TOWN OF BROOKHAVEN INDUSTRIAL DEVELOPMENT AGENCY
APPLICATION FOR FINANCIAL ASSISTANCE

DATE: 7/12/13

APPLICATION OF: 

ADDRESS: 22 Research Way
E. Setauket, NY, 11733

Type of Application: ☑ Lease

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 at 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 NOTE: It is the policy of the Brookhaven IDA to encourage the use of local labor and the payment of the area standard wage during construction on the project.

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: R.E. Hansen IND. INC
Address: 22 Research Way
         East Setauket NY 11733
Contact: Bob Hansen  Title: President
Phone Number: [Redacted]  E-mail: [Redacted]
Federal Employer ID Number: [Redacted]

B. BUSINESS TYPE:

Sole Proprietorship  [ ]  Partnership  [ ]  Privately Held  [X]
Public Corporation  [ ]  Listed on [ ] Exchange
State of Incorporation [ ]

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

D. COMPANY COUNSEL:

BOND COUNSEL

Firm Name: Harris Bloom Aicher
Address: 445 Broadway
         New York NY 10013
Individual Attorney: Kieth Aicher  Phone: [Redacted]

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>PERCENT OWNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Hansen</td>
<td>100%</td>
</tr>
</tbody>
</table>


2
F. Has the company ever filed for bankruptcy?
   \( N \circ \)

G. Have any of the owners/top executives ever been convicted of a felony?
   \( N \circ \)

   If yes, please explain:

   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

H. Has the company ever been convicted of a felony?
   \( N \circ \)

   If yes, please explain:

   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

I. If any of the above persons (see "G" above), 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.
   \( N A \)

   _________________________________________________________________
   _________________________________________________________________

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:
   \( N A \)

   _________________________________________________________________

K. List parent corporation, sister corporations and subsidiaries:
   \( N A \)

   _________________________________________________________________
   _________________________________________________________________
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:

\[\text{NO}\]

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.

\[\text{NO}\]

N. List major bank references of the company:

\[\text{M+T BANK}\]

O. OPERATION AT CURRENT LOCATION:

1. Employment: \[125\]
2. Payroll: \[10 \text{ million}\]
3. Type of operation (manufacturing, wholesale, distribution, retail, etc.) and products and/or services: \[\text{MANUFACTURER + LIGHT ASSEMBLY}\]
4. Size of existing facility acreage: \[4.5\]
5. Number of buildings and square feet: \[1 \times 63,000\]

II. PROPOSED PROJECT DATA

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

Address: \[17 \text{ Bellmont Ave, Rd}\]

E. SETAUKET

Suffolk County Tax Map: District \[020\] Section \[202\] Block \[03\] Lot \[c0g, c0\]

B. Project Site: (Include as an attachment copies of survey, preliminary site plan, architectural rendering of the facility)
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 construction (additions or expansions).

1. Acreage: 4.5

2. Buildings:

   A) Existing number and square feet of each building:

   
   Bldg A 1872 sq ft
   Bldg B 1584 sq ft
   Bldg C 2724 sq ft
   Bldg D 1092 sq ft

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

   Demo All Buildings

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

   Bldg 1 40,000 sq ft
   Bldg 2 17,000 sq ft

   D) Builder or contractor and address:

   Not Selected Yet

   E) Architect name and address: Not Selected Yet

3. Indicate present use of site: Vacant / Warehouse

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

   None
C. Proposed project ownership (company or realty partnership):

17 Bellemeade Rd LLC

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):

WAREHOUSE DISTRIBUTION AND SHEET METAL FABRICATION

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:

NO

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

SHEET METAL FABRICATING EQUIP
2 BOX TRUCKS
2 FORK LIFTS, RACK SYSTEMS

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

(a.) SITE CLEARANCE: YES ☐ NO ☐ % COMPLETE
(b.) FOUNDATION: YES ☐ NO ☐ % COMPLETE
(c.) FOOTINGS: YES ☐ NO ☐ % COMPLETE
(d.) STEEL: YES ☐ NO ☐ % COMPLETE
(e.) MASONRY: YES ☐ NO ☐ % COMPLETE
(f.) OTHER:

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:

LEASED 22 RESEARCH WAY E.-STATE FROM RESEARCH WAY LLC
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 ☑

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

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

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

YES ☑ HIGH COST OF UTILITIES
TAXES AND TRUCKING

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

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

YES ☑ NO ☐

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

__________________________________________________________________

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

YES ☐ NO ☑

J. Does the company now own the project site?

YES ☐ NO ☑

1. If yes, indicate:

A) Date of purchase: __________________________

B) Purchase price: __________________________

7
C) Balance of existing mortgage: ________________________________

D) Holder of mortgage: __________________________________________

E) Special conditions: ____________________________________________

2. If no, indicate:

A) Present owner of site: AQUA GEM HOLDING CO., INC.

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: NOT SIGNED YET

2) Purchase price: $1,401

3) Settlement date: 7/13/13

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?

   TBD

III. PROJECT COSTS

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAND</td>
<td>$1,400,000</td>
</tr>
<tr>
<td>BUILDING</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>SITE WORK</td>
<td>$300,000</td>
</tr>
<tr>
<td>LEGAL FEES</td>
<td>$50,000</td>
</tr>
<tr>
<td>ENGINEERING FEES</td>
<td>$60,000</td>
</tr>
</tbody>
</table>
### LEGAL & FINANCIAL CHARGES
$ 20,000

### EQUIPMENT
$ 100,000

### RECORDING FEES

### OTHER (SPECIFY)
Misc
$ 101,000

### TOTAL
$ 3,530,000

#### B. METHOD OF FINANCING COSTS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tax-exempt IDB financing:</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2. Taxable IDB financing:</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3. SBA (504) or other governmental financing:</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>4. Other loans:</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>5. Company’s equity contribution:</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Total Project Costs $ __________

#### 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?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes [x]</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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:

10-15%

#### G. Has the company made any arrangements for the marketing or the purchase of the bond or bonds? If so, indicate with whom:

No
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.

