opla-rev 11/13/2013

OFFICE USE ONLY
○ Original ○ Amended Date

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

Standardized NOTICE FORM for Providing 30-Day Advanced Notice t
Local Municipality or Community Boa

1. Date Notice was Sent: (mm/dd/yyyy) 6/24/15

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 CB-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: FJF Hospitality INC

6. Trade Name (if any): TAVO

7. Street Address of Establishment: 176 Ludlow ST

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

9. Business Telephone Number of Applicant/Licensee: (917) 570-9585

10. Business Fax Number of Applicant/Licensee:

11. Business E-mail of Applicant/Licensee: FJ543@stern.nyu.edu

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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16. List the floor(s) of the building that the establishment is located on: Basement + 1ST

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: IThilien Realty Corp

22. Building Owner's Street Address: 430 W 14TH ST. Suite 205

23. City, Town or Village: NY State: NY Zip Code: 10014

24. Business Telephone Number of Building Owner:

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: MICHAEL KELLY

26. Attorney's Street Address: 136 WAVERLY RD

27. City, Town or Village: SCARSDALE State: NY Zip Code: 10583

28. Business Telephone Number of Attorney: (914) 740-3580

29. Business Email Address of Attorney: KELLYMLK@AOL.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: Julieta Gonzalez Ballesteros Title Officer

Signature: X