COMMON COUNCIL MEETING
Wednesday, August 30, 2023
Common Council Chambers

6:30 p.m.

I. ROLL CALL

II. REVIEW OF MINUTES:

III. READING OF ITEMS by the City Chamberlain of any items not listed on the printed agenda.

IV. PUBLIC PARTICIPATION

V. CHAIRWOMAN'S COMMENTS AND PRESENTATIONS:

VI. MAYOR'S COMMENTS

VII. NEW & UNFINISHED BUSINESS & ANNOUNCEMENTS:

VIII. REPORTS OF COMMITTEES AND BOARDS:

CONSENT AGENDA:

IX. MOTIONS AND RESOLUTIONS:

X. ORDINANCES AND LOCAL LAWS:

ACTION AGENDA:

XI. MOTIONS AND RESOLUTIONS:

1. **R-23-60,** Resolution to Approve Appointment of Susan Fortunato to the Land Bank

2. **SEQRA Resolution R-23-61** and Sale Resolution **R-23-62**, authorizing the Sale of City Owned Property – Unnumbered Cannon St. (Tax Map No. 6161-23-276969)

3. **R-23-63,** Resolution to Approve Appointments to the Board of the City of Poughkeepsie Industrial Development Agency.

XII. ORDINANCES AND LOCAL LAWS:

1. **LL-23-XX,** Local Law - Resolution of Introduction - Tax Cap Override

2. ***First Read:*** O-23-XX, Ordinance Regarding Handicapped Signage on South Avenue

XIII. PRESENTATIONS OF PETITIONS AND COMMUNICATIONS:

1. **FROM MS. MOHSIN ALI,** a notice of personal injury sustained on July 31, 2023

2. **FROM CHARLES KESSLER,** a notice of property damage sustained on August 15, 2023

3. **FROM 400 NELLY RESTAURANT CORP,** a 30 Day advance notice of intent to obtain a NYS Liquor License.

XIV. ADJOURNMENT:

R E S O L U T I O N
(R-23-60)

INTRODUCED BY CHAIRWOMAN BROWN:

WHEREAS, pursuant to the by-laws of the Dutchess County-Poughkeepsie Land Bank, one member of the Board of Directors "shall be appointed jointly by the County Executive of Dutchess County and the Mayor of the City of Poughkeepsie, subject to confirmation by the Dutchess County Legislature and the City of Poughkeepsie Common Council" [Article II, Section 2,(a)(5)]

WHEREAS, the Mayor and County Executive have selected Rev. Susan Fortunato for reappointment to this position; and

WHEREAS, the Dutchess County Legislature is scheduled to consider confirmation of Rev. Fortunato's reappointment at the August 14th meeting.

NOW, THEREFORE,

BE IT RESOLVED, that the Common Council of the City of Poughkeepsie hereby confirms the Mayor's appointment of Rev. Susan Fortunato to the Dutchess County-Poughkeepsie Land Bank.

SECONDED BY _____.

NEW YORK STATE ENVIRONMENTAL QUALITY REVIEW ACT (SEQRA) RESOLUTION REGARDING A SALE OF CERTAIN CITY OWNED PROPERTIES (R-23-61)

BY COUNCILMEMBER GRANT:

WHEREAS, the Common Council of the City of Poughkeepsie is considering the sale of city owned property located at unnumbered Cannon Street and identified as Tax Map No. 6161-23-276969; and

WHEREAS, the Common Council considers the proposed sale to be an Unlisted Action under Title 6 NYCRR, Section 617.2 of the SEQRA regulations; and

WHEREAS, the Common Council considers itself to be the only "involved agency" with respect to this proposed sale of properties; and

WHEREAS, the Common Council has reviewed the proposed sale of properties in accordance with Title 6 NYCRR, Section 617.11; and

WHEREAS, the Common Council has considered the hereto attached Short Environmental Assessment Form (EAF)

NOW, THEREFORE, BE IT RESOLVED, as follows:

1. In accordance with Section 617.5(a)(1) of Title 6 NYCRR, the Common Council determines that the above-described action is subject to SEQRA; and

2. In accordance with Section 617.5(a)(2) of Title 6 NYCRR, the Common Council determines that the action does not involve a federal agency; and

3. In accordance with Section 617.5(a)(3) of Title 6 NYCRR, the Common Council determines that the above-described action does not involve any other agencies; and

4. In accordance with Section 617.5(a)(4) of Title 6 NYCRR, the Common Council classifies the above-described action as an unlisted action. The Common Council in making such classification considered Section 617.12 of Title 6 NYCRR and determined that the above action did not fall into any of the categories listed under Type I, and also considered Section 617.13 of NYCRR and determined that the above-described action did not fit under any of the categories listed under Type II Actions, thus reaching the conclusion that it is to be considered an unlisted action; and

5. In accordance with Section 617.5(a)(5) the Common Council determines that the above-described project will not require a long EAF since the short EAF provides sufficient information; and

6. The Common Council officially makes a determination of non-significance in that the proposed sale of properties are not expected to result in a significant adverse impact on the environment and, therefore, the preparation of a draft environmental impact statement is not necessary; and

7. This determination shall be considered a Negative Declaration for the purposes of Article 8 of the Environmental Conservation Law; and

8. The City Chamberlain shall maintain a file of this determination as well as the attached EAF which is hereby made a part of this resolution.

SECONDED BY COUNCILMEMBER _____ .

Short Environmental Assessment Form
Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information

Name of Action or Project:

Sale of City-owned property located at unnumbered Cannon Street

Project Location (describe, and attach a location map):

Unnumbered Cannon Street

Brief Description of Proposed Action:

The City is selling a vacant, City-owned property located at unnumbered Cannon Street. The proposed Buyer has proposed to purchase the property and construct a multi-family, two-story residential structure thereon.

