

OFFICE USE ONLY

Original   
  Amended   
 Date: \_\_\_\_\_

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)

MAR 14 2014

1. Date Notice was Sent: (mm/dd/yyyy) 3/12/2014

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: 1173649   
 Expiration Date, if not a New Application: 4/30/14

5. Applicant or Licensee Name: Orchard Forks Inc.

6. Trade Name (if any): Tammany Hall

7. Street Address of Establishment: 152 Orchard Street

8. City, Town or Village: New York, NY   
 Zip Code: 10003

9. Business Telephone Number of Applicant/Licensee: (212) 228-8994

10. Business Fax Number of Applicant/Licensee: (212) 829-7338

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

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(Page 2 of 2 of Form)

16. List the floor(s) of the building that the establishment is located on: Basement + Ground Floor
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: 152 Orchard Street LLC
22. Building Owner's Street Address: 52 Orchard Street
23. City, Town or Village: New York State: NY Zip Code: 10002
24. Business Telephone Number of Building Owner: (718) 840-8946

**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: SUZANNE BRADY Title: M/M of Member of LLC

Signature:  