

Town of Canandaigua

5440 Routes 5 & 20 West
Canandaigua, NY 14424
Phone: (585) 394-1120 / Fax: (585) 394-9476

PLANNING BOARD APPLICATION SITE PLAN / SPECIAL USE PERMIT

R E C E I V E D	TOWN OF CANANDAIGUA DEVELOPMENT OFFICE	F O R R E V I E W
	JAN 31 2019	

CPN 007-19

- FOR: ☐ Sketch Plan Review
☐ One Stage Site Plan Approval (Preliminary & Final Combined)
☐ Two Stage Preliminary Site Plan Approval ☐ Two Stage Final Site Plan Approval
☒ Special Use Permit (New) ☐ Special Use Permit (Renewal)

Permission for on-site inspection for those reviewing application: ☒ Yes ☐ No

1. Name and address of the property owner: Bristol Hills Farm & Stables, LLC
Patricia Murphy, 5929 Goodale Rd, Canandaigua, NY 14424
Telephone Number of property owner: 508.431.4636
Fax # _____ E-Mail Address: BRISTOLHILLSFARMSTABLES@gmail.com
**If you provide your e-mail address, this will be the primary way we contact you **

2. Name and Address Applicant if not the property owner: N/A

Telephone Number of Applicant: _____

Fax # _____ E-Mail Address: _____

**If you provide your e-mail address, this will be the primary way we contact you **

3. Subject Property Address: 5933 Goodale Road
Nearest Road Intersection: Goodale & Rte 21
Tax Map Number: 322400-125.00-1-43,200 Zoning District: _____

4. Is the Subject Property within 500' of a State or County Road or Town Boundary? (If yes, the Town may refer your application to the Ontario County Planning Board.)

Please circle one: YES ☐ NO ☒

5. Is the Subject Property within 500' of an Agricultural District? (If yes, an Agricultural Data Statement must be completed and submitted with this application.)

Please circle one: YES ☒ NO ☐ (Continued on Back)

6. What is your proposed new project?

5933 Goodale existing house to be annexed
to 5929 Goodale as part of one parcel.

7. Have the necessary building permit applications been included with this form? If not, please verify which forms are required to be submitted with the Development Office.

N/A

8. If applying for Site Plan Approval or Special Use Permit, attach a completed Soil Erosion and Sedimentation Control Plan and Permit Application as described in Chapter 165 of the Town Code.

N/A

9. Are you requesting a waiver from a professionally prepared site plan?

Please circle one:

YES

NO

If "yes" the property owner acknowledges and accepts full responsibility for any errors or misrepresentation depicted on the site plan and agrees to indemnify the Town of Canandaigua for any and all expenses, including reasonable attorney's fees, incurred by the Town as a result of any such error or misrepresentation.

PM (property owner's initials)

10. If no, attach a professionally prepared site plan as described in Chapter 220 Article VII (Site Plan Regulations) of the Town Code.

11. If a Special Use Permit is requested, attach plans and documentation as required in Chapter 220 Article VI (Regulations Governing Special Permit Uses) of the Town Code.

The applicant / property owner is on notice that their personal/bank check submitted to the Town to meet the landscaping/soil erosion surety requirement(s) as noted in the Planning Board decision sheet will be deposited into a Town non-interest bearing bank account.

IDENTIFICATION OF POTENTIAL CONFLICTS OF INTEREST

(Required by NYS General Municipal Law § 809)

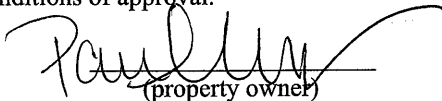
1. **If the Applicant is an Individual:** Is the applicant or any of the immediate family members of the applicant (including spouse, brothers, sisters, parents, children, grandchildren, or any of their spouses) related to any officer or employee of the Town of Canandaigua? YES NO
2. **If the Applicant is a Corporate Entity:** Are any of the officers, employees, partners, or directors, or any of their immediate family members (including spouse, brothers, sisters, parents, children, grandchildren, or any of their spouses) of the company on whose behalf this application is being made related to any officer or employee of the Town of Canandaigua? YES NO
3. **If the Applicant is a corporate entity:** Are any of the stockholders or partnership members (holding 5% or more of the outstanding shares), or any of their immediate family members (including spouse, brothers, sisters, parents, children, grandchildren, or any of their spouses) of the company on whose behalf this application is being made related to any officer or employee of the Town of Canandaigua? YES NO

