

## LEGAL NOTICE OF PUBLIC HEARING

PLEASE TAKE NOTICE that the Town Board, Town of Poughkeepsie does hereby set **December 18, 2024 at 7:00pm** as the time date and place of a public hearing to afford all interested parties an opportunity to be heard and seek public comment, in regard to the following:

“An unhosted short-term rental at 6 Conifer Court as a principal commercial use shall be allowed only after the granting of a special use permit by the Town Board”

AND PLEASE ALSO TAKE FURTHER NOTICE that said proposed special use permit is available in full with Exhibit to preview on our website:

<https://ny-poughkeepsietown.civicplus.com/300/Public-Hearings>

Or in person @ the Town Clerk’s Office, Monday – Friday, 8AM – 4PM.

Felicia Salvatore, Town Clerk  
Town of Poughkeepsie  
December 5, 2024

**RESOLUTION 12:4 - # 8 of 2024**

WHEREAS, pursuant to the Town of Poughkeepsie's Zoning Code, Section 210-105.1(C), "An unhosted short-term rental as a principal commercial use shall be allowed only after the granting of a special use permit by the Town Board"; and

WHEREAS, John T. Ilboudo Enterprises, LLC has requested a special use permit ("SUP") to establish an unhosted short-term rental at 6 Conifer Court; and

WHEREAS, the Zoning Administrator has confirmed that the applicant has submitted the required materials and has referred the SUP application to the Town Board; and

WHEREAS, before determining whether to grant an SUP, the Town Board must conduct the procedures and apply the criteria specified in Section 210-152.1;

NOW, THEREFORE, BE IT RESOLVED, that the application of John T. Ilboudo Enterprises, LLC for an unhosted short-term rental is a Type II action for purposes of SEQRA as it involves the reuse of an existing building; and

BE IT RESOLVED, that the Town Board hereby sets a public hearing on the proposed unhosted short-term rental for December 18, 2024, at 7:00 PM, or as soon thereafter as the matter may come to be heard, in the Town Hall, One Overocker Road, Poughkeepsie, New York; and

BE IT RESOLVED, that the Town Clerk is authorized and directed to post notice of the hearing and ensure the hearing notice requirements in Section 210-151(D) are completed.

Dated: December 4<sup>th</sup> 2024

Moved: Bill Reuter

Seconded: Barbara Laird

Motion passes/ fails: Ayes 6 Nays 0

ES/mem  
t-10/21/2024  
m-11/6/2024

	AYE	NAY	ABSTAIN
<u>PRESENT/ABSENT</u> Councilman Reuter	<u>✓</u>	___	___
<u>PRESENT/ABSENT</u> Councilwoman Laird	<u>✓</u>	___	___
<u>PRESENT/ABSENT</u> Councilwoman Burger	<u>absent</u>	___	___
<u>PRESENT/ABSENT</u> Councilman Cifone	<u>✓</u>	___	___
<u>PRESENT/ABSENT</u> Councilman Sharpe	<u>✓</u>	___	___
<u>PRESENT/ABSENT</u> Councilwoman Shershin	<u>✓</u>	___	___
<u>PRESENT/ABSENT</u> Supervisor Edwards	<u>✓</u>	___	___

2.5 months



# Town of Poughkeepsie SUP - Town Board

1 Overocker Road  
Poughkeepsie, NY 12603

845-485-3657 Phone  
845-486-7885 Fax

## Town of Poughkeepsie Planning Board Combined Application Form

REQUEST FOR: (Check all that apply)

Date of Application: NOV 15, 2024

- Pre-Application Discussion
- Preliminary Subdivision Approval
- Site Plan Approval
- Land Contour Permit Approval
- Architectural Approval

- Lot Line Revision Approval
- Final Subdivision Approval
- Erosion & Sediment Control Approval
- Aquatic Resources Permit Approval
- Special Use Permit

Name of Project (if applicable): \_\_\_\_\_

Tax Map Number of all parcels: 1346896262029347140000

Street Address of all parcels: 6 Conier Ct, Poughkeepsie, NY 12603

SECTION: 6262 Block: 02 Lot: 934714-0000

Attach a copy of the current deed(s) and any easement(s) affecting the property.

Description of Proposed Activity: SHORT Rental

Name of Applicant(s): JOHN TUBAUDO

Address: 38631 Red Bud Lane, Denham Springs, LA 70706

Telephone: 225-252-4178 Email: JTUBAUDO@yahoo.com

For Office Use:

Fees Paid: \_\_\_\_\_ PB Meeting Date: \_\_\_\_\_

Escrow Paid: \_\_\_\_\_ Planning Board Appearance Fee Paid: \_\_\_\_\_

Name of Record Owner(s): JOHN ILBOUDO

Address: 6 CONIFER CT, Poughkeepsie NY 12603

Telephone: 225-252-4178 Email: JILBOUD@yakov.com

A) For All Applications:

1) Total acreage involved in application: 2.87 Acres

2) Total contiguous acreage controlled by applicant/owner: 2.87 Acres

3) Total number of existing structures: 1

4) Type of existing structures: residential

5) Total square footage of all new construction: 5250 sqft

6) Estimated value of new construction or addition: SALE Price \$1,600,000

7) Type of construction or activity proposed: (Check all that apply)

New Construction: Residential  Commercial  Institutional

Expansion/Renovation: Residential  Commercial  Institutional

Home Occupation:  Change in use:  Other:

8) Zoning District(s): \_\_\_\_\_

9) Does applicant intend to request any information waivers?  
No  Yes . If yes, please list all waivers (attach separate pages if necessary):

10) Are there agricultural and/or forestry exemptions affecting the property?  
No  Yes . If yes, please list in detail (attach separate pages if necessary):

1. Shall include lands owned by family members of the applicant, and any corporation(s), partnership(s), limited liability companies, or other entities or partnerships in which the applicant has an interest.

11) Have any area or use variances affecting the property been granted?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please list in detail (attach separate pages if necessary):

N/A

12) Have any permits affecting the property been issued by any other governmental agency?

No  Yes \_\_\_\_\_ If yes, please list in detail (attach separate pages if necessary):

13) Has any application(s) for any other permit(s) for any activity affecting the property been submitted to any other governmental agency?

