



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 Columbia County Industrial Development Agency			IDA project number (use OSC numbering system for projects after 1998) 1001-22-01
Street address One Hudson City Centre, Suite 301			Telephone number (518) 828-4718
City Hudson	State NY	ZIP code 12534	Email address (optional)

Project operator or agent information

Name of IDA project operator or agent Klocke Estate Holdings, LLC ***		Mark an X in the box if directly appointed by the IDA: <input checked="" type="checkbox"/>	Employer identification or Social Security number 82-2393613
Street address 2678 County Route 27		Telephone number (617) 844-1415	Primary operator or agent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
City Claverack	State NY	ZIP code 12534	Email address (optional)

Project information

Name of project Klocke Estate Land, LLC Project			
Street address of project site County Route 27			
City Claverack	State NY	ZIP code 12534	Email address (optional)
Purpose of project craft farm distillery			

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 (mmdyyy) 08/25/22	Date project operator or agent status ends (mmdyyy) 06/30/25	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: \$ 8,751,275.00		Estimated value of New York State and local sales and use tax exemption provided: \$ 700,102.00	

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 SARAH HOG STERLING	Print title Vice-Chairman
Signature <i>Sarah Hog Sterling</i>	Date 08/25/22
Telephone number (518) 828-4718	

*** FORMERLY KNOWN AS DRUMLIN FIELD VENTURES LLC AND DRUMLIN FIELD LAND, LLC
**** RETROACTIVE TO 10/08/21