



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 County of Lewis Industrial Development Agency			IDA project number (use OSC numbering system for projects after 1998) 2301-24-03
Street address 7551 South State Street			Telephone number (315) 376-3014
City Lowville	State New York	ZIP code 13367	Email address (optional)

Project operator or agent information

Name of IDA project operator or agent Red Barn Meats, Inc.		Mark an X in the box if directly appointed by the IDA: <input checked="" type="checkbox"/>	Employer identification or Social Security number 45-5416273
Street address 9095 Briot Road		Telephone number 315 346-1254	Primary operator or agent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
City Croghan	State NY	ZIP code 13327	Email address (optional)

Project information

Name of project Red Barn Meats, Inc.			
Street address of project site 9095 Briot Road and 9097 Briot Road			
City New Bremen	State NY	ZIP code 13367	Email address (optional)
Purpose of project meat processing facility			

Description of goods and services intended to be exempted from New York State and local sales and use taxes EQUIPMENT, MACHINERY, BUILDING IMPROVEMENTS, SITE IMPROVEMENTS AND RELATED COSTS TO THE PROJECT.			
Date project operator or agent appointed (mmddyy) 09/27/24	Date project operator or agent status ends (mmddyy) 12/31/25	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: \$ 1,396,475.00		Estimated value of New York State and local sales and use tax exemption provided: \$ 111,718.00	

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 JOSEPH R. LAWRENCE	Print title (Vice) Chair
Signature 	Date 09/27/2024
	Telephone number (315) 376-3014