No  Yes \_\_\_\_\_ If yes, please list in detail (attach separate pages if necessary):

Name and Address of Professional Engineer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A

Name and Address of Licensed Land Surveyor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Name and Address of Attorney: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

N/A

Name and Address of Biology/Wetland Consultant: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**B) For Subdivision and Lot Line Change Applications Only:**

- 1) Total number of lots proposed: \_\_\_\_\_
- 2) What is the size of the smallest lot proposed? \_\_\_\_\_
- 3) What is the size of the largest lot proposed? \_\_\_\_\_
- 4) Number of private driveways proposed: \_\_\_\_\_ *N/A*
- 5) Number of common driveways proposed: \_\_\_\_\_
- 6) Maximum number of lots serviced by a common driveway: \_\_\_\_\_
- 7) Number of private roads proposed: \_\_\_\_\_
- 8) Number of lots serviced by a private road: \_\_\_\_\_
- 9) Preliminary Plat includes \_\_\_\_\_ acres and tentatively includes \_\_\_\_\_ future lots. The amount of area shown on this Preliminary Plat proposed to be dedicated for future public use, (exclusive of roads) is \_\_\_\_\_ {define measure: acres/square feet}.
- 10) Does subdivider intend to submit a single subdivision plat for filing with County Clerk for all property in the Preliminary Plat?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If no, state the number of sections to be filed \_\_\_\_\_

**C) For Land Contour Permit; Erosion & Sediment Control; Aquatic Resources Applications:**

- 1) Does the plan involve removal or the addition of more than two (2) feet of soil anywhere on the property? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, provide details and a map showing the proposed grading.
- 2) How many cubic yards of material will be moved? \_\_\_\_\_
- 3) Describe how was the amount of material to be moved calculated? Attach additional sheets as necessary.  
\_\_\_\_\_
- 4) Will the activity involve the clearing, grading or disturbance to one acre or more of land?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, provide details and a map showing the proposed grading.
- 5) Describe how the amount of land to be cleared, graded or disturbed was determined? Attach additional sheets as necessary.  
\_\_\_\_\_ *W/R*

**D) For Aquatic Resource Permit Applications:**

- 1) The date the wetland delineation was performed is: \_\_\_\_\_

- 2) The delineation was performed by: N/A
- 3) The site contains a federal jurisdictional wetland: Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, provide a copy of any applications and correspondence with the USACOE.
- 4) The site contains a state protected freshwater wetland: Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, provide a copy of any applications and correspondence with the NYSDEC.
- 5) The areal extent of proposed disturbance to the wetland is: \_\_\_\_\_
- 6) The areal extent of proposed disturbance to the wetland buffer area is: \_\_\_\_\_

**E) For Special Use Permit Applications (except accessory apartment):**

Provide a description of the proposed activity with regard to the following standards. (Attach additional pages as necessary):

- 1) That there would not be any detrimental effect by the establishment of such use on other uses within the district.
- \_\_\_\_\_
- 2) That such use will be in harmony with the orderly development of the district and the location, nature and height of buildings, walls, fences and parking areas will not discourage the appropriate development and use of adjacent lands.
- \_\_\_\_\_ N/A \_\_\_\_\_
- 3) That all structures, equipment and materials shall be reasonably accessible for fire and police protection.
- \_\_\_\_\_ N/A \_\_\_\_\_
- 4) That the use meets the prescribed requirements for the district in which located, including minimum yard requirements for the district in which located or as further specified in this section and including maximum height, required off-street parking and sign regulations.
- \_\_\_\_\_ N/A \_\_\_\_\_
- 5) Noise. The maximum noise level at the property line applicable to the use involved shall not exceed the maximum established under Chapter 139 of the Town Code.
- \_\_\_\_\_ N/A \_\_\_\_\_
- 6) Discharge of water. No polluting or objectionable waste shall be discharged into any stream or other natural drainage channel or upon the land that will in any way interfere with the quality, operation or continuation of these natural systems or contribute to their despoliation.

NA

- 7) Traffic access. All proposed traffic access ways shall be adequate but not excessive in number; adequate in width, grade and alignment and visibility; shall be sufficiently separated from street intersections and other places of public assembly; and shall meet other similar safety considerations.

NA

- 8) Parking. Adequate off-street parking and loading spaces shall be provided in accordance with the off-street parking and loading requirements of this Chapter. Shared parking is encouraged where the peak parking demands of different uses occur at various times of the day. Use of a widely accepted means of projecting demand for shared use, such as the Urban Land Institute's Shared Parking report may be employed to demonstrate shared parking effects.

NA

- 9) Circulation. The interior circulation system shall be adequate to provide safe accessibility to all required off-street parking, and to provide for the convenience and safety of vehicular, pedestrian, and bicycle movement within the site and in relation to adjacent areas or roads.

NA

- 10) Landscaping and screening. All parking and service areas shall be reasonably screened during all seasons of the year from the view of adjacent residential lots and streets and the general landscaping of the site should be in character with that generally prevailing in the neighborhood. Existing trees twelve (12) inches or more in diameter at breast height (dbh) should be preserved to the maximum extent practical.

NA

- 11) Character and appearance. The character and appearance of the proposed use, buildings, structures, outdoor signs, and lighting shall be in general harmony with the character and appearance of the surrounding neighborhood, and shall not adversely affect the general welfare of the inhabitants of the Town.

NA

- 12) Historic and natural resources. The proposed use shall be designed and should be carried out in a manner that minimizes impacts to protect historic and natural environmental features on the site under review and in adjacent areas.

13) Sewage Treatment and Water Supply. The adequacy of available sewage disposal and water supply services supporting the proposed activity or use shall be sufficient to meet the needs of the proposed activity or use. This consideration should be given to both including, but not be limited to, the suitability of water supply and sanitary sewage facilities to accommodate the intended use, and the adequacy of measures to protect surface and groundwater from pollution.

N/A

14) Size and scale. The location and size of the proposed use, the nature and intensity of operations involved in or conducted in connection therewith, and the size of the site in relation to the use, its site layout and its relation to existing and future access streets should be such that both pedestrian and vehicular traffic to and from the use and the assembly of persons in connection therewith will not be hazardous or inconvenient to, or incongruous with, or conflict with the normal traffic of the neighborhood.

N/A

15) The location and height of buildings; the location, nature and height of walls and fences; and the nature and extent of landscaping on the site shall be such that the use will not hinder or discourage the appropriate development and use of adjacent land and buildings or impair the value thereof.

