

PMA19-10035151

### CITY OF BUFFALO PROPERTY MANAGEMENT LICENSE APPLICATION

Initial Fee/Renewal Fee \$75. All license fees are non-refundable. The license expires each year on November 30<sup>th</sup>. Issuance of City of Buffalo Property Manager's License in no way pre-empts any requirements of any State or Federal rules, regulations and/or laws.

Individuals who engage in the property management of three (3) or more rental units in the City of Buffalo must obtain a Property Management License per City Ordinance Chapter 265. Property Management includes but not limited to  
• advertising or soliciting of apartments or rental units for rent • tenant review and screening • collecting and/or oversight of rental profits • conducting and/or arranging general repairs and maintenance of residential properties in Buffalo.

Corporations, LLCs, or partnerships must attach a list of ALL officers, members, and partners with contact information.

Applicant Name Nicholas Krotz	Applicant phone (716) 512-8933	
Applicant Address 25 Franklin ave Cheektawaga	State NY	Zip 14212
Business Name ABS ENTERPRISE	Business phone 716-7917754	
Business Address 2885 Sanford Ave WS, #22012 Grandville	State MI	Zip 49418

**NO YES: Answer each of the following questions.**

- A. Have you been found guilty of any crime or offense, criminal or civil?
- B. Is there a criminal or civil charge pending against you?
- C. Are there existing and/or pending City of Buffalo Housing Court proceedings against properties you own/owned and/or manage/managed in the City of Buffalo?
- D. Is there an open claim against you or your company left unsatisfied?
- E. Do you have employees?
- F. Will you be performing general repairs and maintenance of properties in the City of Buffalo?
- G. Will you be performing landscape/snow removal services?

**Attach Supporting Documentation with application**

1. Government-issued Identification Card of applicant
2. Utility bill of the applicants(s) home address
3. Police background check obtained at Buffalo Police Department Headquarters 74 Franklin St.
4. General Liability Insurance in Certificate form with 301 City Hall Buffalo NY 14202 as certificate holder
5. If you answered YES to E, submit Workers' Compensation Insurance, 301 City Hall Buffalo NY 14202 must be certificate holder. Acceptable forms of proof of Workers' Compensation Insurance: C105.2, U-26.3, SI-12, GSI-105.2. Contact your insurance carrier to obtain one of these forms.
6. If you answered NO to E, Certificate of Attestation of Exemption from NYS Workers' Compensation Coverage (CE-200). This form is obtained online at <http://www.wcb.ny.gov>.
7. If you are requesting a waiver of the City of Buffalo License fee attach copy of one the following licenses: New York State Real Broker, New York State Associate Real Estate Broker, or Real Estate Salespersons.
8. Provide a list of properties you or your company will be managing in the City of Buffalo. Include Property address, Total Number of Units per property, and Property Owner (whether owned by an individual or a corporation). Update this list with our Office each time you add or remove properties.
9. Proof of RRP Lead Based Paint Certification

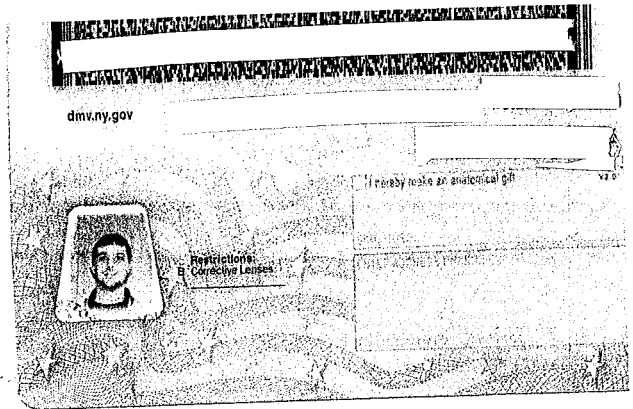
Signature: [Signature] Date 1-11-15

**NOTE: False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.**

SWORN BEFORE ME THIS  
11<sup>th</sup> Day of Jan 2018

[Signature]  
Commissioner of deeds or notary public

Mail application with fee and supporting documentation to: Office of Licenses 65 Niagara Square Room 301 Buffalo, NY 14202 For questions, please call 716.851.4078
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**Certificate of Attestation of Exemption  
from New York State Workers' Compensation and/or  
Disability and Paid Family Leave Benefits Insurance Coverage**

