opla-rev 01/22/16

OFFICE USE ONLY
○ Original ○ Amended Date
Rec'd By Community Board 3, Man

17

NEW YORK STATE OF OPPORTUNITY. State Liquor Authority

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

MAR 10 2016

(Page 1 of 2 of Form)

1. Date Notice Was Sent: 3-7-16 1a. Delivered by: Pelillo CMRRR

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: Hatillo Restaurant Group LLC

6. Trade Name (if any): Alegria

7. Street Address of Establishment: 103 Essex 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. Business E-mail of Applicant/Licensee: "

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.): occaisonal
☐ 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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(Page 2 of 2 of Form)

17. List the floor(s) of the building that the establishment is located on: 2

18. List the room number(s) the establishment is located in within the building, if appropriate: Ground floor & basement

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: Kieter Chen

24. Building Owner's Street Address: 103 Essex Street

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

26. Business Telephone Number of Building Owner: (773) 720-4777

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: Ceser Sanchez Title Managing Member

Signature: **X**