Please answer all questions. Use "None" or "Not Applicable" where necessary. Return one signed
original (with all 19 pages) plus three (3) copies to our Agency with the application fee of \$1,500.00.
(A credit of \$750.00 will be applied to closing costs.)
A) Applicant Information-company receiving benefit:
Applicant Name: Bouts by George Inc.
10 6 1 1 1 11/0 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Phone: 518-793-5452 Fax: 518-793-5481
Website: www.boatsbygeorge.com E-mail: george & Doatsbygeorge.com
Federal ID#: 14-1631 146
Will a Real Estate Holding Company be utilized to own the Project property/facility? ☐ Yes or ☒ No
What is the name of the Real Estate Holding Company?
Federal ID#:
State and Year or Incorporation/Organization: 1982 New York
List of stockholders, members, or partners of Real Estate Holding Company: George R Pensel,
Sole owner
B) Company Contact for this Application:
Name: George R Pensel
Title: President
Address: 18 State R+ 149 Lake George N.Y. 12845
Phone: 518-793-5452-47 331 Fax: 518-793-5481
E-Mail: george & boats by george, com
C) Company Counsel:
c) company counsel.
Name of Attorney: Michael Garry
Firm Name: Garry & Garry, PLLC
Address: 600 Broadway, Albany, NY, 12207
Phone: 518-465-3680 Fax: 518-465-9355
E-mail: michaelgarry @garry, com

D) Identify the assistance b	eing requested	of the Agency (select all that ap	oply):
1. Exemption from Sale	s Tax	Yes or	l No
2. Exemption from Mor	tgage Tax	Yes or	l No
3. Exemption from Real			l No
4. Tax Exempt Financin	(T)	Yes or	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
* (typically for not-fo	r-profits & sma	ll qualified manufacturers)	110
E) Business Organization (			
Corporation	<b>⋈</b>		
Public Corporation		Partnership	
Sole Proprietorship		Joint Venture	
Other (please specify)		Limited Liability Company	
Year Established:	1982		
State in which Organia	-Lots - With the	1-1 No. 16 1	
	nders, or parti	ners with % of ownership great	
George R Pen	sel	<u>% of owners</u> / DO 9 <sub>0</sub>	
7			
	_		
G) Applicant Business Descr	intion•		
		ucts, customers, goods and servic	
determining eligibility: Boo	fs by Geo	11 1 1 1	, 1
Penselin 1982, Boat	sby George	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	its owner beorge
bouters in the Adi		nd Hudson Valley,	19 101 ealership 3 erving
We offer 5 di	Plevent b	) / , / / /	- 1 01
marine Services		Lull line of Parts	rvice + storage,
accessories,	strice (1)	THE OF PAVIS	V Water Sports

What is the current real estate/scho	ool taxes on the proposed Project Site? \$ 36,749,89
	vailable, provide assessed value for each:
Land: \$	Buildings(s): \$
> If available please includ	
Are Real Property Taxes current?	✓ Yes or No. If no, please explain
If No, indicate name of present ow Does Applicant or related entity h	entity currently hold fee title to the Project site? Yes or No  where of the Project Site: 2200 Royle 9 LLC Rulph Macchio  ave an option/contract to purchase the Project site? Yes or No  oposed Project site: Currently the Site his been  pace, 5 to age Lan occasional event location.
and/or equipment purchases). I all tenants and any/all end users The usagge of the of boats and related  For approximately 50 Edisplay of boats & continued of the continued of	of project and the purpose of the project (new build, renovations, identify specific uses occurring within the project. Describe any and while information is critical in determining project eligibility):  The building will be as ales showroom  access ories, there will also be sime bout storage  bouts. The plan is to convert the ice rinkinto a  nivert the locker rooms into sales of fices, Icesystem  our administrative of tics will move to this location,  alding will also be upgragled  Agency's Financial Assistance is necessary, and the effect the Project
will have on the Applicant's	business or operations. Focus on competitiveness issues, project
additional pages if necessary):	ity determination will be based in part on your answer (attach, This building of property has a very high operational
7 1	of this project is to increase our sales.
	ke some time and investment to get this
Please confirm by checking the	he box, below, if there is likelihood that the Project would not be
undertaken but for the Financi	al Assistance provided by the Agency?
⊠ Yes □ No	