**\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\***

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability and paid family leave benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required. **Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.**

<p align="center"><b>In the Application of (Legal Entity Name and Address):</b></p> <p>Nicholas J Krotz 25 Franklin ave Buffalo, NY 14212-2325 PHONE: 716-512-8933 FEIN: XXXXX5903</p>	<p align="center"><b>Business Applying For: Business License</b></p> <p>From: City of buffalo</p>
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**Workers' Compensation Exemption Statement:**

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:  
The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

**Disability and Paid Family Leave Benefits Exemption Statement:**

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVERAGE** for the following reason:  
The business **MUST** be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability and paid family leave benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability and Paid Family Leave Benefits Law.)

I, Nicholas J. Krotz, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability and paid family leave benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

<b>SIGN HERE</b>	<b>Signature:</b>	<b>Date:</b> 2-21-19
<b>Exemption Certificate Number</b> <div style="font-size: 1.2em; font-weight: bold;">2019-010225</div>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Received</b>  <b>February 21, 2019</b>  <b>NYS Workers' Compensation Board</b> </div>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/24/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (888) 202-3007      FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A : Hiscox Insurance Company Inc      10200 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
<b>INSURED</b> ABS ENTERPRISE 25 Frankline Ave Cheektowaga, NY 14212		

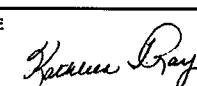
**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

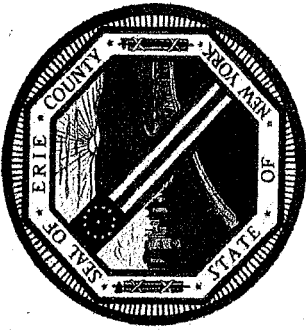
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N		UDC-2294536-CGL-18	06/25/2018	06/25/2019	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 0
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**      **CANCELLATION**

The City of Buffalo NY 301 City Hall Buffalo NY 14202	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



ERIE COUNTY  
 DEPARTMENT OF HEALTH  
 OFFICE OF  
 ENVIRONMENTAL HEALTH SERVICES  
 508 KENSINGTON AVE BUFFALO, NY 14215  
 PHONE: 716-961-6800 / FAX: 716-961-6880

*Certificate of Attendance and Successful Completion*  
 Renobator Initial—English

Nicholas J. Krotz  
 36 Garvey Avenue  
 Buffalo, NY 14220



Course Date: 1/24/2015 Certificate Expires: 1/24/2020

**R-J-19068-15-00862**



*Joseph J. Desautels*

Principal Instructor

## APPLICANT NOTIFICATION

**ALL Applications/Applicants requiring Common Council Approval *MUST* have this Notification signed by Council Personnel for the applicable District Councilmember listed below and return this Notification to the Office of Licenses prior to the application being considered for Approval.**

**THIS IS NOT AN APPROVAL NOR DOES THIS DOCUMENT INFER THAT SAID APPROVALS WILL BE GRANTED.**

License Application Address 25 Franklin Ave Buffalo, NY 14212

DELAWARE DISTRICT -	Joel P. Feroletto 1405 City Hall
ELLICOTT DISTRICT -	Darius G. Pridgen 1315 City Hall
FILLMORE DISTRICT -	David A. Franczyk 1408 City Hall
LOVEJOY DISTRICT -	Richard A. Fontana 1316-A City Hall
MASTEN DISTRICT -	Ulysees O. Wingo, Sr. 1414 City Hall
NIAGARA DISTRICT -	David A. Rivera 1504 City Hall
NORTH DISTRICT -	Joseph Golombek Jr. 1502 City Hall
SOUTH DISTRICT -	Christopher P. Scanlon 1401 City Hall
UNIVERSITY DISTRICT -	Rasheed N.C. Wyatt 1508 City Hall

  
\_\_\_\_\_  
Council Personnel

APPLICATION RELEASE FORM

TO BE MAILED TO:

Buffalo Police Department  
Identification Section  
68 Court Street  
Buffalo, New York 14202

**COPY**

BUFFALO POLICE DEPARTMENT  
IDENTIFICATION SECTION  
2019 FEB 21 AM 9:09

There is a \$10.00 fee to process this data. By mail, payment MUST be made by money order. DO NOT send cash through the mail. In person, payment can be made by money order or cash. Checks are not accepted. Make money order payable to the Buffalo Police Department.