**Parts Included With This Application:**

- 1. Part "A" – Owner Affidavit: \_\_\_\_\_
- 2. Part "B" – Applicant / Agent Affidavit: \_\_\_\_\_
- 3. Part "C" – Licensed Professional Affidavit: \_\_\_\_\_
- 4. Part "D" – Disclosure of Business Interest: \_\_\_\_\_
- 5. Part "E" – Agricultural Data Statement: \_\_\_\_\_
- 6. Part "F" – Site Plan Application Checklist: \_\_\_\_\_
- 7. Part "G" – Subdivision Pre-Application Submission Checklist: \_\_\_\_\_
- 8. Part "H" – Minor Subdivision Application Checklist: \_\_\_\_\_
- 9. Part "I" – Major Preliminary Subdivision Application Checklist: \_\_\_\_\_
- 10. Part "J" – Major Final Subdivision Application Checklist: \_\_\_\_\_
- 11. Part "K" – Land Contour Permit Application Checklist: \_\_\_\_\_

N/A

12. Part "L" - Aquatic Resource Protection Permit Application Checklist: \_\_\_\_\_

13. Part "M" - Erosion and Sediment Control Permit Checklist \_\_\_\_\_

14. Part "N" - Floodplain Development Permit Checklist \_\_\_\_\_

15. Part "O" - Acknowledgment of Required Certifications \_\_\_\_\_

16. Part "P" - Coastal Assessment Form \_\_\_\_\_

*N/S*

By His/Her signature the Applicant avows that: 1) He/She has read this application and is familiar with its content; and 2) He/She has read, is familiar with, and understands the requirements of the Town Poughkeepsie Code provision(s) affecting or regulating the project for which this application is made; and 3) He/She agrees to comply with the requirements of the Town Poughkeepsie Code provision(s) affecting or regulating the project for which this application is made including any general or special conditions of any permits or approvals granted by any board, agency, or department of the Town of Poughkeepsie; and 4) He/She has read this statement and understands its meaning and its terms.

Applicant Signature:  \_\_\_\_\_

Print Name: JOHN ILBOUDO

Date: NOV 15, 2024



# Town of Poughkeepsie

1 Overocker Road  
Poughkeepsie, NY 12603

845-485-3600 Phone  
845-485-8583 Fax

## Short Term Rental Affidavit

A Short Term Rental Permit will be issued upon receipt of complete application, application fee and Annual License fee. A fully approved License will be issued following review by the Zoning Enforcement Officer, and inspection of the licensed property by the Code Enforcement Officer or a Code Certified professional retained by the applicant.

Upon receipt of a Short Term Rental License, the license number must be made a part of the heading on each platform (Airbnb, Vrbo etc.)

Any change in the name of person(s) holding interest in STR or their contact information shall be provided to the Town within ten (10) days of such change. All persons holding an ownership interest in an entity shall be responsible to comply with the provisions of this local law and the Good Neighbor Flyer and each shall be liable for any violation thereof.

I/we JOHN T IBOUDO, the above-named applicant(s), hereby attest I/we have read the Town of Poughkeepsie STR Law and that the information provided on this application is true to the best of my/our knowledge and belief and that the STR is safe and habitable and, to my/our knowledge, complies with the State Building Code, Fire Prevention Code and Uniform Code.

Signature: [Signature] Date: 11/4/2024

This statement does not supersede the Code Enforcement Officer's authority to inspect STR's and enforce applicable laws, rules and regulations. False statements made on this application are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

### Acknowledgment of Individual

State of Louisiana ~~New York~~ County of Livingston ~~Dutchess~~  
On the 4 day of November in the year 2024 before me, the undersigned, personally appeared JOHN T IBOUDO, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

David Anthony Dominique  
NOTARY PUBLIC

DAVID ANTHONY DOMINIQUE  
NOTARY PUBLIC  
BAR ROLL # 36129  
STATE OF LOUISIANA  
My commission is for Life

Needs fire insp  
Proof of residency or TB approval  
10 adults max



# Town of Poughkeepsie

1 Overocker Road  
Poughkeepsie, NY 12603

845-485-3600 Phone  
845-485-8583 Fax

## APPLICATION FOR SHORT TERM RENTAL PERMIT

Property Owner: JOHN T ILBOUDO

If Owner is other than a natural person, a responsible individual: \_\_\_\_\_

Owner Type:

Hosted (Primary Residence Board Approval)  Unhosted (Primary Residence)  Unhosted Commercial (requires Town)

Parcel number: 13468962602934714<sup>0000</sup> Number of Bedrooms: 5 Zoning District: R4A

Property Location: 6 CONIFER CT, POUGHKEEPSIE, NY 12603

Owner Mailing Address: 38631 Red Bud Lane  
Denham Springs, LA 70706

Contact Phone Numbers: 225-252-4178

Email: JILBOUD@YAHOO.COM

Property Manager: Theresa Schoonmaker

Local Address: 211 Fishkill Ave Beacon NY 12508

Contact Phone Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

### Office Use Only

Date Received: 11/14/24 Received By: [Signature] Application Fee Received:  yes  no

Money order

Application Complete:  yes  no Documentation Needed: Affidavit

Date Received: \_\_\_\_\_

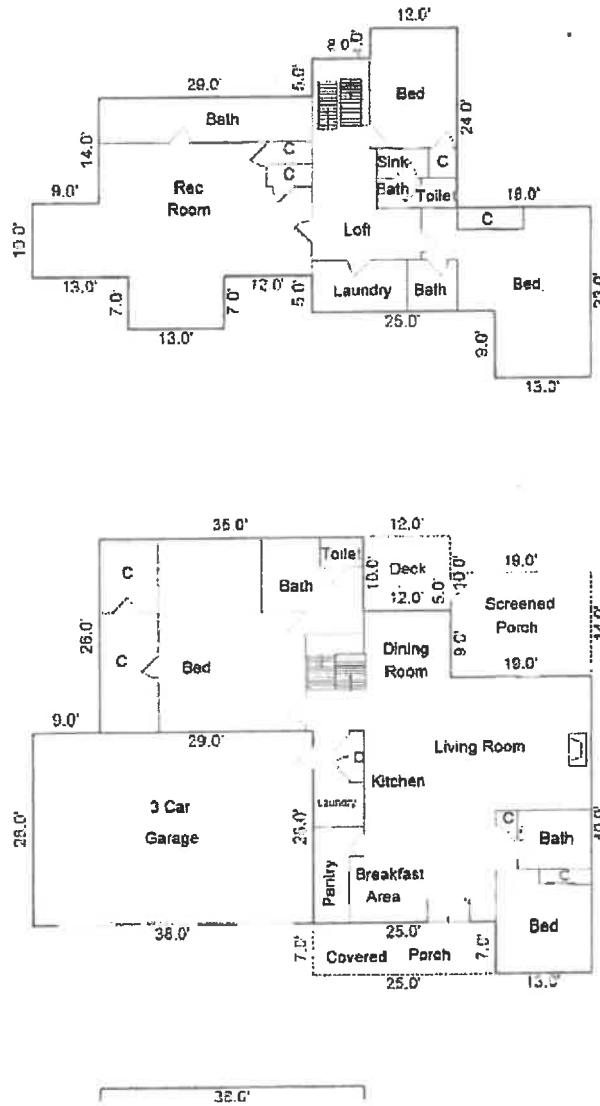
Owner Type:  Hosted  Unhosted  Unhosted Commercial Use & Received TB approval. Req TB approval.