Name of Applicant or Sponsor:	Telephone: 845-451-4200
City of Poughkeepsie Common Council	E-Mail: citychamberlain@cityofpoughkeepsie.com

Address:

62 Civic Center Plaza

City/PO:	State:	Zip Code:
Poughkeepsie	NY	12601

	NO	YES
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.	☑	☐
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:	☑	☐

3. a. Total acreage of the site of the proposed action? 0.22 acres
   b. Total acreage to be physically disturbed? 0.00 acres
   c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 0.22 acres

4. Check all land uses that occur on, are adjoining or near the proposed action:

☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☐ Commercial ☑ Residential (suburban)

☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other(Specify):

☐ Parkland

	NO	YES	N/A
5. Is the proposed action,			
a. A permitted use under the zoning regulations?	☐	☑	☐
b. Consistent with the adopted comprehensive plan?	☐	☑	☐

	NO	YES
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	☐	☑

	NO	YES
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?		
If Yes, identify: _____	☑	☐

	NO	YES
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	☑	☐
b. Are public transportation services available at or near the site of the proposed action?	☐	☑
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	☐	☐

	NO	YES
9. Does the proposed action meet or exceed the state energy code requirements?		
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	☐	☑

	NO	YES
10. Will the proposed action connect to an existing public/private water supply?		
If No, describe method for providing potable water: _____ Premises will remain vacant property. _____	☐	☑

	NO	YES
11. Will the proposed action connect to existing wastewater utilities?		
If No, describe method for providing wastewater treatment: _____ Premises will remain vacant property. _____	☐	☑

	NO	YES
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	☑	☐
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	☑	☐

	NO	YES
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	☑	☐
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	☑	☐
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____		

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

☐ Shoreline ☐ Forest ☐ Agricultural/grasslands ☐ Early mid-successional

☐ Wetland ☑ Urban ☐ Suburban

	NO	YES
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	☑	☐
16. Is the project site located in the 100-year flood plan?	☑	☐
17. Will the proposed action create storm water discharge, either from point or non-point sources?	☑	☐
If Yes,		
a. Will storm water discharges flow to adjacent properties?	☐	☐
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	☐	☐
If Yes, briefly describe: _____ _____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?	☑	☐
If Yes, explain the purpose and size of the impoundment: _____ _____		
~~1~~9. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	☑	☐
If Yes, describe: _____ _____		
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?	☑	☐
If Yes, describe: _____ _____		

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: _____ Date: _____

Signature: _____ Title: _____

PRINT FORM

Agency Use Only [If applicable]

Project:

Date:

Short Environmental Assessment Form
Part 2 - Impact Assessment

Part 2 is to be completed by the Lead Agency.
Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	☑	☐
2. Will the proposed action result in a change in the use or intensity of use of land?	☑	☐
3. Will the proposed action impair the character or quality of the existing community?	☑	☐
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	☑	☐
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	☑	☐
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	☑	☐
7. Will the proposed action impact existing: a. public / private water supplies?	☐	☐
b. public / private wastewater treatment utilities?	☐	☐
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	☑	☐
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	☑	☐
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	☑	☐
11. Will the proposed action create a hazard to environmental resources or human health?	☑	☐

PRINT FORM

Agency Use Only [If applicable]

Project:

Date:

Short Environmental Assessment Form
Part 3 Determination of Significance

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

n/a

☐ Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.

☑ Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

City of Poughkeepsie Common Council Name of Lead Agency	Date
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

PRINT FORM

R E S O L U T I O N
(R-23-62)

INTRODUCED BY COUNCILMEMBER GRANT:

WHEREAS, the City of Poughkeepsie has previously taken title to a vacant lot known as unnumbered Cannon Street (Tax Map No. 6161-23-276969), in the City of Poughkeepsie by reason of a Treasurer's Deed; and

WHEREAS, the above-mentioned properties have been offered for sale by the City in accordance with the policy for the sale of City owned property; and

WHEREAS, an offer has been received from 21st Century Living LLC to purchase this property for the sum of $35,000.00; and

WHEREAS, the Property Acquisition and Disposition Committee, having considered the mission of the Committee and the policies of the City, one of which is to return properties to the tax rolls, has recommended that the City of Poughkeepsie accept this offer; and

WHEREAS, the Common Council hereby finds that the offer from 21st Century Living LLC is in the best interests of the City of Poughkeepsie; and

NOW, THEREFORE,

BE IT RESOLVED, that the Common Council hereby makes the following determinations: (a) that there is no existing municipal purpose or need for this property, and (b) that the sale price and conditions imposed herein represent fair and adequate consideration for the conveyance; and be it further

RESOLVED, that the offer from 21st Century Living LLC to purchase premises known as unnumbered Cannon Street (Tax Map No. 6161-23-276969), in the City of Poughkeepsie for the sum of $35,000.00 is hereby approved subject to the hereinafter mentioned conditions and subject to such other and further conditions which the Corporation Counsel shall deem appropriate; and be it further

RESOLVED, that this sale is approved subject to the following conditions:

A. The conveyance of title and the payment of the purchase price shall take place within thirty (30) days of the date of approval by the Common Council unless Corporation Counsel shall grant an extension as deemed appropriate.

B. The transfer of title and Purchaser's use of the Property shall be subject to all state, federal and local regulations, including the City of Poughkeepsie and New York State

Building Codes and the City of Poughkeepsie Zoning Ordinance, and real property taxes coming due pursuant to law on and after the date of transfer of title.

C. Purchaser shall accept such title to the real property as the City of Poughkeepsie is possessed of and agrees to accept such title by Quitclaim deed subject to any defects or encumbrances as are of record.

D. Promptly after the closing of title, Purchaser shall apply for and obtain the approval from the Planning Board and/or the Zoning Board of Appeals of any site plan approval or zoning variances required by law.