4. ***If the Applicant has made any agreements contingent upon the outcome of this application:*** If the applicant has made any agreements, express or implied, whereby said applicant may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of this application, petition, or request, are any of the parties to said agreement officers or employees of the Town of Canandaigua? YES NO

If the answer to any of the above questions is YES, please state the name and address of the related officer(s) or employee(s) as well as the nature and extent of such relationship:

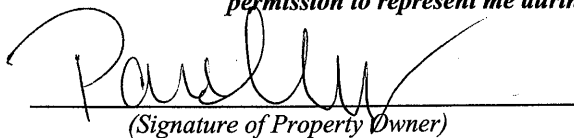
***Property Owner is responsible for any consultant fees
(Town Engineer, Town Attorney, etc.) incurred during the application process.***

Please note that the **Property Owner** is responsible for all consultant fees during the review of this application including legal, engineering, or other outside consultants. Applications submitted to the Town of Canandaigua Planning Board will normally receive chargeback fees of at least five hours to ten hours for planning services including intake, project review, resolution preparation, SEQR, and findings of fact. PLEASE NOTE that the number of hours will be SIGNIFICANTLY INCREASED due to incomplete applications, plans lacking detail, or repeated continuations. Subdivision applications and larger commercial or industrial projects traditionally require more hours of engineering, legal, and other consultant review and preparation and will incur higher costs. Applications for new construction may be referred to the Town Engineer for engineering review which may include at least an additional eight to twelve hours of review time. The **Property Owner** will also be responsible for legal fees for applications submitted to the Town of Canandaigua Planning Board, Zoning Board of Appeals, or the Town of Canandaigua Development Office. Fees for engineering and legal expenses traditionally range between one hundred and one hundred fifty dollars per hour. A copy of the Town's annual fee schedule is available upon request from the Development Office or the Town Clerk's Office. The **Property Owner's** signature below indicates that the **Property Owner** understands that the **Property Owner** will be responsible for all outside consultant fees incurred as a result of the submitted application, and consents to these charges. Additionally projects approved by the Town of Canandaigua Planning Board may be required to pay a parks and recreation fee as established by the Town Board (currently \$ 1,000 per unit) if required as part of the conditions of approval.


(property owner)

(property owner)

I hereby acknowledge that I have reviewed all the questions contained in this application and certify that the information provided is accurate and complete to the best of my knowledge and ability. Finally, I hereby grant my designated person in Question #2 of this application form, permission to represent me during the application process.


(Signature of Property Owner)

1/23/19
(Date)

Town of Canandaigua

5440 Routes 5 & 20 West

Canandaigua, NY 14424

Phone: (585) 394-1120 / Fax: (585) 394-9476

CPN #: 007-19

LOT-LINE ADJUSTMENT APPLICATION

1. Name and address of the property owner(s): Bristol Hills Farm & Stables, LLC,
Patricia Murphy, 5929 + 5933 Goodale Rd, Canandaigua, NY
Telephone Number of Property Owner: 508.431.4636
Fax # _____ E-Mail Address: BRISTOLHILLSFARMSTABLES@gmail.com
14424

**If you provide your e-mail address, this will be the primary way we contact you **

2. Name and Address of the Applicant *if not the property*
owner: _____

Telephone Number of Applicant: _____

Fax # _____ E-Mail Address: _____

**If you provide your e-mail address, this will be the primary way we contact you **

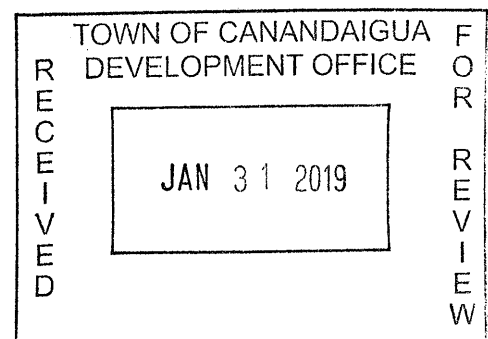
3. Number of parcels involved: 2 Number of parcels proposed: 1