Annual Permit Fee: 1333.33 Sept-Dec 31st Annual Permit Fee Received: 4000 for 2025

Permit Number: \_\_\_\_\_ Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

# FLOORPLAN SKETCH

Borrower: John Ilboudo	File No.: V308012A
Property Address: 6 Conifer Court	Case No.:
City: Poughkeepsie	State: NY
Lender: Mid Hudson Valley Federal Credit Union	Zip: 12603



FOR COUNTY USE ONLY

C1. SWIS Code \_\_\_\_\_  
 C2. Date Deed Recorded \_\_\_\_\_  
Month / Day / Year  
 C3. Book \_\_\_\_\_ C4. Page \_\_\_\_\_



New York State Department of  
**Taxation and Finance**

Office of Real Property Tax Services

**RP- 5217-PDF**

Real Property Transfer Report (8/10)

**PROPERTY INFORMATION**

1. Property Location 6 Conifer Court  
\* STREET NUMBER \* STREET NAME  
Poughkeepsie NY 12603  
\* CITY OR TOWN VILLAGE \* ZIP CODE

2. Buyer Name John T. Ilboudo Enterprises LLC  
\* LAST NAME/COMPANY FIRST NAME  
 \_\_\_\_\_  
LAST NAME/COMPANY FIRST NAME

3. Tax Billing Address Indicate where future Tax Bills are to be sent if other than buyer address(at bottom of form)  
LAST NAME/COMPANY FIRST NAME  
 \_\_\_\_\_  
STREET NUMBER AND NAME CITY OR TOWN STATE ZIP CODE

4. Indicate the number of Assessment Roll parcels transferred on the deed \_\_\_\_\_ # of Parcels OR  Part of a Parcel (Only If Part of a Parcel) Check as they apply:  
 4A. Planning Board with Subdivision Authority Exists   
 4B. Subdivision Approval was Required for Transfer   
 4C. Parcel Approved for Subdivision with Map Provided

5. Deed Property Size \_\_\_\_\_ X \_\_\_\_\_ OR 2.87  
\* FRONT FEET \* DEPTH \* ACRES  
 6. Seller Name Lund Michael  
\* LAST NAME/COMPANY FIRST NAME  
 \_\_\_\_\_  
LAST NAME/COMPANY FIRST NAME

\*7. Select the description which most accurately describes the use of the property at the time of sale:  
 A. One Family Residential \_\_\_\_\_  
 Check the boxes below as they apply:  
 8. Ownership Type is Condominium   
 9. New Construction on a Vacant Land   
 10A. Property Located within an Agricultural District   
 10B. Buyer received a disclosure notice indicating that the property is in an Agricultural District

**SALE INFORMATION**

11. Sale Contract Date 07/26/2023  
 \* 12. Date of Sale/Transfer 09/08/2023  
 \*13. Full Sale Price 1,600,000.00

15. Check one or more of these conditions as applicable to transfer:  
 A. Sale Between Relatives or Former Relatives  
 B. Sale between Related Companies or Partners in Business.  
 C. One of the Buyers is also a Seller  
 D. Buyer or Seller is Government Agency or Lending Institution  
 E. Deed Type not Warranty or Bargain and Sale (Specify Below)  
 F. Sale of Fractional or Less than Fee Interest (Specify Below)  
 G. Significant Change in Property Between Taxable Status and Sale Dates  
 H. Sale of Business is Included in Sale Price

Borrower: John Iboudo

File No.: V308012A

Property Address: 6 Conifer Court

Case No.:

City: Poughkeepsie

State: NY

Zip: 12603

Lender: Mid Hudson Valley Federal Credit Union

UNIQUE ID NUMBER

45000002568

State of New York  
Department of State

**DIVISION OF LICENSING SERVICES**

PURSUANT TO THE PROVISIONS OF ARTICLE 6E OF THE  
EXECUTIVE LAW AS IT RELATED TO R.E. APPRAISERS.

WALSH TERENCE M  
C/O WALSH VALUATIONS INC  
8 EAGLE LAKE  
POUGHKEEPSIE, NY 12601

FOR OFFICE USE ONLY

Control  
No.

1547924

EFFECTIVE DATE

02 | 11 | 22

EXPIRATION DATE

02 | 10 | 24

**BARGAIN AND SALE DEED WITH COVENANT AGAINST GRANTOR'S  
ACTS (INDIVIDUAL OR CORPORATION)**

**STANDARD NYBTU FORM 8007**

CAUTION: THIS AGREEMENT SHOULD BE PREPARED BY AN ATTORNEY AND REVIEWED BY ATTORNEYS FOR SELLER AND PURCHASER BEFORE SIGNING.

*THIS INDENTURE*, made the 8<sup>th</sup> day of September, 2023

**Between**

**Michael Lund**

**46 Vassar Road, Poughkeepsie, NY 12603**

*party of the first part,*

and

**John T. Iboudo Enterprises LLC**

**38631 Red Bud Lane, Denham Springs, LA 70706**

*party of the second part,*

*WITNESSETH*, that the party of the first part, in consideration of One and 00/100 (\$1.00) Dollar, lawful money of the United States, paid by the party of the second part, does hereby grant and release unto the party of the second part, the heirs or successors and assigns of the party of the second part forever,

**SEE SCHEDULE "A" ATTACHED**

*BEING* the same premises conveyed to Grantor by Deed from County of Dutchess dated December 13, 2017 and recorded January 17, 2018 at Document No. 02-2018-361 in the Dutchess County Clerk's Office,

This property contains states regulated freshwater wetland and/or regulated 100 foot adjacent area. For as long as any portion of the properties described in this deed is subject to regulation under Article 24(the freshwater wetlands act) of the environmental conservation law (ECL) of the State of New York, there shall be no construction, grading, filling excavating, clearing or other regulated activity as defined by Article 24 of the ECL on this property within the wetland area or 100 foot adjacent areas as shown on the final subdivision plat at any time without having first secured the necessary permission and permit required pursuant to the above noted Article 24 from the NYS Department of Environmental Conservation (DEC). This restriction shall bind the grantees, their successors and assigns, and shall be expressly set for in any subsequent deeds to this property.

