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

Rec'd By Community Board 3, Man
AUG 31 2015

Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board
(Page 1 of 2 of Form)

1. Date Notice was Sent: (mm/dd/yyyy) 8/26/2015

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 New Application: Expiration Date, if not New Application:

5. Applicant or Licensee Name: Delancey Square Hospitality LLC

6. Trade Name (if any): Dr John Lamb

7. Street Address of Establishment: 119 Orchard Street

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

9. Business Telephone Number of Applicant/Licensee: not yet assigned

10. Business Fax Number of Applicant/Licensee: "

11. Buisness 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 the 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 the apply)
☐ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
☐ Sidewalk Cafe ☒ Other (specify): Terrace

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16. List the floor(s) of the building that the establishment is located on: 5th basmt 6th flr terrace

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: 119 Orchard Properties Inc

~~22. Building Owner's Street Address: 119 Orchard St~~

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

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: 60 Broad Street, Suite 3504

27. City, Town or Village: New York State: New York Zip Code: 10004

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: Joseph Valentine Title Managing Member

Signature: X