E. Purchaser shall commence an Article 15 bar claim action promptly after closing. In the event that this action takes more than sixty (60) days, purchaser shall request an extension from Corporation Counsel.

F. Purchaser agrees that they shall not use the purchase price agreed to as a reason to grieve or otherwise contest the assessed value of the premises for purposes of real property taxation.

G. Purchaser agrees that once the Article 15 bar claim action is completed, they will promptly apply for any necessary building permits. Further, they will commence work on the project, by first abating all code violations, if any, within sixty (60) days of completion of the Article 15.

H. Purchaser shall, to the extent practical, utilize local labor with preference given to residents of the City of Poughkeepsie, for any construction/renovation of the proposed project.

I. Purchaser agrees to complete the project and obtain a certificate of occupancy within twelve (12) months of the issuance of the building permit (the "Completion Date"). In the event the project cannot be accomplished by the Completion Date at no fault of Purchaser, a reasonable extension may be granted by Corporation Counsel upon the written request of Purchaser.

J. During the construction of the Improvements, Purchaser will not place any additional liens or encumbrances on the Property except as consented to by the City. In that regard, the City agrees not to unreasonably withhold its consent to any construction loan financed with a commercial bank or similar lender intended to fund the construction and development of the Improvements. In such an event, the City will enter into a Subordination Agreement in form satisfactory to such lender. Upon completion of the Improvements satisfactory to the City, the City agrees to issue a letter acknowledging the release of the reverter rights described herein.

K. In the event the Improvements are not completed by the Completion Date, and the Property reverts back to the City, upon the request of the City, the Purchaser/Grantor will

provide a general warranty deed to the Property in form and substance acceptable to the City evidencing the reconveyance of the Property.

BE IT FURTHER RESOLVED, that the Mayor is hereby authorized to enter into an Agreement for Sale of Land for the above-mentioned transaction provided such agreement contains the terms contained herein together with such other terms and conditions which the Mayor and the Corporation Counsel shall deem appropriate, and the Mayor, the City Administrator and the Corporation Counsel are hereby authorized and directed to do all things necessary to give effect to the terms of this resolution.

SECONDED BY COUNCILMEMBER _____.

R E S O L U T I O N
(R-23-63)

INTRODUCED BY COUNCILMEMBER SHOOK:

WHEREAS, in accordance with New York General Municipal Law, the Common Council of the City of Poughkeepsie is authorized to make appointments of City residents to serve on the board of the City of Poughkeepsie Industrial Development Agency ("CPIDA"); and

WHEREAS, the members of the CPIDA serve at the pleasure of the Common Council; and

WHEREAS, it is in the best interest of the City of Poughkeepsie and its citizens that the CPIDA Board have a full complement of members in order to properly conduct the business required of the CPIDA; and

NOW, THEREFORE,

BE IT RESOLVED, that the Common Council of the City of Poughkeepsie hereby appoints the following individuals to the Board of the City of Poughkeepsie Industrial Development Agency, to serve at the please of the Common Council for a term ending 12/31/25:

Melinda Miller
Mario Johnson
Rashad Ricketts

SECONDED BY _____.

RESOLUTION INTRODUCING LOCAL LAW AND PROVIDING FOR PUBLIC NOTICE AND HEARING (R-23-64)

INTRODUCTED BY COUNCILMEMBERS _____

WHEREAS, the City of Poughkeepsie has remained under the New York State Tax Cap for the six consecutive fiscal years, 2018-2023; and

WHEREAS, during these years the City has succeeding in nearly entirely resolving what was once a $13.2 million general fund deficit and has recently regained its investment. grade quality bond rating from Standard and Poor's; and

WHEREAS the New York State Tax Cap is a complex calculation which each municipality makes independently, but in the City of Poughkeepsie the calculation results in a maximum tax increase of approximately two percent in any given year; and

WHEREAS, because of rising property values, the City has had to reduce the tax rate in each of the last four years, in order to stay under the New York State Tax Cap; and

WHEREAS, according to the U.S. Bureau of Labor Statistics inflation, as indicated by Consumer Price Indices rose to 9.1% in 2022, before falling to 5.2 % in 2023, and expectations are that it will continue to exceed the Federal Reserve's target rate of 2% through 2024 and into 2025; and

WHEREAS, the Administration projects that it will be necessary to increase property taxes by more than 2% as it prepares next years general fund budget, due primarily to the cost of goods and services, existing contractual commitments, and the phase-out of reliance on Federal aid received under the American Rescue Plan Act ("ARPA");

NOW, THEREFORE, BE IT

RESOLVED, that an introductory Local Law, entitled "Local Law to override the tax levy limit established in General Municipal Law §3-c" be and it hereby is introduced before the Common Council of the City of Poughkeepsie in the County of Dutchess and State of New York; and

BE IT FURTHER RESOLVED that copies of the aforesaid proposed local law are laid upon the desk of each member of the Council; and

BE IT FURTHER RESOLVED that the Council shall hold a public hearing on said proposed local law at City Hall, 62 Civic Center Plaza, Poughkeepsie, New York, at 6:00 o'clock P.M., on September 18, 2023; and

BE IT FURTHER RESOLVED that the Clerk publish or cause to be published a public notice in the official newspaper of the City of Poughkeepsie of said public hearing at least five (5) days prior thereto.

SECONDED BY COUNCILMEMBER _____ .

LOCAL LAW NO. ___ OF 2023

A LOCAL LAW TO OVERRIDE THE TAX LEVY LIMIT ESTABLISHED IN GENERAL MUNICIPAL LAW § 3-c

INTRODUCED BY COUNCILMEMBER _____

BE IT ENACTED, by the Common Council of the City of Poughkeepsie of the County of Dutchess as follows:

Section 1. **LEGISLATIVE INTENT**

It is the intent of this local law to override the limit on the amount of real property taxes that may be levied by the City of Poughkeepsie, County of Dutchess pursuant to General Municipal Law § 3-c, and to allow the City of Poughkeepsie, County of Dutchess to adopt a budget for the 2024 fiscal year that requires a real property tax levy in excess of the "tax levy limit" as defined by General Municipal Law § 3-c.