4. A. Tax Map Number: 322400 125.00-1-43,100 Zoning District: _____ - 5929
B. Tax Map Number: 322400 125.00-1-43,200 Zoning District: _____ - 5933
C. Tax Map Number: _____ Zoning District: _____
D. Tax Map Number: _____ Zoning District: _____

5. Size of each proposed parcel and road frontage after combination:

A. Size: _____ acres/sq ft	Road Frontage: _____ feet
B. Size: _____ acres/sq ft	Road Frontage: _____ feet
C. Size: _____ acres/sq ft	Road Frontage: _____ feet
D. Size: _____ acres/sq ft	Road Frontage: _____ feet

6. Nearest Road Intersection: Goodale and Rte 21



IDENTIFICATION OF POTENTIAL CONFLICTS OF INTEREST

(Required by NYS General Municipal Law § 809)

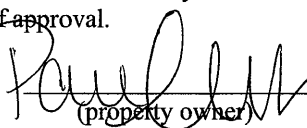
1. **If the Applicant is an Individual:** Is the applicant or any of the immediate family members of the applicant (including spouse, brothers, sisters, parents, children, grandchildren, or any of their spouses) related to any officer or employee of the Town of Canandaigua? YES ☒ NO
2. **If the Applicant is a Corporate Entity:** Are any of the officers, employees, partners, or directors, or any of their immediate family members (including spouse, brothers, sisters, parents, children, grandchildren, or any of their spouses) of the company on whose behalf this application is being made related to any officer or employee of the Town of Canandaigua? YES ☒ NO
3. **If the Applicant is a corporate entity:** Are any of the stockholders or partnership members (holding 5% or more of the outstanding shares), or any of their immediate family members (including spouse, brothers, sisters, parents, children, grandchildren, or any of their spouses) of the company on whose behalf this application is being made related to any officer or employee of the Town of Canandaigua? YES ☒ NO
4. **If the Applicant has made any agreements contingent upon the outcome of this application:** If the applicant has made any agreements, express or implied, whereby said applicant may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of this application, petition, or request, are any of the parties to said agreement officers or employees of the Town of Canandaigua? YES ☒ NO

If the answer to any of the above questions is YES, please state the name and address of the related officer(s) or employee(s) as well as the nature and extent of such relationship:

***Property Owner is responsible for any consultant fees
(Town Engineer, Town Attorney, etc.) incurred during the application process.***

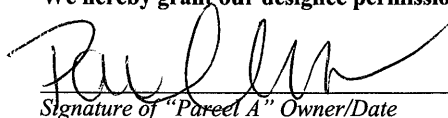
Please note that the **Property Owner** is responsible for all consultant fees during the review of this application including legal, engineering, or other outside consultants. Applications submitted to the Town of Canandaigua Planning Board will normally receive chargeback fees of at least five hours to ten hours for planning services including intake, project review, resolution preparation, SEQR, and findings of fact. PLEASE NOTE that the number of hours will be SIGNIFICANTLY INCREASED due to incomplete applications, plans lacking detail, or repeated continuations. Subdivision applications and larger commercial or industrial projects traditionally require more hours of engineering, legal, and other consultant review and preparation and will incur higher costs. Applications for new construction may be referred to the Town Engineer for engineering review which may include at least an additional eight to twelve hours of review time. The **Property Owner** will also be responsible for legal fees for applications submitted to the Town of Canandaigua Planning Board, Zoning Board of Appeals, or the Town of Canandaigua Development Office. Fees for engineering and legal expenses traditionally range between one hundred and one hundred fifty dollars per hour. A copy of the Town's annual fee schedule is available upon request from the Development Office or the Town Clerk's Office. The **Property Owner's** signature below indicates that the **Property Owner** understands that the **Property Owner** will be responsible for all outside consultant

fees incurred as a result of the submitted application, and consents to these charges. Additionally projects approved by the Town of Canandaigua Planning Board may be required to pay a parks and recreation fee as established by the Town Board (currently \$ 1,000 per unit) if required as part of the conditions of approval.

