require the Agency to collect or disburse PILOT payments for any projects which are not Agency Projects.
9. Should the Applicant fail to reach employment levels as outlined in their application to the Agency, the Board reserves the right to reduce or suspend the PILOT Agreement, declare a default under the Lease or the Installment Sale Agreement, and/or convey the title back to the applicant.
10. This policy has been adopted by the IDA Board upon recommendation of the Governance Committee and may only be amended in the same manner.

**EXHIBIT A**

Schedule of payments-in-lieu-of-taxes: Town of Brookhaven, (including any existing incorporated village and any village which may be incorporated after the date hereof, within which the Facility is wholly or partially located), Sachem Central District, Suffolk County and Appropriate Special Districts

<u>Year</u>	<u>Tax Year</u>	<u>Payment</u>
1.	2016/2017	\$8,050.00
2.	2017/2018	8,050.00
3.	2018/2019	8,220.00
4.	2019/2020	8,380.00
5.	2020/2021	8,550.00
6.	2021/2022	8,720.00
7.	2022/2023	8,890.00
8.	2023/2024	9,070.00
9.	2024/2025	9,250.00
10.	2025/2026	9,440.00
11.	2026/2027	9,630.00
12.	2027/2028	9,820.00
13.	2028/2029 and thereafter	100% of full taxes and assessments on the Facility

CERTIFICATION

**STEVEN KRIEGER** deposes and says that he or she is a member of **EB AT HOLTSVILLE, LLC**, the limited liability company named in the attached application; that he or she has read the foregoing application and knows the contents thereof; that the same is true to his or her knowledge.

Deponent further says that the reason this verification is being made by the Deponent and not by **EB AT HOLTSVILLE, LLC** is because the said company is a limited liability company. The grounds of Deponent's belief relative to all matters in the said application which are not stated upon his or 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 or her duties as an officer of and from books and papers of said corporation.

As an officer of said limited liability company (hereinafter referred to as the "Applicant"), Deponent acknowledges and agrees that Applicant shall be and is responsible for all costs incurred by the Town of Brookhaven Industrial Development Agency (hereinafter referred to as the "Agency") acting on behalf of the Applicant in connection with this application and all matters relating to the issuance of bonds. If, for any reason whatsoever, the Applicant fails to conclude or consummate necessary negotiations or fails to act within a reasonable or specified period of time to take reasonable, proper, or requested action or withdraws, abandons, cancels or neglects the application or if the Applicant is unable to find buyers willing to purchase the total bond issue required, then upon presentation of invoice, Applicant shall pay to the Agency, its agents or assigns, all actual costs incurred with respect to the application, up to that date and time, including fees to bond counsel for the Agency and fees of general counsel for the Agency. Upon successful conclusion and sale of the required bond issue, the Applicant shall pay to the Agency an administrative fee set by the Agency not to exceed an amount equal to 1% of the total project cost financed by the bond issue, which amount is payable at closing. The Agency's bond counsel's fees and the administrative fee may be considered as a cost of the project and included as part of any resultant bond issue.

Deponent further certifies that he or she has read the Payment in Lieu of Tax (PILOT) Policy of the Town of Brookhaven Industrial Development Agency and will agree to the terms thereof.

\_\_\_\_\_  
Member

Sworn to me before this \_\_\_\_  
Day of \_\_\_\_\_, 2014

\_\_\_\_\_  
(seal)