Section 2. **AUTHORITY**

This local law is adopted pursuant to subdivision 5 of General Municipal Law §3-c, which expressly authorizes the City Council to override the tax levy limit by the adoption of a local law approved by the Common Council.

Section 3. TAX LEVY LIMIT OVERRIDE

The City of Poughkeepsie Common Council is hereby authorized to override the Tax Levy Limit established pursuant to N.Y. General Municipal Law §3-c, for Fiscal Year 2024, and to adopt a budget for Fiscal Year 2024 that requires a real property tax levy in excess of the amount otherwise prescribed in N.Y. General Municipal Law §3-c.

Section 4. SEVERABILITY

If any clause, sentence, paragraph, subdivision, section or part of this Local Law or the application thereof to any person, individual, corporation, firm, partnership, entity or circumstance shall be adjudged by any court of competent jurisdiction to be invalid or unconstitutional, such order or judgment shall not affect, impair, effect or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section or part of this law or in its application to the person, individual, corporation, firm, partnership, entity or circumstance directly involved in the controversy in which such order or judgment shall be rendered.

Section 5. EFFECTIVE DATE

This local law shall take effect immediately upon filing with the Secretary of State.

SECONDED BY COUNCILMEMBER _____.

ORDINANCE AMENDING §13-269 OF CHAPTER 13 OF THE CITY OF POUGHKEEPSIE CODE OF ORDINANCES ENTITLED "MOTOR VEHICLES AND TRAFFIC"

(O-23-##)

INTRODUCED BY COUNCILMEMBER SHOOK:

BE IT ORDAINED, by the Common Council of the City of Poughkeepsie, as follows:

SECTION 1: §13-269 is hereby amended by the following addition:

Section 13-269 -Handicapped parking areas designated.

Upon the erection of signs giving due notice thereof, the following areas shall be designated as handicapped parking areas and are to be utilized only for the purpose set forth in this Article:

SOUTH AVE., West side, beginning 150 feet North of its intersection with Reade PL., and continuing North for a distance of 15 feet, for one parking space.

SECTION 2: This Ordinance shall take effect immediately.

SECONDED BY COUNCILMEMBER _____:

ADDITIONS denoted by **Underlining and Bold**

BRANDON J. BRODERICK
ATTORNEY AT LAW
A Limited Liability Company

65 East Route 4, First Floor
RIVER EDGE, NEW JERSEY 07661
PHONE: 201-853-1505
FAX: 201-489-0878

August 16, 2023

City of Poughkeepsie
62 Civic Center Plaza
Poughkeepsie, NY 12601
Attn: Tort Claims Unit/Legal Dept
FedEx#: 773071378551
RRR#: 9414 8149 0225 0580 2993 61

City of Poughkeepsie Dept of Public Works
26 Howard Street
Poughkeepsie, NY 12601
Attn: Tort Claims Unit/Legal Dept
FedEx#: 773071409896
RRR#: 9414 8149 0225 0580 2993 78

City of Poughkeepsie Traffic Division
62 Civic Center Plaza
Poughkeepsie, NY 12601
Attn: Tort Claims Unit/Legal Dept
FedEx#: 773071443516
RRR#: 9414 8149 0225 0580 2993 85

Re: Accident Date: **07/31/2023**
Client Name: **Ms. Mohsin Ali**
Location: **Academy Street & Franklin Street n the City of Poughkeepsie, NY**

Dear Sir/Madam:

Please find enclosed notice to the City of Poughkeepsie, City of Poughkeepsie Dept of Public Works, City of Poughkeepsie Traffic Division pursuant to the New York General Municipal Law.

Kindly turn this letter over to your insurance carrier and have them contact me.

Very truly yours,

JASON A. RICHMAN, ESQ.

JAR/ar
Enclosure (s)

NOTICE OF CLAIM

1. **Name & Addresses:** Ms. Mohsin Ali
1006 Beekman Road, Apt 1
Hopewell Junction, NJ 12533

2. **Date of Birth & Social Security No. of Claimant(s):** 03/28/1994

3. **Send all correspondence to:** Brandon J. Broderick, Esq., LLC
Attorneys for the Claimant
65 East Route 4, First Floor
River Edge, New Jersey 07661

4. **Date of Incident:** 07/31/2023

5. **Place of Incident:** Academy Street and Franklin Street in the City of Poughkeepsie, NY

6. **Description of Incident:** The claimant, Ms. Mohsin Ali, was a passenger in a vehicle that was traveling through the intersection, when she was involved in a motor vehicle accident contributed to by the malfunctioning and/or broken traffic light at the intersection. Additional negligence includes but is not limited to failure to fix mistimed and/or malfunctioning traffic light, for failure to post warnings regarding broken traffic light; for failure to rectify in a timely manner; for failure to warn motorists and for allowing a hazardous condition to exist. (Please see attached police report).

7. **Name of Public entity causing injury and/or damage:** City of Poughkeepsie, City of Poughkeepsie Dept of Public Works, and the City of Poughkeepsie Traffic Division pursuant to the New York General Municipal Law.

8. **Injuries Incurred:** Injuries to claimant, Ms. Mohsin Ali include but are not limited to her upper extremities.
Additional information to be provided due to ongoing treatment.

9. **Amount of Claim:** $1,000,000.00

Date: 07/31/2023

Jason A. Richman, Esq.

