

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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NEW IP

State of New York  
 Executive Department  
 Division of Alcoholic Beverage Control  
 State Liquor Authority

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

(Page 1 of 2 of Form)

FEB 18 2014



1. Date Notice was Sent: (mm/dd/yyyy) February 12, 2014

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

New Application    Renewal    Alteration    Corporate Change

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

3. Name of Municipality or Community Board: Community Board #3

**Applicant/Licensee Information**

4. License Serial Number, if not a New Application: \_\_\_\_\_ Expiration Date, if not a New Application: \_\_\_\_\_

5. Applicant or Licensee Name: Three Points LLC

6. Trade Name (if any): Three Points

7. Street Address of Establishment: ONE LUDLOW STREET

8. City, Town or Village: New York, NY Zip Code: 10002

9. Business Telephone Number of Applicant/Licensee: \_\_\_\_\_

10. Business Fax Number of Applicant/Licensee: \_\_\_\_\_

11. Business E-mail of Applicant/Licensee: \_\_\_\_\_

**For New applicants, provide description below using all information known to date.**  
**For Alteration applicants, attach complete description and diagram of proposed alteration(s).**  
**For Current Licensees, set forth approved Method of Operation only.**  
**Do Not Use This Form to Change Your Method of Operation.**

12. Type(s) of Alcohol sold or to be sold: ("X" One)  Beer Only    Wine & Beer Only    Liquor, Wine & Beer

13. Extent of Food Service: ("X" One)  Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)    Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all that apply)

Recorded Music    Live Music    Disc Jockey    Juke Box    Karaoke Bar    Stage Shows

Patron Dancing (small scale)    Cabaret, Night Club (Large Scale Dance Club)    Catering Facility

Capacity of 600 or more patrons    Topless Entertainment    Restaurant    Hotel

Recreational Facility (Sports Facility/Vessel)    Club (e.g. Golf Club/Fraternal Org.)    Bed & Breakfast

Seasonal Establishment

15. Licensed Outdoor Area: ("X" all that apply)

None    Patio or Deck    Rooftop    Garden/Grounds    Freestanding Covered Structure

Sidewalk Cafe    Other (specify): \_\_\_\_\_

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(Page 2 of 2 of Form)

16. List the floor(s) of the building that the establishment is located on: Ground floor ; basement
17. List the room number(s) the establishment is located in within the building, if appropriate: \_\_\_\_\_
18. Is the premises located with 500 feet of three or more on-premises liquor establishments?  Yes  No
19. Will the license holder or a manger be physically present within the establishment during all hours of operation?  Yes  No
20. Does the applicant or licensee own the building in which the establishment is located? ("X" One)  Yes (If Yes SKIP 21-24)  No

**Owner of the Building in Which the Licensed Establishment is Located**

21. Building Owner's Full Name: Ross Morgan
22. Building Owner's Street Address: 123 Bowery 4th floor
23. City, Town or Village: NYC State: NY Zip Code: 10002
24. Business Telephone Number of Building Owner: (212) 431-2544

**Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the  
Establishment Identified in this Notice**

25. Attorney's Full Name: Frank W. Palillo
26. Attorney's Street Address: 299 Broadway Suite 1820
27. City, Town or Village: New York State: New York Zip Code: 10007
28. Business Telephone Number of Attorney: (212) 227-1640
29. Business Email Address of Attorney: Fwpalillo@gmail.com

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

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

30. Printed Name: Paulo I. Palillo Title: Managing Member
- Signature: X [Handwritten Signature]