



State of New York  
Empire Zones Program

For Zone Use Only  
ID # 77-0034

APPLICATION FOR JOINT CERTIFICATION OF AN EMPIRE ZONE BUSINESS ENTERPRISE 185 21

Please answer all questions carefully and completely. Original signatures are required on the SIGNATURE PAGE. Submission of an incomplete application or one with incorrect or fraudulent information will result in a delay of approval for, or a denial of certification. Submit application directly to the local Zone to obtain the approval of the Zone Certification Officer (ZCO). Failure to follow this procedure will result in the delay of approving your application. If additional space is required to complete this application, please use the Form EZ-2.

ORIGINAL

SECTION A: Description of Applicant Business

1. Name of Organization (use legal name) Wise Buys Stores, Inc.

2. Form of Organization (check one)  Corporation  Partnership  S. Corporation  LLC  Non-Profit  Proprietorship

3. Nature of Business (check one)  Retail  Commercial/ Service  Manufacturing  Other \_\_\_\_\_

Type of good or service to be produced department store

4. Date of Formation or Incorporation (mm/dd/yyyy) 04/30/2003 5. NAICS 452110

6. Is this business (check all that apply)  Women-Owned  Minority-Owned  Existing Business  New Business

7. Period of which business taxable year is based  Calendar year  Fiscal year If Fiscal Year, indicate period 7/1 - 6/30

SECTION B: Business Location and Contact Information

8. Name of Empire Zone in which business is (will be) located Franklin County

9. Is this business (check one)  Currently in Zone  
 Not in Zone, located in pending Zone boundary revision  
(NOTE: See condition for forwarding application to ESD in Section F: Local Certification Officer's signature block.)  
 Moving into Zone From  Elsewhere in NYS (Outside an Empire Zone - attach shift resolution from municipality)  
 Another Empire Zone in NYS  
 Outside of NYS

10. Location in Zone Street 94 Demars Blvd., Suite 1 City Tupper Lake Zip 12986

11. Date this location was placed in the Zone (mm/dd/yyyy) 07/21/2003

12. Mailing address (if different than above)  
 Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

13. Designated contact for applicant business (see instructions) Thomas W. Scorzafava  
 Name of Company Wise Buys Stores, Inc.  
 Street 10-18 Park St., 2nd floor City Bouverneur State NY Zip 13642  
 Phone (315) 771-3034 Fax (315) 287-7529 E-mail tomscorzafava@hotmail.com

SECTION C: Business Identification Numbers - Refer to instructions before completing Section C.

14. Federal Employer Identification Number (FEIN)/Taxpayer Identification Number [REDACTED]

15. NYS Unemployment Insurance (UI) Registration Number 15-254654

16. Workers' Compensation Policy Number WC 272042218  
 If no policy number, is the applicant self-insured?  Yes  No Insured by NYSIF  Yes  No  
 Name of Carrier CNA

17. Disability Insurance Policy Number DBL-202031  
 If no policy number, is the applicant self-insured?  Yes  No Insured by NYSIF  Yes  No  
 Name of Carrier First Rehabilitation Life Insurance Company of America

18. Is the applicant using a identification number of another business entity or common paymaster for unemployment?  Yes  No If Yes, complete and attach EZ-3.

19. Will any of the retained jobs or new jobs created be for leased employees?  Yes  No If Yes, complete and attach EZ-3.

20. Is there a predecessor company?(see instructions)  Yes  No If Yes, please provide, FEIN \_\_\_\_\_  
 Name of Company \_\_\_\_\_

**SECTION D: Certification History and Application Criteria**

21. Has this business previously applied for certification and been denied on grounds of violating NYS or federal worker protection laws?  Yes  No  
 22. Has this business previously received certification that has been revoked?  Yes  No

If yes, what was the basis for the revocation? \_\_\_\_\_  
 How has the problem/issue been remedied/resolved? \_\_\_\_\_

22a. Total number of full-time equivalent (FTE) employees in the Zone (excluding general officers) using the average of the last four quarters ending on March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup> and December 31<sup>st</sup>, for the calendar year preceding the date the applicant signs the application. n/a \$ MW  
 22b. Total number of FTE employees in the Zone as of the date the applicant signs the application. 30

23. Does the applicant intend to create new positions or make new capital investments in the Zone?  Yes  No  
 If you answered yes to question 23 please answer questions 23a through 23d.