ATTORNEY VERIFICATION

Jason A. Richman, Esq., an attorney duly admitted to practice law before the Courts of the State of New York, affirms the truth of the following matters under penalty of perjury:

I am associated with the law firm of BRANDON J. BRODERICK ESQ., Esq., LLC attorneys for the claimant in the within matter, and as such am fully familiar with facts and circumstances constituting the within action.

I have read the foregoing **Notice of Claim** and know the contents thereof to be true to my own knowledge, except as to those matters alleged therein upon information and belief, and as to those matters, I believe them to be true.

The sources of my belief as those matters alleged upon information and belief are as follows: conversations with my client, investigation, research, and review of the file in this matter.

The reason that this verification is being made by me and not the Claimant personally is that the Claimant is presently not within the county where I maintain my office for the practice of law.

Dated: New York, New York
August___16__, 2023

JASON A. RICHMAN, ESQ.,

By: _____
Jason A. Richman, Esq.

Attorneys for Claimant
65 State Route 4, East
River Edge New Jersey 07661
Telephone: (201) 853-1505

Page 1 of 3 Pages

Local Codes: Q30202H14NW7

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (5/22)

☐ AMENDED REPORT

19 68

Accident Date (Month / Day / Year)	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene ☐	Police Photos ☐ Yes ☒ No
07 / 31 / 2023	MONDA	13:59	2	0	0			

20 -

VEHICLE 1

VEHICLE 1 - Driver License ID Number: 220921870 — State of Lic.: NY

Driver Name - exactly as printed on license: ALI, MOHSIN

Address (Include Number & Street): 1006 BEEKMAN RD APT 1 — Apt. No.:

City or Town: HOPEWELL JCT — State: NY — Zip Code: 125330000

2 - | Date of Birth (Month / Day / Year): 03 / 28 / 1994 | Sex: M | Unlicensed: ☐ | No. of Occupants: 5 | Public Property Damaged: ☐

Name–exactly as printed on registration: ALI, MOHSIN — Sex: M — Date of Birth (Month / Day / Year): 03 / 28 / 1994

4 1 | Address (Include Number & Street): 1006 BEEKMAN RD APT1 — Apt. No.: — Haz. Mat Code: — Released: ☐

City or Town: HOPEWELL JCT — State: NY — Zip Code: 125330000

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
KUR1586	NY	2011 FORD	4DSD	639

5 1 | Ticket/Arrest Number(s):

Violation Section(s):

6 I | VEHICLE 1 — Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

Box 1 - Point of Impact / Box 2 - Most Damage	2 1	2 2	
Enter up to three more Damage Codes	2 3	3 4	4 5

7 1 | Vehicle Towed: By REDLS To BEEKMAN (RESID)

VEHICLE 2

☒ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 2 - Driver License ID Number: G09364116305022 — State of Lic.: NJ

21 68

Driver Name - exactly as printed on license: GAWLIK, JOSHUA GIL C

Address (Include Number & Street): 70 TRINITY ST — Apt. No.:

City or Town: NEWTON — State: NJ — Zip Code: 078602203

22 -

Date of Birth (Month / Day / Year)	Sex	Unlicensed	No. of Occupants	Public Property Damaged
05 / 05 / 2002	M	☐	1	☐

Name–exactly as printed on registration: GAWLIK, JOSHUA GIL C — Sex: M — Date of Birth (Month / Day / Year): 05 / 05 / 2002

23 5 | Address (Include Number & Street): 70 TRINITY ST — Apt. No.: — Haz. Mat Code: — Released: ☐

City or Town: NEWTON — State: NJ — Zip Code: 078602203

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
W38SER	NJ	2023 HYUN	PICK	989

24 7

Ticket/Arrest Number(s):

Violation Section(s):

VEHICLE 2 — Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 2 DAMAGE CODES

Box 1 - Point of Impact / Box 2 - Most Damage	2 1	3 2	
Enter up to three more Damage Codes	2 3	3 4	4 5

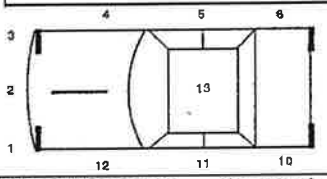
Vehicle Towed: By REDLS To REDLS

25 1 | Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Rear End 1. | Left Turn 3. | Right Angle X | Right Turn 5. | Head On 7.
Sideswipe (same direction) 2. | Left Turn 0. | Right Turn 6. | Sideswipe (opposite direction) 8.

26 1

VEHICLE DAMAGE CODING:
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER



ACCIDENT DIAGRAM

There is no accident diagram

9.

27 1

28 I | Cost of repairs to any one vehicle will be more than $1000. ☒ Yes ☐ No

Reference Marker	Coordinates (if available)
	Latitude/Northing:
	Longitude/Easting:

Place Where Accident Occurred:

County DUTC ☒ City ☐ Village ☐ Town of POUGHKEEPSIE, CITY OF

29 -

Road on which accident occurred ACADEMY ST (Route Number or Street Name)

at 1) intersecting street FRANKLIN STREET (Route Number or Street Name)

or 2) ____ Feet ____ Miles ☐N ☐S ☐E ☐W of ____ (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's Notes

30 -

V1 was traveling south on Academy Street . V2 was traveling west on Franklin Street. V1 stated he had a green light and when he attempted to drive through the intersection of Academy and Franklin he was struck by V2. V2 stated he approached the intersection of Academy and Franklin and he noticed the traffic light was not working and did not have any lights. V2 stated he slowed down to

USE COVER SHEET N

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	01	1	4	1	29	M	-	-	-			ALI, MOHSIN	
B	02	1	4	1	21	M	-	-	-			GAWLIK, JOSHUA GIL C	
C	01	3	4	1	20	M	-	-	-			HUNTER, JAVON	
D	01	6	4	1	21	F	-	-	-			SMITH, KEOSHA	
E	01	5	5	1	0	F	-	-	-			JAMES, JADA	
F	01	4	5	1	1	F	-	-	-			RODGERS, WINTER	

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/ Sector	Reviewing Officer	Date/Time Reviewed
POLICE #83	6943	01302			EGAN, MICHAEL	08/06/2023 10:19

Print Name in Full: CHRISTOPHER WARRICK

Page 2 of 3 Pages

Local Codes: Q30202H14NW7

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (5/22)

☐ AMENDED REPORT

Accident Date (Month / Day / Year)	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene ☐	Police Photos ☐ Yes ☒ No
07 / 31 / 2023	MONDA	13:59	2	0	0			

VEHICLE 1

VEHICLE 1 - Driver License ID Number | State of Lic.

