



Yonkers IDA Industrial Development Agency

Date: 2020-07-09 14:27:15

ID Number: 69

### Grant/Loan Application

**I AM APPLYING FOR**

Grant

**AMOUNT REQUESTED**

\$10,000.00

**MY BUSINESS IS LOCATED IN A "HIGHLY DISTRESSED" AREA:**

Yes

**WERE YOU A FINANCIALLY VIABLE ENTITY PRIOR TO MARCH 7, 2020?**

Yes

**NUMBER OF EMPLOYEES**

37

**BUSINESS TYPE**

Other

**HAVE YOU BEEN NEGATIVELY AFFECTED BY THE COVID-19 STATE DISASTER EMERGENCY?**

Yes

**PLEASE DESCRIBE HOW YOU HAVE BEEN NEGATIVELY AFFECTED BY THE COVID-19 STATE DISASTER EMERGENCY:**

To Whom it may Concern.

Otto Brehm, Inc. is a 4th generation family owned and operated company in Yonkers that has served the Greater New York, Connecticut, and New Jersey area for over 116 years. We are the ONLY wholesale distributor of Bakery ingredients in Westchester County which has been hit hardest, more than any other part of the country and were the first to get quarantined in the nation, we are the epicenter of this disaster.

Our company have not been able to distribute our products to over 600 customers which represents 95% of our customer base because they have been forced to close. We are maintaining a full staff during this period and are staying optimistic and are hoping business will return to normal one day.

We have been supporting our employees, customers, and vendors even though we cannot receive any more products and are unable to deliver because of all the COVID-19 mandatory closings. We have decided not to lay-off our 37 employees with the hope we can sustain our business using this Emergency Disaster Program. We are faced with an extreme financial issue here at Otto Brehm, Inc. to hold on to our employees during this Pandemic and failure is inevitable without emergency assistance.

There has been extreme damage done to our business and it can only remain viable if there is assistance from the government. We cannot buy our regular supply of inventory; our payroll money is completely gone. Otto Brehm Inc. will fail in the imminent future without help. We are unable to make improvements to the business because we are using our current capital improvement money to fund our employee's salaries to support them and their families.

To simply state, we are going to run out of money extremely soon. We have a 116-year old company with over 600 businesses, 37 employees and their families that depend on us.

Please expedite this assistance package as fast as possible. We have until mid-April before we cannot make payroll and will have to CEASE OPERATIONS.

Yours Truly,  
Nancy Brehm  
Nancy Brehm  
President

**PLEASE DESCRIBE IN DETAIL THE INTENDED USE OF THE FUNDS BEING REQUESTED AND HOW THE USE OF THE FUNDS ENHANCES THE ABILITY OF THIS BUSINESS TO SURVIVE.**

Otto Brehm has added personal protective equipment and sanitizer o help prevent the spread of COVID-19 to our



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catalog which will enable us to diversify our sales efforts and add an additional revenue stream for our sales team.

**ARE THE FUNDS BEING REQUESTED UNDER THIS PROGRAM ENOUGH FOR YOUR NEEDS?**

No

**Business Information**

**BUSINESS NAME**

Otto Brehm, Inc.

**FEDERAL EIN NUMBER**

[REDACTED]

**BORROWING ENTITY(IF DIFFERENT FROM BUSINESS NAME)**

[REDACTED]

**BUSINESS ADDRESS**

75 Tuckahoe Rd  
Yonkers, New York 10710-5321  
United States

**WEBSITE ADDRESS**

<http://www.ottobrehm.com>

**DATE BUSINESS WAS ESTABLISHED:**

06/12/1947

**NUMBER OF YEARS OPERATING IN YONKERS**

Over 116 years

**TYPE OF BUSINESS**

C Corporation

**DOES THE BUSINESS HAVE ANY JUDGEMENTS OR TAX LIENS WITHIN THE PAST 3 YEARS?**

No

**IF YES, PLEASE DESCRIBE**

[REDACTED]

**PLEASE DESCRIBE THE BUSINESS YOU CONDUCT IN YONKERS**

Otto Brehm, Inc. is a 4th generation family owned and operated company that has served the Greater New York, Connecticut, and New Jersey area for over 116 years. We are the ONLY wholesale distributor of Bakery ingredients in Westchester County headquartered in Yonkers, NY 10703

**PRIOR YEAR REVENUES (PLEASE USE YOUR MOST RECENT TAX FILING)**

[REDACTED]

**PRIOR YEAR REVENUE**

[REDACTED]

**HAVE YOU RECEIVED FUNDING FROM THE UNITED STATES SMALL BUSINESS ADMINISTRATION PROGRAM (E.G. PAYCHECK PROTECTION PROGRAM [“PPP”] OR EMERGENCY INJURY DISASTER LOAN [“EIDL”] OR ANY OTHER GOVERNMENT PROGRAM SINCE THE BEGINNING OF THE STATE DISASTER EMERGENCY?**

Yes

**IF YES, DESCRIBE THE AMOUNT OF ASSISTANCE YOU HAVE RECEIVED AND THE DATE IT WAS RECEIVED. PLEASE ALSO EXPLAIN WHY THOSE FUNDS WERE INSUFFICIENT TO MEET CONTINUING OPERATING NEEDS**

We have received \$963,540.00 from the SBA PPP Program on April 13, 2020. We have used the funds to keep all



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employees employed during this COVID-19 pandemic even though our business revenue has been drastically reduced.