*TOGETHER* with all right, title and interest, if any, of the party of the first part in and to any streets and roads abutting the above described premises to the center lines thereof,

*TOGETHER* with the appurtenances and all the estate and rights of the party of the first part in and to said premises,

*SUBJECT TO* any state of facts a personal inspection or accurate survey may disclose,

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Profit or Loss From Business**

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.  
Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. 09

Name of proprietor

Social security number (SSN)

**JOHN ILBOUDO**

**605-56-5056**

**A** Principal business or profession, including product or service (see instructions)

**B** Enter code from instructions

**SHORT TERM RENTAL**

**531310**

**C** Business name. If no separate business name, leave blank.

**D** Employer ID number (EIN) (see Instr.)

**6 CONIFER COURT; AIRBNB**

**E** Business address (including suite or room no.) 6 CONIFER COURT  
City, town or post office, state, and ZIP code POUGHKEEPSIE, NY 12603

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) \_\_\_\_\_

**G** Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses  Yes  No

**H** If you started or acquired this business during 2023, check here  Yes  No

**I** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions  Yes  No

**J** If "Yes," did you or will you file required Form(s) 1099?  Yes  No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	<b>1</b>
<b>2</b> Returns and allowances	<b>2</b>
<b>3</b> Subtract line 2 from line 1	<b>3</b>
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>

**Part II Expenses. Enter expenses for business use of your home only on line 30.**

<b>8</b> Advertising	<b>8</b>	<b>18</b> Office expense	<b>18</b>
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>
<b>10</b> Commissions and fees	<b>10</b>	<b>20</b> Rent or lease (see instructions):	
<b>11</b> Contract labor (see instructions)	<b>11</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>
<b>12</b> Depletion	<b>12</b>	<b>b</b> Other business property	<b>20b</b>
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b> <b>7,292.</b>	<b>21</b> Repairs and maintenance	<b>21</b>
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>	<b>22</b> Supplies (not included in Part III)	<b>22</b>
<b>15</b> Insurance (other than health)	<b>15</b>	<b>23</b> Taxes and licenses	<b>23</b> <b>9,961.</b>
<b>16</b> Interest (see instructions):		<b>24</b> Travel and meals:	
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b> <b>11,627.</b>	<b>a</b> Travel	<b>24a</b>
<b>b</b> Other	<b>16b</b>	<b>b</b> Deductible meals (see instructions)	<b>24b</b>
<b>17</b> Legal and professional services	<b>17</b>	<b>25</b> Utilities	<b>25</b>
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b		<b>26</b> Wages (less employment credits)	<b>26</b>
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7		<b>27 a</b> Other expenses (from line 48)	<b>27a</b>
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		<b>27 b</b> Energy efficient commercial bldgs deduction (attach Form 7205)	<b>27b</b>
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.		<b>28</b> <b>28,880.</b>	<b>28</b> <b>28,880.</b>
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.		<b>29</b> <b>-28,880.</b>	<b>29</b> <b>-28,880.</b>
		<b>30</b>	<b>30</b>
		<b>31</b> <b>-28,880.</b>	<b>31</b> <b>-28,880.</b>

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.  
LHA 320001 10-25-23

Schedule C (Form 1040) 2023

2023 DEPRECIATION AND AMORTIZATION REPORT

6 CONIFER COURT, AIRBNB

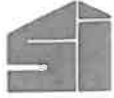
SCHEDULE C-2

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
	BUILDINGS															
39	6 CONIFER COURT; BLDG	09/01/23	SL	39.00		MM1911	975,000.				975,000.			7,292.	7,292.	
	* SCH C TOTAL BUILDINGS						975,000.				975,000.			7,292.	7,292.	
	LAND															
40	6 CONIFER COURT; LAND		L				325,000.				325,000.			0.	0.	
	* SCH C TOTAL LAND						325,000.				325,000.			0.	0.	
	* GRAND TOTAL SCH C DEPRECIATION						1,300,000.				1,300,000.			7,292.	7,292.	
	CURRENT YEAR ACTIVITY															
	BEGINNING BALANCE						0.		0.	0.	0.	0.			0.	
	ACQUISITIONS						1,300,000.		0.	0.	1,300,000.	0.			7,292.	
	DISPOSITIONS/RETIRED						0.		0.	0.	0.	0.			0.	
	ENDING BALANCE						1,300,000.		0.	0.	1,300,000.	0.			7,292.	

328111 04-01-23

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



# Sterling Insurance Company

182 Barnerville Road, P.O. Box 9, Cobleskill NY 12043

## Landlords Package Policy

Renewal Offer Declaration

Original Effective Date:

09/08/2023

Declaration Effective Date:

09/08/2024

### POLICY NUMBER

LP23060072

### POLICY PERIOD

FROM 09/08/2024 TO 09/08/2025 12:01 AM EASTERN STANDARD TIME

### NAMED INSURED AND ADDRESS:

JOHN T ILBOUDO ENTERPRISES LLC  
38631 RED BUD LN  
DENHAM SPRINGS, LA 70706

AGENCY: 713-581

PHONE: (845) 454-0800

MARSHALL & STERLING, INC.  
110 MAIN STREET  
POUGHKEEPSIE, NY 12601

THIS REPLACES ALL PREVIOUSLY ISSUED POLICY DECLARATIONS, IF ANY. THIS POLICY APPLIES ONLY TO ACCIDENTS, OCCURRENCES, OR LOSSES WHICH HAPPEN DURING THE POLICY PERIOD SHOWN ABOVE. THIS DECLARATION DOES NOT SUPERSEDE ANY CANCELLATION NOTICES.