- a. Projected number of new FTE positions (excluding general executive officers) to be created in the Zone during the first two years of certification for positions in which a substantial part of the work will be performed in the Zone. (NOTE: Use month and year in which the applicant signs the application as the reference point.) (new business) 30  
 b. Average starting hourly wage for these positions. \$ 8-9<sup>00</sup>  
 c. Date to begin hiring. 04/01/2004  
 d. Will any of the new FTE positions in the Zone be positions transferred from other establishments owned or operated by the applicant that are located in other municipalities, towns or villages in the state?  Yes  No  
 e. Projected fixed asset investment (in \$\$'s) to be made in the Zone facility during the first two years of certification. (NOTE: Use month and year in which the applicant signs the application as the reference point.) \$ 100,000

24. If the projected number of new FTE positions to be created or the capital investments to be made in the Zone will occur more than two years after certification, indicate the number of new positions, amount of capital investments and the expected date for these events to occur. N/A  
 Number of New FTE Positions: \_\_\_\_\_ Expected Date To Begin Hiring (mm/year): \_\_\_\_\_  
 Capital investments: \_\_\_\_\_ Expected Date To Begin Investments (mm/year): \_\_\_\_\_

25. Briefly explain the basis for the applicant's claims to hire new employees or make new capital investments (See instructions).  
Employees needed to begin operations. Number based on  
MiscBuys' historical hiring needs, as well as Ames historical  
hiring needs

26. If the applicant business answered no to question 23, does the applicant intend to prevent a loss of jobs in the Zone?  Yes  No

27. **TO BE COMPLETED BY THE ZONE.** If the applicant is not projecting new FTE positions to be created nor capital investments to be made in the Zone, provide a statement in support for this application indicating how the certification of this business will enhance the economic climate of the Zone.  
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 \_\_\_\_\_  
 \_\_\_\_\_

SECTION E: Acknowledgments And Agreements By Authorized Representative of the Applicant Organization

- As the responsible officer, (print or type name) Thomas W. Scozzafava I hereby:
- Acknowledge the company's obligation to provide 90-day written notice to the Commissioner of Economic Development, the local Empire Zone certification officer, the local Empire Zone administrative board, the local Zone Capital Corporation, and the employees of the business enterprise of any intent to close or partially close a facility within the Zone. For the purposes of this agreement, "closing" means the permanent termination of the business facility's operation, and "partial closing" means the permanent termination of a portion of the business facility's operations that will immediately reduce the workforce by 50 employees or 50 percent over a one-year period, whichever is greater;
  - Agree to list for the purposes of recruitment all openings (exclusive of general executive offices) for jobs and training programs in the zone facility with the local job services office of the New York State Department of Labor, or demonstrate to the satisfaction of the Commissioner of Economic Development and the Commissioner of Labor what other comparable methods will be used to recruit targeted individuals for such openings;
  - Agree to submit an annual report to the local Empire Zone Certification Officer on a form to be prescribed by the Commissioner of Economic Development, including but not limited to, data on the extent to which the certified facility has met the projections set forth in this application and, if applicable, the reason it has not; and,
  - Authorize the Commissioner of Labor to disclose to employees of the New York State Departments of Labor and Economic Development and the local Empire Zone certification officer all records of employment filed by the company in making Unemployment Insurance reports and contributions required by the Unemployment Insurance Law and all records of delinquencies. The use of information and records released pursuant to this authorization shall be limited to the government purposes relating to certifying the company for Empire Zone benefits and incentives under General Municipal Law Article 18B, monitoring compliance with program criteria, and reviewing the performance of the zone programs.
  - Acknowledge that if business enterprise, or its agent, during the three years preceding the submission of this application for certification, engaged in a substantial violation or a pattern of violations of laws regulating unemployment insurance, workers' compensation, public work, child labor, employment of minorities and women, safety and health, labor standards, or other laws for the protection of workers as determined by final judgment of a judicial or administrative proceeding may result in denial of certification.