 1/31/19
(property owner)

(property owner)

We hereby grant our designee permission to represent us during the application process.

 1/31/19
Signature of "Parcel A" Owner/Date

Signature of "Parcel B" Owner/Date

Signature of "Parcel C" Owner/Date

Signature of "Parcel D" Owner/Date

An annexation request shall be denied if it creates a residual parcel.

Town of Canandaigua

5440 Routes 5 & 20 West

Canandaigua, NY 14424

Phone: (585) 394-1120 / Fax: (585) 394-9476

AGRICULTURAL DATA STATEMENT

CPN #: _____

In accordance with NYS Town Law § 283-a, the Town of Canandaigua will use the following information to evaluate possible impacts that would occur on property within an agricultural district containing a farm operation or on property with boundaries within 500 feet of a farm operation.

- A. Name and Address of Property Owner: 5933 1/2 5929 Goodale Rd. Canandaigua
Bristol Hills Farm & Stables, LLC, Patricia Murphy NY 14424
- B. Name and Address of Applicant: Patricia Murphy, Bristol Hills Farm & Stables
5929 Goodale Road, Canandaigua, NY 14424
- C. Description of the proposed project: Annexing 5933 Goodale into 5929
Goodale as part of one parcel. 5933 Goodale
Specialty permitted as Farm Employee housing.
- D. Project Location: 5933 1/2 5929 Goodale Rd, Canandaigua,
NY 14424
- E. Tax Map #: 125.00-1-43.100 and 43.200
- F. Is any portion of the subject property currently being farmed? ☒ Yes ☐ No
- G. List the name and address of any land owner within the agricultural district that the land contains farm operations and is located within 500 feet of the boundary of the property upon which the project is proposed.
- Name / Address
1. 5929 Goodale Rd = Horse Farm
 2. _____
 3. _____
- H. Attach a tax map or other map showing the site of the proposed project relative to the location of farm operations identified in this Agricultural Data Statement.

FOR TOWN USE ONLY

Circle Type of Application:

Special Use Permit

Site Plan Approval

Subdivision

Use Variance

Circle Review Authority:

Zoning Board of Appeals

Planning Board

Town Board

Notice Provision:

Date when written notice of the application described in Part I was provided to the land owners identified in the Agricultural Data Statement.

Date referral sent to the Ontario County Planning Department:

Name of Official Completing Form

Date

U.S. Return of Partnership Income

OMB No. 1545-0123

For calendar year 2017, or tax year beginning 12/11, 2017, ending 12/31, 20 17

Go to www.irs.gov/Form1065 for instructions and the latest information.

2017

A Principal business activity ARM	Type or Print	Name of partnership BRISTOL HILLS FARM & STABLES, LLC	D Employer identification number 82-3318411
B Principal product or service STABLE RENTAL		Number, street, and room or suite no. If a P.O. box, see the instructions. 5929 GOODALE ROAD	E Date business started 12/11/17
C Business code number 115200		City or town, state or province, country, and ZIP or foreign postal code CANANDAIGUA, NY 14424	F Total assets (see the instructions) \$ 1023585

- G** Check applicable boxes: (1) ☒ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return (6) ☐ Technical termination - also check (1) or (2)
- H** Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) ▶
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 3
- J** Check if Schedules C and M-3 are attached ☐