### PREMIUM SUMMARY

Your total policy premium of **\$4,312.00** breaks down as follows:

Basic Premium**	\$4,549.00	Total Discounts	\$0.00
Endorsement Premium	(\$237.00)	NYS Fire Fee	\$0.00

\*\* Basic Premium above includes \$1,262.00 in surcharges and (\$512.00) in credits

### POLICY CHARGES & CREDITS SUMMARY

(amounts in this section are already reflected in the coverage premiums below where applicable)

10% Renovated Credit  
40% Seasonal Charge

**INSURED PROPERTY ADDRESS - LOCATION 1**  
6 CONIFER CT POUGHKEEPSIE, NY 12603

### LIABILITY LIMITS - LOCATION 1

The Liability Limits in this section are shared by all items at this location where coverage is indicated

COVERAGE	EACH OCCURRENCE	AGGREGATE
Coverage L - Bodily Injury & Property Damage	\$1,000,000 EACH PERSON	\$2,000,000 EACH ACCIDENT
Coverage M - Premises Medical Pay	\$5,000	\$50,000

### COVERAGES - LANDLORDS PACKAGE ITEM 1 - LOC 1 - BLDG 1

COVERAGE	LIMIT	PREMIUM
Coverage A - Residence	\$1,398,000	\$4,285.00
Coverage B - Related Private Structures On The Premises	\$139,800	
Coverage C - Personal Property	\$25,000	\$134.00
Coverage D - Additional Living Expense or Loss of Rents	\$139,800	
Coverage L - Bodily Injury & Property Damage	see LOC 1 Liab section above	\$97.00
Coverage M - Premises Medical Pay	see LOC 1 Liab section above	\$33.00

### FORMS AND ENDORSEMENTS - LANDLORDS PACKAGE ITEM 1 - LOC 1 - BLDG 1

FORM	DATE	DESCRIPTION	LIMIT	PREMIUM
FL-130	03/02	Landlord's Contents		
FL-19	04/94	Amended Limits of Liability		
FL-3	01/92	Causes of Loss		
FL-342	04/16	Underground Utility Line Endorsement		\$40.00
FL-72	07/08	Added Water Damages Coverage	\$5,000	\$21.00
FL-OLT	01/92	Premises Liability Ins. Coverage Part		
ML-216	06/99	Premises Alarm or Fire Protection System		(\$442.00)
		<b>Central Station Burglary - 10%: Yes</b>		

NY STAT-1	11/08	NY Statutory Endorsement		\$60.00
SFL-151	02/19	Landlord Enhanced Plus Coverage		\$15.00
SFL-345	04/13	Equipment Breakdown Enhancement Endorsement		\$25.00
SFL-360	03/16	Ordinance or Law Coverage	\$15,000	\$25.00
SFL-46A	03/16	Personal Injury Coverage	\$500,000/\$1,000,000	\$44.00

**LANDLORDS PACKAGE ITEM 1 - LOC 1 - BLDG 1**

Program	<b>Landlords Package</b>	Form	<b>FL-3</b>
Vandalism	<b>Yes</b>	ACV/RC	<b>Residence Replacement Cost</b>
Construction	<b>Frame</b>	Deductible	<b>2,500</b>
Fire Protection	<b>Protected</b>	In the Town Of	<b>POUGHKEEPSIE</b>
Number Families	<b>1 Family</b>	Occupancy	<b>Seasonal/Short Term Rental</b>
Year Built	<b>2020</b>	Prudent Protection	<b>No</b>
100 amp electrical service controlled by circuit breakers	<b>Yes</b>	Heating System installed within 30 years	<b>Yes</b>

**CHARGES & CREDITS - LANDLORDS PACKAGE ITEM 1 - LOC 1 - BLDG 1**  
(amounts in this section are already reflected in the coverage premiums above)

10% Renovated Credit  
40% Seasonal Charge

**POLICY FORMS AND ENDORSEMENTS**

FORM	DATE	DESCRIPTION	LIMIT	PREMIUM
FL-18	06/96	Intentional Acts Exclusion		
FL-185	12/05	Automatic Inflation Protection		
FL-20	01/92	Agreement		
FL-30	05/92	Amendatory Endorsement		
FL-425	04/10	New York Policy Conditions Amendatory Endorsement		
FL-73	05/10	Earth Movement Exclusion Clarification		
FL-83	02/02	Amendment of Policy Conditions		
FL-84A	04/94	New York Amendatory Endorsement		
FMD-1	08/08	Important Flood Exclusion Notice		
ML-217	09/99	Intentional Acts Clarification		
ML-430B	02/08	Renewal Endorsement		
ML-60	06/99	Modification of Terminology		
NSC	01/91	Notice to Senior Citizens		
SIC-TERR-D	01/15	Notice of Terrorism Insurance Coverage Disclosure		\$0.00
TERR-COV	01/15	Notice of Terrorism Insurance Coverage		\$0.00

**MORTGAGEES**

**MORTGAGEE 1**  
FOR LOC 1 - BLDG 1  
MID HUDSON VALLEY FEDERAL  
CREDIT UNION ISAOA  
1099 MORTON BLVD  
KINGSTON, NY 12401



## **IMPORTANT FLOOD INSURANCE NOTICE**

**FMD-1  
Ed. 8/08**

Your homeowners or dwelling policy does NOT provide coverage for loss caused by flood or mudslide, which is defined in part, by the National Flood Insurance Program as:

A general and temporary condition of partial or complete inundation of normally dry land areas from overflow of inland or tidal waters or from the unusual and rapid accumulation or runoff of surface waters from any source.

If you are required by your mortgage lender to have flood insurance on your property, or if you feel that your property is susceptible to flood damage, insurance covering damage from flood is available on most buildings and contents in participating communities through the National Flood Insurance Program.

Information about flood insurance and whether your community participates in the program can be obtained from your insurance company, from your insurance agent/broker, or directly from the National Flood Insurance Program by calling 1-800-638-6620 or via their website at <http://www.floodsmart.gov>.

**FMD-1**

**Ed. 8/08**



## RENEWAL ENDORSEMENT

Refer to Supplemental Declarations if information is not shown on this form.

*We* provide coverage under this endorsement subject to the *terms* contained in the General Policy Provisions.

This policy may be continued by payment of the required premium for the next policy period. The premium must be paid to *us* as specified in the premium notice.

If any of the forms attached to *your* policy are revised, *we* will enclose a copy of that revision with *your* renewal policy.

If *we* adopt any revision of forms or endorsements during a policy period which would broaden coverage under this policy without additional premium, *your* policy will be liberalized to include that broadened coverage.

**THIS CONTINUATION CERTIFICATE IS CONDITIONED ON PAYMENT OF THE REQUIRED PREMIUM FOR THE NEXT POLICY PERIOD. THIS IS AN IMPORTANT INSURANCE DOCUMENT AND IT SHOULD BE RETAINED WITH YOUR POLICY.**

**PLEASE REFER TO YOUR POLICY FOR A COMPLETE DESCRIPTION OF YOUR COVERAGES AND FORMS. PLEASE CONTACT YOUR AGENT FOR ASSISTANCE. THANK YOU.**



## **Notice to Senior Citizen Insureds**

New York Insurance Law provides that Senior Citizen Insureds may designate a third party to whom we shall submit Notices of Cancellation, Nonrenewal, or Conditional Renewal.

