

OFFICE USE ONLY
 Original Amended Date _____

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State Liquor Authority

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

FEB 12 2016

(Page 1 of 2 of Form)

1. Date Notice Was Sent: February 9, 2016 1a. Delivered by: Palillo

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
- Removal
- Class Change

For **New** applicants, answer each question below using all information known to date.
 For **Renewal** applicants, set forth your approved Method of Operation only.
 For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s).
 For **Corporate Change** applicants, attach a list of the current and proposed corporate principals.
 For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation.
 For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type.

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 Applicable: _____ Expiration Date, if Applicable: _____

5. Applicant or Licensee Name: Ludlow St. Associates LLC

6. Trade Name (if any): _____

7. Street Address of Establishment: 165-167 Ludlow 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: not yet assigned

11. Business E-mail of Applicant/Licensee: not yet assigned

12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider

13. Extent of Food Service: Full food menu; Full Kitchen run by a chef or cook Menu meets legal minimum food availability requirements; Food prep area at minimum

14. Type of Establishment: Tavern with food

15. Method of Operation: (Check all that apply)

- Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
- Live Music (Give details: i.e. rock bands, acoustic, jazz, etc.): _____
- Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment
- Video/Arcade Games Third Party Promoters Security Personnel
- Other (specify): _____

16. Licensed Outdoor Area: (Check all that apply)

- None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
- Sidewalk Cafe Other (specify): _____

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17. List the floor(s) of the building that the establishment is located on: cellar and subcellar

18. List the room number(s) the establishment is located in within the building, if appropriate: N/A

19. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No

20. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No

21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee.

Grey Associates, LLC 1149538

22. Does the applicant or licensee own the building in which the establishment is located? Yes (If Yes SKIP 23-26) No

Owner of the Building in Which the Licensed Establishment is Located

23. Building Owner's Full Name: Ludlow Properties LLC

24. Building Owner's Street Address: 381 Park Avenue South 5th 1420

25. City, Town or Village: New York State: NY Zip Code: 10014

26. Business Telephone Number of Building Owner: (212) 684-7079

Representative or Attorney representing the Applicant in Connection with the application for a license to traffic in alcohol at the establishment identified in this notice

27. Representative/Attorney's Full Name: Frank W. Palillo

28. Street Address: 60 Broad Street, Suite 3504

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

30. Business Telephone Number of Representative/Attorney: (212) 227-1640

31. Business Email Address: 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.

32. Printed Name: Lori Coleman Title: Managing Member

Signature: X Lori Coleman