Signature Thomas W. Scozzafava Title Treasurer / CFO Date 5/6/2004

State of New York  
County of St Lawrence  
On the 6<sup>th</sup> day of May (month) 20 04 (year), before me personally appeared (name) Thomas W. Scozzafava to me known, who being by me duly sworn, did depose and say that he/she resides at (address) Rouley St Gouverneur ny 13640 that he/she is the (title) Treas. / CFO of (business entity) Wisebuy, the business entity described herein which executed the foregoing instrument, and that he/she signed his/her name thereto by the authority granted by such business entity.

Notary Signature Diane E. Easton Date 5-6-04

DIANE E. EASTON  
Notary Public, State of New York  
Qualified in St. Lawrence County  
Reg #01EA496177B  
My Commission Expires 2/5/06

SECTION F: Record of Receipt and Approval/Disapproval of Application for Joint Certification of an Qualified Empire Zone Enterprise

To be completed by local Empire Zone Certification Officer.  
I hereby  Approve  Disapprove this application for joint certification of an Empire Zone Enterprise.  
**STOP** If the applicant will be located in the zone by a pending zone boundary revision, this certification application must not be forwarded by the local Empire Zone Certification Officer to the Commissioner of Economic Development until the boundary revision has been officially approved by such commissioner.  
Signature Gregory J. Fin Title ZCO Date 07/06/2004

To be completed by the Commissioner of the NYS Department of Labor.  
I hereby  Approve  Disapprove this application for joint certification of an Empire Zone Enterprise.  
Signature John A. Crotts Date 8/31/04

To be completed by the Commissioner of the NYS Department of Economic Development.  
I hereby  Approve  Disapprove this application for joint certification of an Empire Zone Enterprise.  
Signature Charles A. Gargano Date 9/24/04



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ID # 77-0034

State of New York  
Empire Zones Program  
APPLICATION FOR JOINT CERTIFICATION OF AN EMPIRE ZONE BUSINESS ENTERPRISE  
Supplemental Form

This form is to be used **only** if applicant cannot fit all requested information on the Application for Joint Certification of a Empire Zone Business Enterprise (EZ-1). Any information provided on this form should be identified by the section and question number on form (EZ-1) to which it refers.

Name of Organization Wise Buy Stores, Inc.

Section No. 0

Question No. 25

Spoke with Mr. Scozza Re: Wise Buy's assessment of market  
near that Tupper Lake is large enough for a small department  
store, but not big enough for K-Mart, etc. Property was  
placed in Empire Zone to entice a department store as a  
replacement for Ames.

Section No. \_\_\_\_\_

Question No. \_\_\_\_\_

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Section No. \_\_\_\_\_

Question No. \_\_\_\_\_

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State of New York  
Empire Zones Program  
APPLICATION FOR JOINT CERTIFICATION OF AN EMPIRE ZONE BUSINESS ENTERPRISE  
Tracking Form

Internal agency use only  
To be completed by Authorized Agency Representative

This form should be used by each authorized agency to stamp the date you received the completed application using the appropriate box below.

Name of Organization Wise Bugs Stores, Inc.

- 1. Application EZ-1 received by **Local Zone**.
- 2. Application deemed complete by **Local Zone** and forwarded to ZCO.

<p>JUN 21 2004</p> <p>Franklin County Empire Zone 10 Elm Street, Suite 2 Malone, NY 12953</p>	<p>JUL 02 2004</p> <p>Franklin County Empire Zone 10 Elm Street, Suite 2 Malone, NY 12953</p>	<p><b>RECEIVED</b></p> <p>JUL - 2 2004</p> <p>EMPIRE ZONE CERTIFICATION OFFICER</p> <p><b>APPROVED</b></p> <p>JUL - 6 2004</p> <p>EMPIRE ZONE CERTIFICATION OFFICER</p>
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- 3. Application EZ-1 received by **Empire State Development**.

<p>NEW YORK STATE DEPARTMENT OF ECONOMIC DEVELOPMENT</p> <p>JUL 09 2004</p> <p>EMPIRE ZONES PROGRAM</p>	<p>Approved D.M. 7/13/04</p>
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- 4. Application EZ-1 received by **Department of Labor**

	<p>RECEIVED</p> <p>JUL 26 2004</p> <p>EDSU</p>
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- 5. Application EZ-1 (approved by **Department of Labor**) received by **Empire State Development**

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