If the Project could be undertaken without Financial Assistance provided by the Agency, then
provide a statement in the space provided below indicating why the Project should be undertaken by
the Agency: Boars Dy George hus done Business in the past
Sucess fully with the Warren Washington County Idas
We together sycassfully developed a ymillion dollar service center in For
Amn NY. We have evented jobs and now are in the position to grow a gain
If the Applicant is unable to obtain Financial Assistance for the Project, what will be the impact on
the Applicant and County/City/Town/Village? Without this project Boats by George
will be limited on its sales volume bued on display space, Weave at
limit with our current facilities. Sales tox revenue is big for the count
7
C) Will Project include leasing any equipment? Yes \( \sum_{No} \) No
If Yes, please describe: The Contractors will lease equipment, We find
to purchase the equipment we need to van our business
D) Site Characteristics:
Will the Project meet zoning/and use requirements at the proposed location?   ✓ Yes or   No
Describe the present zoning/land use: IC-A, Tourist Commercial A
Describe required zoning/land use, if different:
If a change in zoning/land use is required, please provide details/status of any request for change of
zoning/land use requirements: We have vegues ted boat storage for 50 boats
instead of the 20 allowed via a variance, Vaviance was
approved on Nec 2 by Lake George Planning Doard
Is the proposed project located on a site where the known or potential presence of contaminants is
complicating the development/use of the property? If yes, please explain:
complicating the development use of the property: If yes, pieuse explain.
The state of the s
E) Has a Phase I Environmental Assessment been prepared or will one be prepared with respect to the
proposed project site? Yes No If yes, please provide a copy.
TO II
F) Have any other studies or assessments been undertaken with respect to the proposed project site that
indicate the known or suspected presence of contamination that would complicate the site's development?
Yes No If yes, please provide copies of the study

#### Counties of Warren and Washington Industrial Development Agency 5 Warren St. Suite 210, Glens Falls, NY 12801 Tel: (518) 792-1312

Email: aweaver@warren-washingtonida.com

G) Provide any additional info	rmation or details:	
H) Select Project Type for all	end users at project site (you ma	ay check more than one):
	isit the Project site for either of	f the following economic activities? If yes aplete the Retail Questionnaire contained in
Retail Sales: X Yes	☐ No Servi	ces: 🛮 Yes 🔲 No
Article 28 of the Tax Law of t	ne State of New York (the "Tax	means (i) sales by a registered vendor under Law") primarily engaged in the retail sale of of the Tax Law), or (ii) sales of a service to
tangible personal property (as customers who personally visi Industrial Acquisition of Existing Facilit Housing Equipment Purchase Multi-Tenant Commercial	Back Office Retail Mixed Use Facility for A Civic Facility Other	ging
I) Project Information:		
Estimated costs in connection	a with Project:	
1. Land and/or Building	Acquisition:	\$ 3,000,000.00
acres	square feet	, , ,
2. New Building Constru	action:square feet	\$
3. New Building Addition	n(s): square feet	\$
4. Infrastructure Work		\$
5. Reconstruction/Renov	ation: 10,000 square feet	s <u>500,000.</u> 00
6. Manufacturing Equips	,	\$
7. Non-Manufacturing E	quipment (furniture, fixtures, etc	s.): \$\frac{300,000}{50,000}00
8. Soft Costs: (profession	nal services, etc.):	\$ 50,000.00
9. Other, Specify:		<u> </u>
	TOTAL Capi	ital Costs: \$ 3,850,000,00
Project refinancing; estimat (for refinancing of existing d		\$

Sources of Funds for Project Costs:	
Bank Financing:	\$ 3,000,000,00
Equity (excluding equity that is attributed to grants/tax credits)	\$ 850,000,00
Tax Exempt Bond Issuance (if applicable)	\$
Taxable Bond Issuance (if applicable)	\$
Public Sources (Include sum total of all state and federal grants and tax credits)	\$
Identify each state and federal grant/credit:	
	\$
	\$
	\$
Total Sources of Funds for Project Costs:	\$ 3,850,000.00
Have any of the above costs been paid or incurred as of the date of t	his Application? Yes No
If Yes, describe particulars. 100,000,00 deposit on	realestale,
Mortgage Recording Tax Exemption Benefit: Amount of mortgarecording tax:	age that would be subject to mortgage
Mortgage Amount (include sum total of construction/perma	ment/bridge financing): \$ 3,100,000
Estimated Mortgage Recording Tax Exemption Benefit (pro Amount as indicated above multiplied by 25%):	s 26,250,00
Construction Cost Breakdown:  Total Cost of Construction \$ 200,000 (sum of 2,3,4,5, a above)	and 7; if 7 is applicable, in Question I,
Cost for materials: % sourced in County/City/Town/Village: % sourced in State  \$ 200 % (including)	ng County/City/Town/Village)
Cost for labor: \$ 600	

