

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

80-0668125

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested DOBBS FERRY LOCAL DEVELOPMENT CORPORATION																	
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name															
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 112 MAIN STREET		5a Street address (if different) (Do not enter a P.O. box.)															
	4b City, state, and ZIP code (if foreign, see instructions) DOBBS FERRY, NEW YORK 10522		5b City, state, and ZIP code (if foreign, see instructions)															
	6 County and state where principal business is located WESTCHESTER COUNTY, NEW YORK																	
	7a Name of principal officer, general partner, grantor, owner, or trustor MARCUS SERRANO, Chief Executive Officer		7b SSN, ITIN, or EIN 134-58-1507															
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			8b If 8a is "Yes," enter the number of LLC members ▶															
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check. <table border="0"><tr><td><input type="checkbox"/> Sole proprietor (SSN) _____</td><td><input type="checkbox"/> Estate (SSN of decedent) _____</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Plan administrator (TIN) _____</td></tr><tr><td><input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____</td><td><input type="checkbox"/> Trust (TIN of grantor) _____</td></tr><tr><td><input type="checkbox"/> Personal service corporation</td><td><input type="checkbox"/> National Guard <input type="checkbox"/> State/local government</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td><input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military</td></tr><tr><td><input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ LOCAL DEVELOPMENT</td><td><input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises</td></tr><tr><td><input type="checkbox"/> Other (specify) ▶ _____</td><td>Group Exemption Number (GEN) if any ▶ _____</td></tr></table>				<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (TIN) _____	<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (TIN of grantor) _____	<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ LOCAL DEVELOPMENT	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	<input type="checkbox"/> Other (specify) ▶ _____	Group Exemption Number (GEN) if any ▶ _____	
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9b If a corporation, name the state or foreign country (if applicable) where incorporated		State NEW YORK	Foreign country															
10 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <table border="0"><tr><td><input type="checkbox"/> Banking purpose (specify purpose) ▶ _____</td></tr><tr><td><input type="checkbox"/> Changed type of organization (specify new type) ▶ _____</td></tr><tr><td><input type="checkbox"/> Purchased going business</td></tr><tr><td><input type="checkbox"/> Created a trust (specify type) ▶ _____</td></tr><tr><td><input type="checkbox"/> Created a pension plan (specify type) ▶ _____</td></tr><tr><td><input type="checkbox"/> Hired employees (Check the box and see line 13.)</td></tr><tr><td><input type="checkbox"/> Compliance with IRS withholding regulations</td></tr><tr><td><input type="checkbox"/> Other (specify) ▶ _____</td></tr></table>				<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Created a trust (specify type) ▶ _____	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Other (specify) ▶ _____							
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<input type="checkbox"/> Other (specify) ▶ _____																		
11 Date business started or acquired (month, day, year). See instructions. NOVEMBER 18, 2010		12 Closing month of accounting year DECEMBER																
13 Highest number of employees expected in the next 12 months (enter -0- if none). <table border="1"><tr><td>Agricultural 0</td><td>Household 0</td><td>Other 0</td></tr></table>		Agricultural 0	Household 0	Other 0	14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")													
Agricultural 0	Household 0	Other 0																
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ N/A																		
16 Check one box that best describes the principal activity of your business. <table border="0"><tr><td><input type="checkbox"/> Construction</td><td><input type="checkbox"/> Rental & leasing</td><td><input type="checkbox"/> Transportation & warehousing</td><td><input type="checkbox"/> Health care & social assistance</td><td><input type="checkbox"/> Wholesale-agent/broker</td></tr><tr><td><input type="checkbox"/> Real estate</td><td><input type="checkbox"/> Manufacturing</td><td><input type="checkbox"/> Finance & insurance</td><td><input type="checkbox"/> Accommodation & food service</td><td><input type="checkbox"/> Wholesale-other</td></tr><tr><td colspan="3"><input checked="" type="checkbox"/> Other (specify) LOCAL DEVELOPMENT CORP.</td><td><input type="checkbox"/> Retail</td><td></td></tr></table>				<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other	<input checked="" type="checkbox"/> Other (specify) LOCAL DEVELOPMENT CORP.			<input type="checkbox"/> Retail	
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17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. LOCAL DEVELOPMENT CORPORATION																		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____																		
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.																	
	Designee's name CARLA J. PENAZEK		Designee's telephone number (include area code) (585) 419-8760															
	Address and ZIP code 99 GARNSEY ROAD, PITTSFORD, NEW YORK 14534		Designee's fax number (include area code) (585) 419-8817															
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) (914) 231-8502															
Name and title (type or print clearly) ▶ MARCUS SERRANO, Chief Executive Officer			Applicant's fax number (include area code) (866) 216-0387															
Signature ▶ <i>Marcus Serrano</i>			Date ▶ 12/13/10															