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a		1c	
	2 Cost of goods sold (attach Form 1125-A)		2	
	3 Gross profit. Subtract line 2 from line 1c		3	
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		4	
	5 Net farm profit (loss) (attach Schedule F (Form 1040))		5	522 53
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6	
7 Other income (loss) (attach statement)		7		
8 Total income (loss). Combine lines 3 through 7		8	522 53	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)		9	
	10 Guaranteed payments to partners		10	
	11 Repairs and maintenance		11	
	12 Bad debts		12	
	13 Rent		13	
	14 Taxes and licenses		14	
	15 Interest		15	
	16a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c
	17 Depletion (Do not deduct oil and gas depletion.)		17	
	18 Retirement plans, etc.		18	
	19 Employee benefit programs		19	
	20 Other deductions (attach statement)		20	
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20		21	
22 Ordinary business income (loss). Subtract line 21 from line 8		22	522 53	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member

Date

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Print/Type
Preparer
Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> self-employed
Firm's name ▶	Firm's EIN ▶		
Firm's address ▶	Phone no.		

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:	Yes	No
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> a <input type="checkbox"/> Domestic general partnership c <input checked="" type="checkbox"/> Domestic limited liability company e <input type="checkbox"/> Foreign partnership </div> <div style="width: 48%;"> b <input type="checkbox"/> Domestic limited partnership d <input type="checkbox"/> Domestic limited liability partnership f <input type="checkbox"/> Other ► </div> </div>		
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?		✓
3 At the end of the tax year:		
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		✓
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	✓	
4 At the end of the tax year, did the partnership:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		✓

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		
		✓

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details	Yes	No
		✓
6 Does the partnership satisfy all four of the following conditions?		
a The partnership's total receipts for the tax year were less than \$250,000.		
b The partnership's total assets at the end of the tax year were less than \$1 million.		
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.		✓
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		✓
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		✓
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		✓
10 At any time during calendar year 2017, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ►		✓

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		✓
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		✓
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		✓
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		✓
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		✓
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		✓
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		
18a Did you make any payments in 2017 that would require you to file Form(s) 1099? See instructions		✓
b If "Yes," did you or will you file required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶		
20 Enter the number of partners that are foreign governments under section 892. ▶		
21 During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		✓
22 Was the partnership a specified domestic entity required to file Form 8938 for the tax year (See the Instructions for Form 8938)?		✓

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ▶	HUGH J. MURPHY	Identifying number of TMP ▶	371-36-8561
If the TMP is an entity, name of TMP representative ▶		Phone number of TMP ▶	315-436-2975
Address of designated TMP ▶	5045 WEST LAKE ROAD, AUBURN, NY 13021		

Schedule K		Partners' Distributive Share Items	Total amount	
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1	522 53
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss)	3a	
	b	Expenses from other rental activities (attach statement)	3b	
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Guaranteed payments	4	
	5	Interest income	5	
	6	Dividends: a Ordinary dividends	6a	
	b	Qualified dividends	6b	
	7	Royalties	7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
Deductions	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b	Collectibles (28%) gain (loss)	9b	
	c	Unrecaptured section 1250 gain (attach statement)	9c	
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type ▶	11	
	12	Section 179 deduction (attach Form 4562)	12	
	13a	Contributions	13a	
	b	Investment interest expense	13b	
	c	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d	Other deductions (see instructions) Type ▶	13d	
	Self-Employment	14a	Net earnings (loss) from self-employment	14a
b		Gross farming or fishing income	14b	
c		Gross nonfarm income	14c	
Credits	15a	Low-income housing credit (section 42(j)(5))	15a	
	b	Low-income housing credit (other)	15b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d	Other rental real estate credits (see instructions) Type ▶	15d	
	e	Other rental credits (see instructions) Type ▶	15e	
	f	Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16a	Name of country or U.S. possession ▶		
	b	Gross income from all sources	16b	
	c	Gross income sourced at partner level	16c	
		Foreign gross income sourced at partnership level		
	d	Passive category ▶ e General category ▶ f Other ▶	16f	
		Deductions allocated and apportioned at partner level		
	g	Interest expense ▶ h Other ▶	16h	
		Deductions allocated and apportioned at partnership level to foreign source income		
	i	Passive category ▶ j General category ▶ k Other ▶	16k	
	l	Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l	
Alternative Minimum Tax (AMT) Items	m	Reduction in taxes available for credit (attach statement)	16m	
	n	Other foreign tax information (attach statement)		
	17a	Post-1986 depreciation adjustment	17a	
	b	Adjusted gain or loss	17b	
	c	Depletion (other than oil and gas)	17c	
	d	Oil, gas, and geothermal properties—gross income	17d	
Other Information	e	Oil, gas, and geothermal properties—deductions	17e	
	f	Other AMT items (attach statement)	17f	
	18a	Tax-exempt interest income	18a	
	b	Other tax-exempt income	18b	
	c	Nondeductible expenses	18c	
	19a	Distributions of cash and marketable securities	19a	
	b	Distributions of other property	19b	
20a	Investment income	20a		
b	Investment expenses	20b		
c	Other items and amounts (attach statement)			