**LIST ANY AND ALL OTHER FUNDING YOU ARE CURRENTLY SEEKING OR HAVE RECENTLY BEEN AWARDED IN RESPONSE TO COVID-19, INCLUDING BUT NOT LIMITED TO BANK LOANS, SBA LOANS, PUBLIC OR PRIVATE LOANS, GRANT FUNDING, ETC.**

We received a capped EIDL loan from the SBA in the amount of only \$150,000. We also used to pay our operating leases and overhead expenses.

**PLEASE DESCRIBE ANY OTHER SOURCES OF FUNDING AVAILABLE TO YOUR BUSINESS:**

NONE - Just our current cash flow

**Applicant Contact Information**

**PRIMARY NAME OF CONTACT**

[Redacted]

**TITLE**

Director of Accounting & Finance

**PHONE NUMBER**

[Redacted]

**EMAIL ADDRESS**

[Redacted]

**PRINCIPAL/OWNER INFORMATION**

**PRINCIPAL/OWNER FULL NAME**

Nancy Brehm

**PERCENTAGE OF BUSINESS OWNED**

61%

**ADDRESS**

[Redacted]

**CITY**

[Redacted]

**STATE**

[Redacted]

**HOME PHONE**

[Redacted]

**CELL PHONE**

[Redacted]

**EMAIL**

[Redacted]

**DATE OF BIRTH**

[Redacted]

**SSN/EIN**

[Redacted]

**TOTAL HOUSEHOLD INCOME**

[Redacted]

**HOUSEHOLD SIZE**

1

**IS THERE AN ADDITIONAL PRINCIPAL/OWNER?**

No

**IF YES, PLEASE LIST**

[Redacted]



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### Additional Information

**IS THE PRINCIPAL PLACE OF BUSINESS WITHIN YONKERS?**

Yes

**HAS THE COVID-19 CRISIS RESULTED IN A DECLINE OF REVENUE FOR YOUR BUSINESS?**

Yes

**PLEASE DESCRIBE**

**IS YOUR PLAN TO REMAIN IN OPERATION OR TO RE-OPEN THE BUSINESS AFTER ANY MANDATED CLOSURES AND/OR SOCIAL DISTANCING IS RELAXED?**

Yes

**IS YOUR BUSINESS OPEN NOW?**

Yes

**HAVE YOU FILED THE LAST TWO YEARS TAX RETURNS FOR YOUR BUSINESS?**

Yes

**DO YOU OWE SALES OR PAYROLL TAX TO NYS?**

No

**IF YES, PLEASE DESCRIBE**

**DO YOU OWN OR RENT THE PROPERTY IN WHICH YOU OPERATE YOUR BUSINESS?**

Rent

**WHERE IS YOUR BUSINESS LOCATED?**

Storefront

**HAVE YOU APPLIED, AND BEEN APPROVED, FOR ANY OTHER GRANTS OR LOANS RELATED TO COVID-19 RELIEF?**

No

### REPRESENTATIONS AND WARRANTIES

**LOAN APPLICANTS ONLY**

**NUMBER OF FTE JOBS TO BE RETAINED**

### GRANT APPLICANTS ONLY

- I hereby represent, warrant and certify to the YIDA that I shall use the funds received by the YIDA for the



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purpose of acquiring personal protective equipment or installing fixtures necessary to prevent the spread of novel coronavirus during the period in which the state disaster emergency is in effect.

## BY SUBMITTING THIS APPLICATION

- I/We authorize the YIDA to obtain any information relating to my/our credit worthiness from any source, including a credit reporting agency, at any time during the loan application process or while any balance is outstanding.
- I/We hereby certify that the foregoing is true and complete to the best of my/our knowledge and belief.
- I have submitted the required additional documentation below.
- I acknowledge that the YIDA will rely on the representations made herein when acting on this application and hereby represent that the statements made herein do not contain any untrue statement of a material fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.
- I hereby release YIDA and the members, officers, servants, agents and employees thereof and agree that the YIDA shall not be liable for, and I agree to indemnify, defend, pay and hold the YIDA harmless from and against any and all liability arising from or expense incurred by the YIDA concerning the loan application process.
- 1. I certify that all information provided in this application is true and correct to the best of my knowledge. I further understand that any false statements or information provided in this application or directly to representatives of YIDA may result in the denial of this application or forfeiture of any funds awarded to the applicant, which YIDA reserves the right to recoup through legal proceedings and for which the applicant shall be responsible for costs and attorney's fees if judgment is awarded to YIDA.
- I acknowledge that YIDA has the sole and absolute discretion as well as the final decision-making authority with respect the granting or denial of all applications submitted to this program. Such decisions are final and not subject to challenge in any forum.

## Please upload the following documents below

### 2019 BUSINESS TAX RETURNS (OR MOST RECENT YEAR FILED ) UPLOAD HERE FOR EACH

- [Otto-Brehm-Inc.-2019-Tax-Return-Form-1120.pdf](#)

### 2019 PERSONAL TAX RETURNS (OR MOST RECENT YEAR FILED)

- [Otto-Brehm-Inc.-2019-Tax-Return-Form-11201.pdf](#)

### BUSINESS FINANCIAL STATEMENTS AS OF 12/31/19

- [Otto-Brehm-Inc.-June-30-2019-2018-Final.pdf](#)

### INCOME AND EXPENSE STATEMENTS FOR PAST 12 MONTHS

- [PL-Summary.xls](#)

### EIN VERIFICATION LETTER

- [Otto-Brehm-Corp-Docs.pdf](#)

### COPY OF DRIVER'S LICENSES OR STATE ISSUED IDENTIFICATIONS

- [Nancy-Brehm-Drivers-License.pdf](#)

Application will be deemed complete ONLY after all documentation has been provided. All approved applications will be posted on our website. You will be



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provided the opportunity to choose which information is redacted by a YIDA representative before any information is posted.