			ingtonida.com
Estimated number	er of construction job	s for your project:	= 6
Sales and Use Tax: Groand Use tax - said amoun	The state of the state of	or goods and servi Agency's Sales ar	ices that are subject to State and local Sales and Use Tax exemption benefit:
	Sales and Use Tax B	enefit (product of	multiplied by the figure, above):
Applicant to undertake the estimate, above, represent authorize with respect to	ne total amount of in this the maximum and this Application. T	n the transaction vestment as prop nount of sales a the Agency may	ne New York State Department of Taxation documents may include a covenant by the osed within this Application, and that the nd use tax benefit that the Agency may utilize the estimate, above, as well as the fon, to determine the Financial Assistance
Real Property Tax Benef	fit:		
Identify and desc THAN the Agency's PILO	ribe if the Project w	vill utilize a real	property tax exemption benefit OTHER
IDA PILOT Benefit: Project Costs as contained PILOT Benefit abatement Benefit abatement amount Percentage of Project Co	Agency staff will in therein and anticipa amount for each year for the term of the PI osts financed from Public Stranged from Public St	ar of the PILOT LOT as depicted  Public Sector series Sector series	nt of PILOT Benefit based on estimated assessed valuation, including the annual benefit year and the sum total of PILOT in Section V of the Application.  Durces: Agency staff will calculate the based upon Sources of Funds for Project
J) For the proposed facility	v nlease indicate the	aguana fa	r each of the uses outlined below: tenants, please include in cost breakdown
	Square Footage	Cost	% of Total Cost of Project
Manufacturing/Processing			
Warehouse	4,000.00	0	090
Research & Development			
Commercial			

600,000

200,000

7590

2590

040

30,000.00

6,000,00

10,000,00

Retail (see page 12)

Office

Specify Other

K) What	t is your project time	etable (Provide dates):	
			1/15/01
2	. Estimated comple	tion of equipment or cons	truction of facilities: 115721
3	. Project occupancy	ostimated at the	
4	Have construction	estimated starting date	of operations: 4/1/21
5	Has Financine has	contracts been signed? [	Yes No
5	. 11ds I mancing bee	n finalized? Yes X	No
If	c construction cont	tracts have been signed	please provide copies of executed construction
contracts	and a complete	project budget. The co	implete project budget should include all related
constructi	ion costs totaling th	ne amount of the new hui	ding construction, and/or new building addition(s),
and/or rei	novation.	J me new out	aing construction, ana/or new building addition(s),
L) Have s	site plans been subn	nitted to the appropriate p	anning department?
		es No	
If	yes, please provide	the Agency with a copy	of the related State Environmental Quality Review
ici ("SEC	(R'') Environmenta	Assessment Form that r	nay have been required to be submitted along with
ne site pia	an application to the	appropriate planning dep	artment. Please provide the Agency with the status
with respe	ct to any required p	lanning department appro	val: Planning Board Meeting 12/2
			1 19 999
	2.00-41-65		
las the Pro	oject received site p	lan approval from the pla	nning department? Yes No.
If I	Yes, please provide	the Agency with a copy	of the planning department approval along with the
elated SE	QR determination.	×	
(I) Is the p	project necessary to	expand project employme	nt: Yes No
•	,		пт. Д тез 🗀 №
Is proje	ect necessary to reta	in existing employment:	☐ Yes    X No
) Emplo	vment Plan (Specifi	c to the proposed project	
,	, (Sp <b>ec</b> in	to the proposed project	ocation).
	Current # of jobs		IF FINANCIAL Estimate number of
	proposed project location or to be		ASSISTANCE IS residents of the Labor
	relocated at proje	GRANTED – project the number of FTE	GRANTED – project Market Area in which the number of FTE the Project is located
	location	and PTE jobs to be	and PTE jobs to be that will fill the FTE
	10	RETAINED 1	CREATED upon and PTE jobs to be Created upon TWO

\*\* For purposes of this question, please estimate the number of FTE and PTE jobs that will be filled, as indicated in the third column, by residents of the Labor Market Area, in the fourth column. The Labor Market Area includes the Counties of Warren and Washington as well as the following Areas: <a href="Counties of Saratoga">Counties of Saratoga</a>, Essex and Hamilton.

\*\*\* By statute, Agency staff must project the number of FTE jobs that would be retained and created if the request for Financial Assistance is granted. Agency staff will project such jobs over the TWO-Year time period following Project completion. Agency staff converts PTE jobs into FTE jobs by dividing the number of PTE jobs by two (2).