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l						1	522	53
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other		
a General partners		3						
b Limited partners								

Schedule L Balance Sheets per Books

		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				5296
2a	Trade notes and accounts receivable			10798	
b	Less allowance for bad debts			0	10798
3	Inventories		10000		9043
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				7575
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets	885000		885000	
b	Less accumulated depreciation	0	885000	1310	883690
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)		100000		100000
12a	Intangible assets (amortizable only)			7183	
b	Less accumulated amortization				7183
13	Other assets (attach statement)				
14	Total assets		995000		1023585
Liabilities and Capital					
15	Accounts payable				13489
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)				
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)		994000		1002649
b	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)				5925
21	Partners' capital accounts		1000		1522
22	Total liabilities and capital		995000		1023585

Schedule M-1**Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note. The partnership may be required to file Schedule M-3 (see instructions).

1	Net income (loss) per books	522	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a	Depreciation \$	
a	Depreciation \$		8	Add lines 6 and 7	
b	Travel and entertainment \$		9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5 .	522
5	Add lines 1 through 4	522			

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year	1000	6	Distributions: a Cash	
2	Capital contributed: a Cash		b Property		
	b Property		7	Other decreases (itemize):	
3	Net income (loss) per books	522	8	Add lines 6 and 7	
4	Other increases (itemize):		9	Balance at end of year. Subtract line 8 from line 5	1522
5	Add lines 1 through 4	1522			

199 Church St, New York, NY, 10007-1100
(888) 875-5790

[00000000000064016062][0001-000024536096][15007-01][INFOPAGE-SFT5##][01-00034]



New York State Insurance Fund

WORKERS' COMPENSATION STATEMENT

[15039-01][WCBILLS#-MBIL13][01-01353]



BRISTOL HILLS FARM & STABLES LLC
5929 GOODALE ROAD
CANANDAIGUA NY 14424

Policy Number: Z 2453 609-6
Statement Date: December 31, 2018

Representative:

NEW YORK FARM BUREAU
SAFETY GROUP
159 WOLF ROAD PO BOX 5330
ALBANY NY 12205-330
(800) 342-4143

Previous Policy Balance	\$1,878.43
Premium & Adjustments	\$0.00
Payments	-\$469.61
Miscellaneous Fees	\$10.00

Total Policy Balance:	\$1,418.82
Minimum Payment Due:	\$166.54
Payment Due Date:	January 20, 2019

See reverse side for details

Policy Alerts

Payments not received by the due date are subject to a \$30.00 late fee.

Message Center

NYSIF's redesigned bill includes the details you wanted most. Above, please see a billing summary displaying exactly what's due and when. On the back, you'll find an itemized account of your policy balance and a chronological list of recent transactions. Visit nysif.com/mybill for more details.

To pay your bill electronically:

- Have your policy number available
- Visit nysif.com/billpay OR
- Call 1-877-309-6028
- Allow up to 2 business days for payment to post

To pay your bill by check:

- Make check payable to:
NYSIF Workers' Compensation
- Write your policy number on your check
- Mail payment and remittance slip 7 days prior to due date

Page 1 of 2



New York State Insurance Fund

Policy Number: Z 2453 609-6

BRISTOL HILLS FARM & STABLES LLC
5929 GOODALE ROAD
CANANDAIGUA NY 14424

☐ Check box for name or address changes;
 enter changes on reverse.