Driver Name -exactly as printed on license

Address (*Include Number & Street*) | Apt. No.

City or Town | State | Zip Code

Date of Birth (Month / Day / Year) | Sex | Unlicensed ☐ | No. of Occupants | Public Property Damaged ☐

Name–exactly as printed on registration | Sex | Date of Birth (Month / Day / Year)

Address (*Include Number & Street*) | Apt. No. | Haz. Mat. Code | Released ☐

City or Town | State | Zip Code

Plate Number | State of Reg. | Vehicle Year & Make | Vehicle Type | Ins. Code

Ticket/Arrest Number(s)

Violation Section(s)

VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 2 - Driver License ID Number | State of Lic.

Driver Name - exactly as printed on license

Address (*Include Number & Street*) | Apt. No.

City or Town | State | Zip Code

Date of Birth (Month / Day / Year) | Sex | Unlicensed ☐ | No. of Occupants | Public Property Damaged ☐

Name–exactly as printed on registration | Sex | Date of Birth (Month / Day / Year)

Address (*Include Number & Street*) | Apt. No. | Haz. Mat. Code | Released ☐

City or Town | State | Zip Code

Plate Number | State of Reg. | Vehicle Year & Make | Vehicle Type | Ins. Code

Ticket/Arrest Number(s)

Violation Section(s)

VEHICLE 1

Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

Box 1 - Point of Impact
Box 2 - Most Damage
Enter up to three more Damage Codes

1	2	3	4	5

Vehicle Towed: By / To

VEHICLE 2

Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 2 DAMAGE CODES

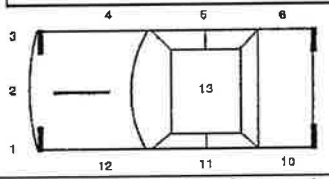
Box 1 - Point of Impact
Box 2 - Most Damage
Enter up to three more Damage Codes

1	2	3	4	5

Vehicle Towed: By / To

VEHICLE DAMAGE CODING:

1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER



Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Rear End 1.	Left Turn 3.	Right Angle X	Right Turn 5.	Head On 7.
Sideswipe (same direction) 2.	Left Turn 0.		Right Turn 6.	Sideswipe (opposite direction) 8.

ACCIDENT DIAGRAM

There is no accident diagram

9.

Cost of repairs to any one vehicle will be more than $1000. ☒ Yes ☐ No

Reference Marker	Coordinates (*if available*)
	Latitude/Northing:
	Longitude/Easting:

Place Where Accident Occurred:

County DUTC ☒ City ☐ Village ☐ Town of POUGHKEEPSIE, CITY OF

Road on which accident occurred ACADEMY ST (Route Number or Street Name)

at 1) intersecting street FRANKLIN STREET (Route Number or Street Name)

or 2) ____ Feet ____ Miles ☐N ☐S ☐E ☐W of ____ (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes

cross the intersection then attempted to drive though and was struck by V1. V2 has dash video camera footage showing the traffic light was not working. V1 sustained damage to the front end of the vehicle. V2 sustained damage to the passenger side of the vehicle .A link to upload the video was given to V2. A witness who was a pedestrian stated that V1 did not have a green light and was

USE COVER SHEET: N

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A															
B															
C															
D															
E															
F															

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/ Sector	Reviewing Officer	Date/Time Reviewed
POLICE #83	6943	01302			EGAN, MICHAEL	08/06/2023 10:19

Print Name in Full: CHRISTOPHER WARRICK

Local Codes: Q30202H14NW7

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (5/22)

☐ AMENDED REPORT

Accident Date (Month / Day / Year)	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene ☐	Police Photos ☐ Yes ☒ No
07 / 31 / 2023	MONDA	13:59	2	0	0			

VEHICLE 1

VEHICLE 1 - Driver License ID Number | State of Lic.

Driver Name -exactly as printed on license

Address (*include Number & Street*) | Apt. No.

City or Town | State | Zip Code

Date of Birth (Month / Day / Year) | Sex | Unlicensed ☐ | No. of Occupants | Public Property Damaged ☐

Name–exactly as printed on registration | Sex | Date of Birth (Month / Day / Year)

Address (*Include Number & Street*) | Apt. No. | Haz. Mat Code | Released ☐

City or Town | State | Zip Code

Plate Number | State of Reg. | Vehicle Year & Make | Vehicle Type | Ins. Code

Ticket/Arrest Number(s)

Violation Section(s)

VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 2 - Driver License ID Number | State of Lic.

Driver Name - exactly as printed on license

Address (*Include Number & Street*) | Apt. No.

