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 to a Local Municipality or Community Board
(Page 1 of 2 of Form)

1. Date Notice was Sent: (mm/dd/yyyy) 11/17/2015
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License
   [X] 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: Manhattan Community Board 3

Applicant/Licensee Information

4. License Serial Number, if not a New Application: T/B/D Expiration Date, if not a New Application:
5. Applicant or Licensee Name: Food For Third, LLC
6. Trade Name (if any): T/B/D
7. Street Address of Establishment: 100 Third Avenue
8. City, Town or Village: New York ,NY Zip Code : 10003
9. Business Telephone Number of Applicant/Licensee: 212-244-6350
10. Business Fax Number of Applicant/Licensee: 212-244-6750
11. Business E-mail of Applicant/Licensee: bruce@tracksbargrill.com

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 [X] Liquor, Wine & Beer
13. Extent of Food Service: ("X" One) [X] 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)
    [X] Recorded Music [ ] Live Music [X] 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)
    [X] 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: Street level, Mezzanine and 2nd 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? [X] Yes [ ] No

19. Will the license holder or a manger be physically present within the establishment during all hours of operation? [X] 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) [X] No

Owner of the Building in Which the Licensed Establishment is Located

21. Building Owner's Full Name: Nicholas Nicolau

22. Building Owner's Street Address: 6817 5th Avenue

23. City, Town or Village: Brooklyn State: NY Zip Code: 11220

24. Business Telephone Number of Building Owner: 917-912-1303

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: Carreras & McCallen PLLC

26. Attorney's Street Address: 11 Park Place, Suite 1210

27. City, Town or Village: New York State: NY Zip Code: 10007

28. Business Telephone Number of Attorney: 212-732-3640

29. Business Email Address of Attorney: sla@carrerasmccallen.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: Bruce Caulfield Title Managing Member

Signature: X Bruce Caulfield