

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)

MAY 13 2016

1. Date Notice was Sent: (mm/dd/yyyy)

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

**CHANGE OF HOURS REQUEST**

**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

**Applicant/Licensee Information**

4. License Serial Number, if not New Application:     Expiration Date, if not New Application:

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

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

9. Business Telephone Number of Applicant/Licensee:

10. Business Fax Number of Applicant/Licensee:

11. Buisness E-mail of Applicant/Licensee:

**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     Liquor, Wine & Beer

13. Extent of Food Service: ("X" One)     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)

Recorded Music     Live Music     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)

None     Patio or Deck     Rooftop     Garden/Grounds     Freestanding Covered Structure

Sidewalk Cafe     Other (specify):

*Monday - Thursday: 12p - 12a, Friday: 12p - 2a  
 Saturday: 11a - 2a, Sunday: 11a - 12a*

|                                |                               |            |
|--------------------------------|-------------------------------|------------|
| OFFICE USE ONLY                |                               |            |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

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16. List the floor(s) of the building that the establishment is located on: GROUND FLOOR

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

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

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

**Owner of the Building in Which the Licensed Establishment is Located**

21. Building Owner's Full Name: ZEAR LLC

22. Building Owner's Street Address: 60 ST MARKS

23. City, Town or Village: NEW YORK State: NY Zip Code: 10003

**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: \_\_\_\_\_

26. Attorney's Street Address: \_\_\_\_\_

27. City, Town or Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

28. Business Telephone Number of Attorney: \_\_\_\_\_

29. Business Email Address of Attorney: \_\_\_\_\_

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: RAYMOND AZZI Title: General Manager

Signature: X 