City or Town | State | Zip Code

Date of Birth (Month / Day / Year) | Sex | Unlicensed ☐ | No. of Occupants | Public Property Damaged ☐

Name–exactly as printed on registration | Sex | Date of Birth (Month / Day / Year)

Address (*Include Number & Street*) | Apt. No. | Haz. Mat Code | Released ☐

City or Town | State | Zip Code

Plate Number | State of Reg. | Vehicle Year & Make | Vehicle Type | Ins. Code

Ticket/Arrest Number(s)

Violation Section(s)

VEHICLE 1

Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

Box 1 - Point of Impact Box 2 - Most Damage	1	2	
Enter up to three more Damage Codes	3	4	5

Vehicle Towed: By / To

VEHICLE 2

Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

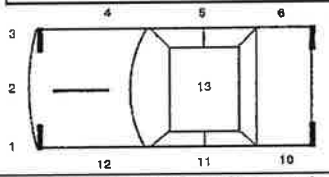
VEHICLE 2 DAMAGE CODES

Box 1 - Point of Impact Box 2 - Most Damage	1	2	
Enter up to three more Damage Codes	3	4	5

Vehicle Towed: By / To

VEHICLE DAMAGE CODING:

1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER



Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Rear End 1.	Left Turn 3.	Right Angle X	Right Turn 5.	Head On 7.
Sideswipe (same direction) 2.	Left Turn 0.		Right Turn 6.	Sideswipe (opposite direction) 8.

ACCIDENT DIAGRAM

There is no accident diagram

9.

Cost of repairs to any one vehicle will be more than $1000. ☒ Yes ☐ No

Reference Marker	Coordinates (*if available*)
	Latitude/Northing:
	Longitude/Easting:

Place Where Accident Occurred:

County DUTC ☒ City ☐ Village ☐ Town of POUGHKEEPSIE, CITY OF

Road on which accident occurred ACADEMY ST (Route Number or Street Name)

at 1) intersecting street FRANKLIN STREET (Route Number or Street Name)

or 2) ____ Feet ____ Miles ☐N ☐S ☐E ☐W of ____ (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's Notes

in the wrong . No injuries were reported however the passengers of V1 were transported to Vassar hospital via Mobil Life. . Both vehicles were inoperable and were towed . V2 has out of state insurance through progressive NJ policy #969627516 . Nothing further to report - WITNESS 1 BRUNO, BENJAMIN 6462477238

USE COVER SHEET: N

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A													
B													
C													
D													
E													
F													

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/ Sector	Reviewing Officer	Date/Time Reviewed
POLICE #83	6943	01302			EGAN, MICHAEL	08/06/2023 10:19
Print Name in Full: CHRISTOPHER WARRICK						

No Accident Diagram Available

PLEASE PRINT OR TYPE FORM CLEARLY

NOTE: Claim must be filed with and served to the City Chamberlain in triplicate (3 copies) within 90 days after the claim arises. Use additional sheets if necessary.

NOTICE OF CLAIM
AGAINST
THE CITY OF POUGHKEEPSIE, NEW YORK

TODAY'S DATE: 8/15/2023

NAME AND ADDRESS OF EACH CLAIMANT:
Charles Kessler
111 Hudson Harbour Drive Poughkeepsie, NY 12601

TELEPHONE NUMBER: 845-337-5005

NAME AND ADDRESS OF ATTORNEY (IF ANY):

DESCRIBE WHAT HAPPENED AND AMOUNT CLAIMED (PLEASE STATE DATE, TIME, LOCATION, AND MANNER IN WHICH CLAIM AROSE):
on 8/15/2023, I noticed damage to my car at 12:30 pm. A brown liquid stained and damaged the paint and plastic on the roof and side of my car.

ITEMS DAMAGED OR INJURIES SUSTAINED:
Roof of car. 2nd incident

Charles Kessler
Signature

Signature

STATE OF NEW YORK, COUNTY OF Dutchess s.s.:

Charles Kessler being duly sworn, say(s) that he/she is/are the claimant(s) named in the foregoing claim, that he/she has/have read the same and know(s) the contents thereof; that the same is true to his/her own knowledge, except as to the matters alleged upon information and belief and as to those items, he/she believes it to be true.

Signature of Claimant

Signature of Claimant

Sworn to before me this
21 day of August, 2023
Shelby R. Martins
Notary Public

SHELBY R MARTINS
Notary Public - State of New York
NO. 01MA6445159
Qualified in Dutchess County
My Commission Expires Dec 12, 2026

NOTE: Claim must be filed with and served to the City Chamberlain in triplicate (3 copies) within 90 days after the claim arises. Use additional sheets if necessary.
After submitting this form to the City Chamberlain, please direct any inquires to the Corporation Counsel at (845) 451-4065, Monday to Friday, 8:30 a.m. to 4:00 p.m.

HUDSON VIEW AUTOBODY

hudsonviewauto@outlook.com
1 OAKDALE AVE, POUGHKEEPSIE, NY 12601
Phone: (845) 454-5540
FAX: (845) 454-8062

Workfile ID: 5612818e

Preliminary Estimate

HUDSON VIEW AUTOMOBILE REPAIR
1 OAKDALE AVE
POUGHKEEPSIE NY 12601
845-454-5540
Terminal ID: *****710 ***4
8/18/23 4:11 PM
VISA - INSERT
AID: A0000000031010
ACCT #: **********6878
CREDIT SALE
UID: 323020667084 REF #: 7194
BATCH #: 969 AUTH #: 560173
AMOUNT $567.12
APPROVED
ARQC - 8512A78602493A7D
CUSTOMER COPY

Customer: Kessler 1, Charles

Written By: Darren Hummel, IA-950106

Insured: Kessler 1, Charles
Type of Loss:
Point of Impact: 13 Rollover

Policy #:
Date of Loss:

Claim #
Days to

Insurai

Owner:
Kessler 1, Charles

Inspection Location:
HUDSON VIEW AUTOBODY
1 OAKDALE AVE
POUGHKEEPSIE, NY 12601
Repair Facility
(845) 454-5540 Business

called 8/16 gave total P/U thurs
845.339.5095

VEHICLE

2020 HOND Civic Hatchback Sport w/Continuously Variable Transmission 4D H/B 4-1.5L Turbocharged Gasoline Gasoline Direct Injection

