○ Original ○ Amended Date

NEW YORK STATE OF OPPORTUNITY. | State Liquor Authority

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

Rec'd By Community Board 3, Man

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FEB 29 2016

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1. Date Notice Was Sent: February 26th, 2016 1a. Delivered by: Hand

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: 1287759 Expiration Date, if Applicable: 11/30/2017

5. Applicant or Licensee Name: PdC Restaurant, LLC

6. Trade Name (if any): Ruffian Wine Bar

7. Street Address of Establishment: 125 E 7th st.

8. City, Town or Village: New York ,NY Zip Code: 10009

9. Business Telephone Number of Applicant/Licensee: 212-777-0855

10. Business Fax Number of Applicant/Licensee: —

11. Business E-mail of Applicant/Licensee: patrick.cournot@gmail.com

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: Restaurant

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):

extendhours Thurs thru SAT
until 2:00 AM
(currenty midnight)

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17. List the floor(s) of the building that the establishment is located on: Ground Floor

18. List the room number(s) the establishment is located in within the building, if appropriate: [redacted] Storefront

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.

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: Margulies Properties Inc

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

25. City, Town or Village: New York State: NY Zip Code: 10016

26. Business Telephone Number of Building Owner: 646-668-4924

**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: [redacted]

28. Street Address:

29. City, Town or Village: State: Zip Code:

30. Business Telephone Number of Representative/Attorney:

31. Business Email Address:

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: Patrick Cournot Title General Manager

Signature: X