If you are a Senior Citizen Insured (age 65 or older) and a New York resident, you may elect to designate a third party to whom we will transmit copies of such notices.

In the event you wish to designate a third party for this purpose, you must notify us by certified mail, return receipt requested, that a third party has been designated. Such notice to us must contain, in writing, an acceptance by the third party designee; such designee shall provide written notice to us and to the senior citizen insured.

If you are a Senior Citizen Insured and need assistance or additional information regarding this subject, you may contact your agent, or you may write to the company at the Home Office, Bamerville Road, Cobleskill, New York 12043.

## **POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015 (the Act), you have insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from certified acts of terrorism, such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020; of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the federal government under the Act.

You should also know that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

Any coverage provided by your policy in compliance with the Act is limited by the terms, conditions, limits, exclusions and other provisions of your policy.

No terrorism exclusion or limitation is permitted to the extent that coverage is otherwise required by law. Accordingly, no such exclusion or limitation is permissible for coverage with respect to the peril of fire that is subject to New York Insurance Law Section 3404 or for workers’ compensation insurance. An insured cannot voluntarily waive this statutorily mandated coverage.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0.00.



## NOTICE OF TERRORISM INSURANCE COVERAGE

Refer to Supplemental Declarations if information is not shown on this form.

The portion of *your* annual premium that is attributable to coverage for acts of terrorism is \$ 0.00 .

Coverage for *acts of terrorism* is included in *your* policy. The term *act of terrorism* as defined in Section 102(1) of the Terrorism Risk Insurance Act, as amended in 2015 (the Act), means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an *act of terrorism*; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

To the extent coverage for such certified *acts of terrorism* is provided by *your* policy, any losses resulting from certified *acts of terrorism* may be partially reimbursed by the United States Government under a formula established by the Act. Under the formula, the United States Government reimburses the following percentage of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage: 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020.

The Act contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified *acts of terrorism* when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, *your* coverage may be reduced. As such, if aggregate insured losses resulting from certified *acts of terrorism* exceed \$100 billion dollars in any one calendar year beginning January 1 and ending December 31, the Treasury will not pay for any portion of the amount of those losses that exceed the \$100 billion cap.

Should the Secretary of the Treasury make a determination that the aggregate amount of loss from certified *acts of terrorism* has exceeded the \$100 billion cap in a calendar year beginning January 1 and ending December 31, and *we* have met our insurer deductible under the Act, then *we* will not pay for any portion of loss resulting from a certified *act of terrorism* that exceeds \$100 billion. Should the loss resulting from certified *acts of terrorism* exceed \$100 billion in any one calendar year beginning January 1 and ending December 31, any covered losses up to \$100 billion are subject to pro rata allocation according to procedures established by the Secretary of the Treasury under the Act.

Any coverage provided by *your* policy in compliance with the Act is limited by the *terms*, conditions, limits, exclusions and other provisions of *your* policy. The *terms* of this coverage are not intended to provide coverage for any loss or damage that would be otherwise excluded under this policy by any other exclusion(s) that address war, military action or nuclear hazards.

No terrorism exclusion or limitation is permitted to the extent that coverage is otherwise required by law. Accordingly, no such exclusion or limitation is permissible for coverage with respect to the peril of fire that is subject to New York Insurance Law Section 3404 or for workers' compensation insurance. An *insured* cannot voluntarily waive this statutorily mandated coverage.

All other *terms* and conditions remain unchanged.

# **Sterling Insurance Company**

## **PRIVACY NOTICE**

### ***Your Privacy Is Our Concern***

Sterling Insurance Company has been providing quality insurance products since 1895 and we consider it a privilege to be able to assist you with your insurance needs. We also recognize that with this privilege comes responsibility – a responsibility to protect your personal privacy. We take this responsibility very seriously. This Privacy Notice is provided for information purposes only, you need not respond to this notice. If you have any questions or comments, however, you may write to: Privacy Officer, Sterling Insurance Company, PO Box 9, Cobleskill, NY 12043.

- **TYPES OF INFORMATION COLLECTED AND FROM WHOM**

We collect nonpublic personal information about you and claimants under our insurance policies from a multitude of sources in order to facilitate the quoting and providing of insurance coverage, servicing accounts, billing, claims handling, preventing fraud, regulatory compliance, administering benefits etc. as permitted by law. Most of the information collected, (such as name, address, date of birth, social security number, driver information and coverage information) comes directly from you by way of insurance applications, verbal communications and transaction information such as billing and claims records. Depending upon the nature of the relationship, and when legally permitted, we may gather information from outside sources such as motor vehicle records, loss information reports, consumer reporting agencies, court records, physical inspections of your property, our affiliated companies, automobile dealers, attorneys, treating physicians, public records, lenders, the US Postal Service, claims adjusters, law enforcement agencies and your agent or broker.

- **SHARING INFORMATION GATHERED**

We do not disclose personal information regarding customers or consumers to anyone except as necessary for conducting business or as permitted by law. We do not sell information.

- **SECURITY POLICIES AND PROCEDURES**

All employees are restricted from accessing nonpublic personal information about customers and consumers except when they need to know information to provide services. The company maintains physical, electronic and procedural safeguards that comply with federal and state regulations to guard personal information.

- **SUMMARY**

Your privacy is important to us. We do not, have not, nor intend to sell private information about you to others. We value our relationship and will endeavor to earn your trust every day.



**New York State Department of Taxation and Finance**

Office of Processing and Taxpayer Services  
W A Harriman Campus  
Albany NY 12227

**LLC/LLP Request for Information**

**Date:** 7/19/2023

**Taxpayer ID:** TF5080293

JOHN T. ILBOUDO ENTERPRISES LLC  
38631 RED BUD LANE  
DENHAM SPRINGS LA 70706

We have received information that the above business has registered as or converted to a limited liability company (LLC) or a limited liability partnership (LLP). We have assigned a **TF number**, which appears above, as your temporary identification number. Complete and return this form within **15 days** to the address shown at the end of this form so we may update your account information.

You can get important information about the filing requirements for New York State by downloading Publication 16, *New York Tax Status of Limited Liability Companies and Limited Liability Partnerships*.