VIN: SHHFK7H43LU423325
License: KFZ6976
State: NY

Interior Color:
Exterior Color:
Production Date: 7/2020

Mileage In: 39,598
Mileage Out:
Condition:

Vehicle Out:
Job #:

TRANSMISSION
Automatic Transmission

POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors

DECOR
Dual Mirrors
Tinted Glass
Console/Storage

CONVENIENCE
Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Rear Window Wiper
Telescopic Wheel
Climate Control
Backup Camera
Intelligent Cruise

RADIO
AM Radio
FM Radio
Stereo
Search/Seek
Auxiliary Audio Connection

SAFETY
Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags
Hands Free Device
Lane Departure Warning

SEATS
Cloth Seats
Bucket Seats
Reclining/Lounge Seats

WHEELS
Aluminum/Alloy Wheels

PAINT
Clear Coat Paint

OTHER
Fog Lamps
Traction Control
Stability Control
Rear Spoiler

stomer: Kessler 1, Charles **Job Number:**

20 HOND Civic Hatchback Sport w/Continuously Variable Transmission 4D H/B 4-1.5L Turbocharged Gasoline Gasoline Direct Injection

Line		Oper	Description	Part Number	Qty	Extended Price $	Labor	Paint
1	ROOF							
2		Repl	RT Roof molding	74306TGGA01	1	24.25	0.4	
3		Repl	LT Roof molding	74316TGGA01	1	24.25	0.4	
4	#		buff and remove stins		1	240.00		
5	#		detail for delivery		1	180.00		
				SUBTOTALS		**468.50**	**0.8**	**0.0**

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				468.50
Body Labor	0.8 hrs	@	$ 65.00 /hr	52.00
Body Supplies	0.8 hrs	@	$ 5.00 /hr	4.00
Subtotal				524.50
Sales Tax	$ 524.50	@	8.1250 %	42.62
Grand Total				**567.12**
Deductible				0.00
CUSTOMER PAY				**0.00**
INSURANCE PAY				**567.12**

* Stain from drain above parking area

"PURSUANT TO SECTION 2610 OF THE INSURANCE LAW, AN INSURANCE COMPANY CANNOT REQUIRE THAT REPAIRS BE MADE TO A MOTOR VEHICLE IN A PARTICULAR PLACE OR REPAIR SHOP. YOU HAVE THE RIGHT TO HAVE YOUR VEHICLE REPAIRED IN THE SHOP OF YOUR CHOICE".

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

You are entitled to the return of all replaced parts, except warranty and exchange parts, but you must ask for them in writing before any work is done. If you authorize work by phone, the shop must keep any replaced parts, and make them available when you pick up the vehicle.

NEW YORK State Liquor Authority

OFFICE USE ONLY
○ Original ○ Amended Date _____

Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice Sent: 8/22/2023

1a. Delivered by:

CITY OF POUGHKEEPSIE CITY CLERK 2023 AUG 22 PM 1:11

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

◉ New Application ○ Removal ○ Class Change

For premises in the City of New York:

○ New Application ◉ New Application and Temporary Retail Permit ○ Renewal ○ Alteration ○ Removal

○ Class Change ○ Method of Operation ○ Corporate Change

For **New** and Temporary Retail Permit applicants, answer each question below using all information known to date
For **Renewal** applicants, answer all questions
For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)
For **Corporate Change** applicants, attach a list of the current and proposed corporate principals
For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation
For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type
For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board: CITY CLERKS OF POUGHKEEPSIE

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name: 400 NELLY RESTAURANT CORP

6. Trade Name (if any): N/A

7. Street Address of Establishment: 400 MAIN STREET

8. City, Town or Village: POUGHKEEPSIE , NY Zip Code: 12601

9. Business Telephone Number of applicant/ Licensee: 3477552136

10. Business E-mail of Applicant/Licensee: KNNOVACORP1@GMAIL.COM

11. Type(s) of alcohol sold or to be sold: ○ Beer & cider ◉ Wine, Beer & Cider ○ Liquor, Wine, Beer & Cider

12. Extent of Food Service: ◉ Full Food menu; full kitchen run by a chef/cook ○ Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Restaurant (full kitchen and full menu required)

14. Method of Operation: (check all that apply)
☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☐ Recorded Music ☐ Karaoke
☐ Live Music (give details i.e., rock bands, acoustic, jazz, etc.):
☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
☐ Other (specify):

15. Licensed Outdoor Area: (check all that apply) ☐ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
☐ Sidewalk Cafe ☐ Other (specify):

OFFICE USE ONLY
○ Original ○ Amended Date _____

16. List the floor(s) of the building that the establishment is located on: 2

17. List the room number(s) the establishment is located in within the building, if appropriate: 1

18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ○ Yes ◉ No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ○ Yes ◉ No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

Name _____ Serial Number _____

21. Does the applicant or licensee own the building in which the establishment is located? ○ Yes (if YES, SKIP 23-26) ◉ No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: 400 MAIN STREET LLC C/O 360 MANAGEMENT GROUP, LLC

23. Building Owner's Street Address: 297 MILL STREET

24. City, Town or Village: POUGHKEEPSIE State: NY Zip Code: 10454

25. Business Telephone Number of Building Owner: 9176873545

Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

26. Representative/Attorney's Full Name: KARY NOVA

27. Representative/Attorney's Street Address: 70 BRUCKNER BLVD

28. City, Town or Village: BRONX State: NY Zip Code: 10454

29. Business Telephone Number of Representative/Attorney: 9174000895

30. Business E-mail Address of Representative/Attorney: KNNOVACORP1@GMAIL.COM

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: JOSE GUERRA Title: PRESIDENT

Principal Signature: Jose Guerra