Total Policy Balance:	\$1,418.82
Minimum Payment Due:	\$166.54
Payment Due Date:	January 20, 2019

AMOUNT ENCLOSED \$									
--------------------	--	--	--	--	--	--	--	--	--

|||||
NYSIF WORKERS' COMPENSATION
PO BOX 5238
NEW YORK, NY 10008-5238

245360961231185627189100000016654000000166548

BRISTOL HILLS FARM & STABLES LLC

Policy Number: Z 2453 609-6

Statement Period: 12/01/18 - 12/31/18

TOTAL POLICY BALANCE

DESCRIPTION	BALANCE DETAILS	REMAINING INSTALLMENTS	MINIMUM PAYMENT DUE
Deposit/Rebill			
Installments	\$1,408.82	8	\$156.54
Audit Balance			
Adjustments			
Misc. Fees & Credits	\$10.00		\$10.00
Past Due			
TOTAL POLICY BALANCE	\$1,418.82		

MINIMUM PAYMENT DUE

\$166.54

Pay your minimum amount due of
\$166.54 by 01/20/2019.

NEW TRANSACTIONS AND PAYMENTS

DATE	REF #	DESCRIPTION	AMOUNT
12/24/18	005238	Payment Received - Thank You	-\$469.61
12/31/18	1906479	Installment Fee	\$10.00

Credits are applied to your account.

Visit www.nysif.com/mybill for more information or call Customer Service at 1-888-875-5790.

Page 2 of 2

If you have checked the box on the reverse side, please enter new information below.

Thank you!



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) <u>Aarismaa</u>	First Name (Given Name) <u>Linda</u>	M.I. <u>M</u>	Citizenship/Immigration Status <u>US citizen</u>
------------------------------	--	---	------------------	---

List A
Identity and Employment Authorization

OR

List B
Identity

AND

List C
Employment Authorization

Document Title	Document Title <u>NYS Driver License</u>	Document Title <u>social security card</u>
Issuing Authority	Issuing Authority <u>New York State DMV</u>	Issuing Authority
Document Number	Document Number <u>527 976 211</u>	Document Number <u>133 08 8915</u>
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) <u>01/07/2026</u>	Expiration Date (if any)(mm/dd/yyyy)
Document Title	<div>Additional Information</div>	
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority	<div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>	
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 09/17/2018 (See instructions for exemptions)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Today's Date (mm/dd/yyyy) <u>08/20/2018</u>	Title of Employer or Authorized Representative <u>owner</u>	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name <u>BRISTOL HILLS FARM STABLES</u>	
Employer's Business or Organization Address (Street Number and Name) <u>5929 Goodale Rd.</u>		City or Town <u>Canandaigua</u>	State <u>NY</u>
		ZIP Code <u>14424</u>	

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative <u>[Signature]</u>	Today's Date (mm/dd/yyyy) <u>8/20/2018</u>	Name of Employer or Authorized Representative <u>Patricia Murphy</u>
--	---	---



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) <i>Aarismaa</i>		First Name (Given Name) <i>Linda</i>		Middle Initial <i>M</i>	Other Last Names Used (if any)	
Address (Street Number and Name) <i>103 Clark St.</i>		Apt. Number <i>2m</i>	City or Town <i>Crofton</i>		State <i>NY</i>	ZIP Code <i>13073</i>
Date of Birth (mm/dd/yyyy) <i>01/07/1981</i>	U.S. Social Security Number <i>123-68-8915</i>		Employee's E-mail Address <i>aarismaalinda@gmail.com</i>		Employee's Telephone Number <i>607 592 7953</i>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
QR Code - Section 1 Do Not Write In This Space

Signature of Employee <i>Linda Aarismaa</i>	Today's Date (mm/dd/yyyy) <i>03/18/2018</i>
--	--

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page

