OFFICE USE ONLY
◯ Original ◯ Amended Date _____

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WYORK 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: March 17, 2016 1a. Delivered by: Certified Mail Return Receipt Requested

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: Manhattan Community Board 3

Applicant/Licensee Information

4. License Serial Number, if Applicable: _____ Expiration Date, if Applicable: _____

5. Applicant or Licensee Name: L. Meibeyer on behalf of an entity to be named

6. Trade Name (if any): TBD

7. Street Address of Establishment: 195-197 Avenue B

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

9. Business Telephone Number of Applicant/Licensee: 707-738-2561

10. Business Fax Number of Applicant/Licensee: _____

11. Business E-mail of Applicant/Licensee: 195.197avenueB@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: Cafe

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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(Page 2 of 2 of Form)

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

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.

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: Lower East Side II Associates, L.P. c/o CDC Management Corp.

24. Building Owner's Street Address: One Gateway Plaza, 2nd Floor

25. City, Town or Village: Port Chester State: NY Zip Code: 10573

26. Business Telephone Number of Building Owner: 914.833.2600

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: Elke A. Hofmann Law, PLLC

28. Street Address: 111 John Street, Suite 2510

29. City, Town or Village: New York State: NY Zip Code: 10038

30. Business Telephone Number of Representative/Attorney: 212-487-9100

31. Business Email Address: elke@eahlaw.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: Elke A. Hofmann Title Attorney

Signature: **X** Elke Hof