**Part 1 — New address information (update address information here)**

Business mailing address (c/o, if applicable) <b>38631 Red Bud Lane</b>	Business physical address
City State ZIP code <b>Denham Springs LA 70706</b>	City State ZIP code
Business telephone number <b>225-252-4178</b>	Business telephone number

**Part 2 — Federal tax election**

Indicate how the LLC/LLP will be treated for federal tax purposes: \*

- Sole proprietor
  Corporation
  Partnership
  Other (explain): \_\_\_\_\_

Are you a single member?  Yes  No

**Part 3 — Federal employer identification number (EIN)**

Enter the federal employer identification number (EIN) assigned to the LLC/LLP. If you have applied for one but have not received it yet, enter **Applied for**. If this EIN was used by any other entity, please explain below.

**932402678**

If you are a sole proprietor and do not have an EIN, you must use the temporary TF number assigned for New York State tax purposes. Do not use a social security number.

Check here if the LLC is a single-member LLC that is disregarded as an entity separate from its owners for federal and New York State tax purposes. The disregarded entity should obtain a federal EIN.

Owner's legal name and EIN **JOHN T. ILBOUDO 932402678**

<b>IN PERSON PAYMENT</b>	Town Hall Tax Office 1 Overrocker Rd Poughkeepsie, NY 12603 Mon - Fri 8:30am to 4:00pm Put phone # on check
	<b>MAKE CHECKS PAYABLE TO:</b> Kelly Tremper, Receiver of Taxes 1 Overrocker Rd Poughkeepsie, NY 12603 845-485-3611 townofpoughkeepsie.com

John T Ilboudo Enterprises LLC  
38631 Red Bud Ln  
Denham Springs, LA 70706

STATEMENT OF SCHOOL TAXES ARLINGTON CENTRAL SCHOOL DISTRICT				
Page No.	Roll Sect.	SWIS Code	Bill No.	Sequence No.
1 of 1	1	134689	1842	3230
Fiscal Year		Warrant Dated	Bank Code	Account No.
7/1/2024 to 6/30/2025		8/13/2024	C130710	
Estimated State Aid			NYS Tax & Finance School District Code	
SCHL 88,873,142			022	

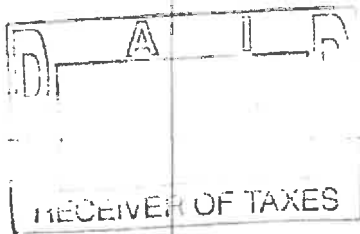
**FOR YOUR INFORMATION**

**SEE REVERSE SIDE FOR MORE INFORMATION**

<b>PROPERTY IDENTIFICATION</b>		The assessor estimates the <b>Full Market Value</b> of this property as of July 1, 2023 was:	1,669,800
<b>PARCEL ID</b>	134689-6262-02-934714-0000	The <b>Total Assessed Value</b> of this property is:	1,569,600
<b>LOCATION</b>	6 Conifer Ct	The <b>Uniform Percentage of Value</b> used to establish assessments was:	94.00
<b>ACREAGE</b>	2.87	For an explanation of the grievance process, please contact the local assessor and ask for the booklet entitled 'Contesting Your Assessment'. This booklet is also available from the Dutchess County Real Property Tax Service Agency or the NYS Office of Real Property Tax Services website at <a href="http://www.tax.ny.gov/pdf/publications/orpts/grievancebooklet.pdf">http://www.tax.ny.gov/pdf/publications/orpts/grievancebooklet.pdf</a> . Please note that the period for filing complaints on the above assessment has passed.	
<b>SCHOOL</b>	Arlington CSD		
<b>PROPERTY CLASS</b>	210 - 1 Family Res		

Exemption	Value	Tax Purpose	Full Value Estimate	Exemption	Value	Tax Purpose	Full Value Estimate

PROPERTY TAXES					
Taxing Purpose	Total Levy	% Change in Levy from Prior Year *	Taxable Assessed Value or Units	Rates per \$1000 or per Units	Tax Amounts
**HOMESTEAD PARCEL** TOWN OF Poughkeepsie School Taxes	156,003,350	2.1	1569,600.00	19.118022	30,007.65



\* This is the percent of increase or decrease of the current year's tax levy over the previous year's tax levy. This does not represent the total percent of your tax increase or decrease. The tax levy is the total amount to be raised by property taxes.

PENALTY SCHEDULE			
If Paid between	Amount	Penalty/Interest	Total Due
Today - 10/15/2024	30,007.65	0.00	\$30,007.65
10/16/2024 - 11/1/2024	30,007.65	600.15	\$30,607.80

**TOTAL TAX DUE: \$30,007.65**

**Due by: 10/15/2024**  
After this date see penalty schedule



# Town of Poughkeepsie

1 Overocker Road  
Poughkeepsie, NY 12603

845-485-3600 Phone  
845-485-8583 Fax

## Short Term Rental Application Instructions

**Fee \$ 50.00**

1. Applications must be fully complete in accordance with §210-105.1 and §168A of the Town Code, including all requested documents, and returned on the original forms provided. Applications will not be considered complete unless the Application Fee of \$50 is included. If the application is found to be incomplete, it will be returned to the applicant, and not considered until a completed application is submitted. Applications will be reviewed on a first-come, first-served basis.
2. A sketch map showing the location of bedrooms and bathrooms to be occupied, including two means of egress from each such bedroom, and the location of on-site parking spaces to be used.
3. For hosted short-term rentals and unhosted short-term rentals accessory to a residential use, certification that the property is a primary residence. Primary residency shall be verified by one of the following:
  - a. Proof of receipt of New York State STAR credit or STAR property tax exemption for the short-term rental property; or
  - b. A copy of a filed federal or state tax return showing the primary resident being domiciled at the property address; or
  - c. Other evidence satisfactory to the Town that the property meets the primary residence criteria.

The Town shall have the final authority to determine whether a property is a primary residence.

4. Proof of insurance coverage for the short-term rental use.
5. Proof of fire safety inspection.

You can review the adopted Short Term Rental Law here:  
<https://ecode360.com/42552534#42552534>

### **Annual License Fee Due upon approval**

<u>Unhosted short-term rental, accessory residential use.</u> An unhosted short-term rental in a primary residence.	1 Bedroom each additional bedroom	\$400 \$200
<u>Unhosted short-term rental, principal commercial use.</u> An unhosted short-term rental that is not a primary residence.	1 Bedroom each additional bedroom	\$2000 (Requires Town Board Approval) \$500
<u>Hosted short-term rental.</u> A short-term rental where a primary resident is present in the dwelling overnight with their guest(s).	1 Bedroom each additional bedroom	\$300 \$50