Salary and Fringe Benefits for Jobs to be Retained and Created:

Average Salary or Range of Salary	Average Fringe Benefits or Range of Fringe Benefits
8150,000	Health Ins a 401 K
180,000	Health Inc & 401 K
	Health Inc +401 K
	Health Ins Lyon IC
	THEORIN SAN OF TOTAL
	41

Employment at other locations in County/City/Town/Village: (provide address and number of employees at each location):

	Queens bury	Queensbury
Address 10018 149 FIAnn 12827	Address 18 State Rt 149	Address 291 Cloverdale Re Cloverdale NY 12820
14	14	10
2	C	10
16		
	Address 10018 149 F1Ann 12827 14 2 16	14 114

P) Will any of the facilities described above be closed or subject to reduced activity? Yes No
\*\* If any of the facilities described above are located within the State of New York, and you answered Yes
to the question above, you must complete Section IV of this Application.

	washingtonida.com
determine the Fina acknowledges that	t the Agency may utilize the foregoing employment projections, among other items, to incial Assistance that will be offered by the Agency to the Applicant. The Applicant the transaction documents may include a covenant by the Applicant to retain the create the number of jobs with respect to the Project as set forth in this Application.
Q) Is the project 1 State? Yes	reasonably necessary to prevent the project occupant from moving out of New York No.
If yes, please explai	n and identify out-of-state locations investigated, type of assistance offered and documentation if available:
R) What competitive	ve factors led you to inquire about sites outside of New York State?
S) Have you contact Agencies?  Yes	eted or been contacted by other Local, State and/or Federal Economic Development No.
If yes, please ident assistance sought an	ify which agencies and what other Local, State and/or Federal assistance and the d dollar amount that is anticipated to be received:

To ensure compliance with Section 862 of the New York General Municipal Law, the Agency requires additional information if the proposed Project is one where customers personally visit the Project site to undertake either a retail sale transaction or to purchase services.

Please answer the following:

A. Will any portion of the project (including that portion of the cost to be financed from equity or

Article 28 of the Tax Law of the State of New York (the "Tax Law") primarily engaged in the retail sale of tangible personal property (as defined in Section 1101(b)(4)(i) of the Tax Law), or (ii) sales of a service to customers who personally visit the Project.

B. What percentage of the cost of the Project will be expended on such facilities or property primarily used in making sales of goods or services to customers who personally visit the project? 9090 %. If the answer is less than 33% do not complete the remainder of the retail determination and proceed to section V.

If the answer to A is Ves AND the an of t

the following questions below apply to the project:
1. Will the project be operated by a not-for-profit corporation Yes 🔀 No.
2. Is the Project location or facility likely to attract a significant number of visitors from outside the economic development region (list specific County or ED region) in which the project will be located?
⊠,Yes □ No
If yes, please provide a third-party market analysis or other documentation supporting your response.
3. Is the predominant purpose of the project to make available goods or services which would not, but for the project, be reasonably accessible to the residents of the municipality within which the proposed project would be located because of a lack of reasonably accessible retail trade facilities offering such goods or services?

Yes No

If yes, please provide a third-party market analysis or other documentation supporting your response.

4. Will the project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York?

Yes No. If yes, explain This project will increase all aspects o four therefor keeping existing work force + adding 5. Is the project located in a Highly Distressed Area? Yes No

The Agency is required by state law to make a determination that, if completion of a Project benefiting from Agency Financial Assistance results in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state or in the abandonment of one or

more plants or facilities of the project occupant located within the state, Agency Financial Assistance is required to prevent the project occupant from relocating out of the state, or is reasonably necessary to preserve the project occupant's competitive position in its respective industry.

			1		-petiti (e positio	/11 111	its respec	live maustry	•		
Will the occupant	Projection (	ct resu one are	lt in a of t	the i	emoval of an te to another a	ind irea	ustrial of the sta	or manufac ate?	turing I	olant o	of the Project
Will the P located wi	roject thin t	result he state	in the	abai Yes	Idonment of or	ne or	more p	lants or facil	lities of	the Pi	roject occupant
the Agency	y SIII	lancial.	ASSISI	ance	ow, notwithstar is required to pre Project occupa	rever	nt the Pro	riect from ro	lagatina		tivity reduction, f the State, or is re industry:
Does the municipali	Proj	ect inv	olve	reloc	eation or con	isolic	lation o	of a projec	t occuj	oant	from another
Wi	ithin l	New Yo	rk St	ate			☐ Yes	□ No			
Wi	ithin (	County/	City/	Town	/Village		Yes	□ No			
If Yes to ein	ther qu he ne	m by (	pleas d	e, exp	lain: Exist n our C Seorje L	Lye Oca	g Ao ensbu	lministr vy Rti Xs Wel	wlive 49 / 1 as	evi Oca- Sa	nployees fron to les stat.
completed	Appli	cation,	ana (	u) pro	be: (i) complete ovided to the A	ed by	y IDA St	aff based up ultimate inc	on info usion as	rmatio s part	on contained of this
PILOT Estimate Dollar Value of New Construction and Renovation Costs		Estimated New Assess Value of Property Subject to IDA*					Local Tax Rate (Town/City/Village)/1000			School Tax Rate/1000	
*Apply equ	ualiza	tion rat	te to	alue							
PILOT % Year Payme		ment	Cou PIL		Local PILOT		hool LOT	Total PILOT	Full 7		Net Exemption