Be sure to include a stamped, self-addressed envelope so that this information can be mailed to you. Complete all the information listed below and have your identification and signature verified by a Notary Public (or) Commissioner of Deeds, as listed on the bottom of his application. Without total compliance to these instructions, you WILL NOT receive the requested information.

ALL SIGNATURES MUST BE ORIGINAL

NAME OF APPLICANT: Nicholas Krotz MAIDEN NAME: \_\_\_\_\_  
SEX: male RACE: white  
CURRENT ADDRESS: 25 Franklin Ave, Cheektowaga, NY  
DATE OF BIRTH: 6  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
REASON FOR REQUEST: manager license

SIGNATURE OF APPLICANT: [Signature]  
DATE: 2-21-19

STATE OF NEW YORK )  
COUNTY OF ERIE ) SS.  
CITY OF BUFFALO )

On the 21<sup>st</sup> Day of February 20 19 Before me personally appeared

NICHOLAS KROTZ To me known to be the same person described in, and who Executed the foregoing instrument and acknowledged the executions thereof.

BUFFALO, NY COMMISSIONER OF DEEDS  
POLICE DEPT. In and For the City of Buffalo, NY, Erie County  
NO RECORD My Commission Expires 12/31/2021

[Signature]  
Notary Public/Commissioner of Deeds

\*\*\*\*\*TO BE COMPLETED BY IDENTIFICATION SECTION PERSONNEL \*\*\*\*\*

RECORD ATTACHED

VERIFIED BY: RTAC King  
DATE VERIFIED: 2/21/2019

NO RECORD ON FILE

NOTE: USE OF THIS INFORMATION IS NOT BASED ON FINGERPRINT IDENTIFICATION. DO NOT RETAIN AFTER 60 DAYS FROM DATE VERIFIED. NOT VALID UNTIL STAMPED.

#	List of properties owned and managed by ABS Enterprise, LLC
1	26 Parkridge Ave Buffalo, NY 14215
2	31 Floss Ave Buffalo, NY 14211
3	42 Zelmer St Buffalo, NY 14211
4	44 School St Buffalo, NY 14213
5	52 Hawley St Buffalo, NY 14213
6	54 School St Buffalo, NY 14213
7	61 Bird Ave Buffalo, NY 14213
8	70 Bickford Ave Buffalo, NY 14215
9	71 Kirkpatrick St Buffalo, NY 14215
10	72 Thatcher Ave Buffalo, NY 14215
11	81 Thompson St Buffalo, NY 14207
12	88 Harriet Ave Buffalo, NY 14215
13	96 Grote St Buffalo, NY 14207
14	100 Gorton St Buffalo, NY 14207
15	113 Carl St Buffalo, NY 14215
16	128 Wick St Buffalo, NY 14212
17	133 Tudor Rd Buffalo, NY 14215
18	134 Grote St Buffalo, NY 14207
19	144 Bush St Buffalo, NY 14207
20	144 Congress St Buffalo, NY 14213
21	145 Arkansas St Buffalo, NY 14213
22	158 Olympic Ave Buffalo, NY 14215
23	184 Congress St Buffalo, NY 14213
24	214 Rhode Island St Buffalo, NY 14213
25	240 East St Buffalo, NY 14207
26	258 Guilford St Buffalo, NY 14211
27	259 Benzinger St Buffalo, NY 14206
28	262 Breckenridge St Buffalo, NY 14213
29	283 E Delavan Ave Buffalo, NY 14208
30	377 Walden Ave Buffalo, NY 14211
31	431 Herkimer St Buffalo, NY 14213
32	440 14th St Buffalo, NY 14213
33	513 Stockbridge Ave Buffalo, NY 14215
34	782 Smith St Buffalo, NY 14206
35	861 Glenwood Ave Buffalo, NY 14211
36	863 Glenwood Ave Buffalo, NY 14211
37	888 Prospect Ave Buffalo, NY 14213
38	1029 E Lovejoy St Buffalo, NY 14206
39	1070 E Lovejoy St Buffalo, NY 14206
40	1335 West Ave Buffalo, NY 14213
41	20-30 Blackmore St Tonawanda, NY 14150
42	758 S Huth Rd Cheektowaga, NY 14225