<table>
<thead>
<tr>
<th>CURRENT EMPLOYMENT FIGURES</th>
<th>UNDER $30,000</th>
<th>$30,000 - $50,000</th>
<th>$50,000 - $75,000</th>
<th>OVER $75,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Full-Time Employees (FTE) earning:</td>
<td>45</td>
<td>47</td>
<td>18</td>
<td>23</td>
</tr>
<tr>
<td>Number of Part-Time Employees (FTE) earning:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| TOTAL PAYROLL FOR FULL-TIME EMPLOYEES | $ 9,819,094 |
| TOTAL PAYROLL FOR PART-TIME EMPLOYEES | $           |
| TOTAL PAYROLL FOR ALL EMPLOYEES       | $ 9,819,094 |

<table>
<thead>
<tr>
<th>PROJECTED EMPLOYMENT FIGURES - YEAR ONE</th>
<th>UNDER $30,000</th>
<th>$30,000 - $50,000</th>
<th>$50,000 - $75,000</th>
<th>OVER $75,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Full-Time Employees (FTE) earning:</td>
<td>5</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Number of Part-Time Employees (FTE) earning:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| TOTAL PAYROLL FOR FULL-TIME EMPLOYEES | $ 10,284,094 |
| TOTAL PAYROLL FOR PART-TIME EMPLOYEES | $           |
| TOTAL PAYROLL FOR ALL EMPLOYEES       | $           |

<table>
<thead>
<tr>
<th>PROJECTED EMPLOYMENT FIGURES - YEAR TWO</th>
<th>UNDER $30,000</th>
<th>$30,000 - $50,000</th>
<th>$50,000 - $75,000</th>
<th>OVER $75,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Full-Time Employees (FTE) earning:</td>
<td>15</td>
<td>10</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Number of Part-Time Employees (FTE) earning:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| TOTAL PAYROLL FOR FULL-TIME EMPLOYEES | $ 10,954,094 |
| TOTAL PAYROLL FOR PART-TIME EMPLOYEES | $           |
| TOTAL PAYROLL FOR ALL EMPLOYEES       | $           |

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?

IMMEDIATELY
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:

Demo to begin immediately

and upon approval from town board

Available for use 1st Q 2014

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

VI. SUBMIT THE FOLLOWING INFORMATION OF THE COMPANY

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? $2-5 million
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.
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 may 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 31st of each year, or in two equal payments due January 31st and May 31st 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 31st 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 one year, additional interest and penalties will accrue.

6. If a PILOT payment is not received by January 31st of any year or May 31st 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.
CERTIFICATION

ROBERT HANSEN (name of Chief Executive Officer of company submitting application) deposes
and says that he or she is the PRESIDENT (title) of TELANGAILE, the corporation
(company name) 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
TELANGAILE (company name) is because the said company is a corporation. 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 corporation (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.

__________________________
Chief Executive Officer of Company

Sworn to me before this 15
Day of JULY, 2013

__________________________
Tracie L. Simonin
NOTARY PUBLIC - STATE OF NEW YORK
NO. 01-S18168713
QUALIFIED IN SUFFOLK COUNTY
MY COMMISSION EXPIRES MAY 21, 2015.
**DO NOT FILE THIS FORM**

**REFERENCE COPY**

**E HANSEN INDUSTRIES**

**2 RESEARCH WAY**

**MT SETAUKET NY 11733**

**5ZH**

**Batch Number**

**2013/2/01458**

**Date Quarter Ended**

**06/30/2013**

**Page Number**

**1**

**Name of State**

**NEW YORK**

**Employer's State Identification Number**

**48-52775 9**

**Federal Identification Number**

**26-1709702**

**STATE REQUIRES NO DETAIL**

**ADP IS RESPONSIBLE FOR FILING THIS REPORT.**

**TOTAL WAGES THIS QUARTER**

190049719

**LESS EXCESS SUI TAXABLE WAGES**

172650023

**SUI TAXABLE WAGES 8,500 LIMIT**

17399696

**NUMBER OF EMPLOYEES**

143

**TOTAL SDI WAGES THIS QUARTER**

196772545
**SUI CODE 19 TOTALS**

**REFERENCE COPY**

E HANSEN INDUSTRIES 5ZH
2 RESEARCH WAY T SETAUKE NY 11733

**STATE REQUIRES NO DETAIL**

*ADP IS RESPONSIBLE FOR FILING THIS REPORT.*

<table>
<thead>
<tr>
<th>NAME OF EMPLOYEE</th>
<th>FILE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL WAGES THIS QUARTER</th>
<th>185161057</th>
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</thead>
<tbody>
<tr>
<td>LESS EXCESS SUI TAXABLE WAGES</td>
<td>177739247</td>
</tr>
<tr>
<td>SUI TAXABLE WAGES 8,500 LIMIT</td>
<td>7421810</td>
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</table>

<table>
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<tr>
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<th>136</th>
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<table>
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<tr>
<th>TOTAL SDI WAGES THIS QUARTER</th>
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**TOTALS FOR THIS PAGE**

<table>
<thead>
<tr>
<th>NUMBER OF EMPLOYEES</th>
<th>136</th>
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</thead>
</table>

| ID WAGE TOTALS | |
|----------------|-

**DO NOT FILE THIS FORM**