rev 1/22/16

	OFFICE USI	ONLY	
) Original	Amended	Date	



NEW YORK STATE OF OPPORTUNITY.

NEW YORK STATE OF OPPORTUNITY. State Liquor Restandardized NOTICE FORM To Providing 30-Day Advanced Notice to a Local Municipality or Community Board Local Municipality or Community Board								
JUN 28 2016 (Page 1 of 2)								
1. Date Notice Was Sent: 06/27/16 1a. Delivered by: Overnight Mail with Tracking Number								
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License								
New Application								
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: n/a Expiration Date, if Applicable:								
5. Applicant or Licensee Name: Three Seat Espresso & Barber LLC								
6. Trade Name (if any): Three Seat Espresso								
7. Street Address of Establishment: 137 Avenue A								
8. City, Town or Village: New York ,NY Zip Code : 10009								
9. Business Telephone Number of Applicant/Licensee: 646-286-6904								
10. Business Fax Number of Applicant/Licensee: n/a								
11. Business E-mail of Applicant/Licensee: threeseatespresso@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; Menu meets legal minimum food availability requirements; Food prep area at minimum								
14. Type of Establishment: Bar/Tavern								
15. Method of Operation: (Check all that apply) Seasonal Establishment								
16 Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure								
16. Licensed Outdoor Area: Check all that apply) Sidewalk Cafe Other (specify):								

OFFICE USE ONLY Original Amended



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

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17. List the floor(s) of the building that the establishment is located on:	Ground Floor and Basement						
	Middle Store						
19. Is the premises located within 500 feet of three or more on-premises	s liquor es	tablis	hments? •Ye	s No			
20. Will the license holder or a manager be physically present within the	e establish	men	t during all hour	s of operatio	n?		
21. If this is a transfer application (an existing licensed business is being	g purchase	d) pr	ovide the name	and serial nu	mber of the licensee.		
N/A		30001 2000					
22. Does the applicant or licensee own the building in which the establi	lishment is	locat	ted? O Yes (If)	es SKIP 23-2	6)		
Owner of the Building in Which the Lice	ensed Est	ablis	hment is Locat	ed			
23. Building Owner's Full Name: Peter Herrick							
24. Building Owner's Street Address: PO Box 523							
25. City, Town or Village: Millwood	State:	: NY	,	Zip Code :[1	0546		
26. Business Telephone Number of Building Owner: 914-238-6202							
Representative or Attorney representing th application for a license to traffic in alcohol at the							
27. Representative/Attorney's Full Name: Caitlin Robin & Associates, P	PLLC						
28. Street Address: 120 Broadway, 11th Floor							
29. City, Town or Village: New York	State:	NY		Zip Code :	0271		
30. Business Telephone Number of Representative/Attorney: 646-524-	-6026						
31. Business Email Address : caitlin@robinandassociates.com							
I am the applicant or hold the license or am a principal of the legal er in this form are in conformity with representations made in sul granting the license. I understand that representations made in this may result in disapproval of the application. By my signature, I affirm - under Penalty of Perjury - that	ubmitted d is form will ation or rev	ocum also vocati	nents relied upo be relied upon, ion of the licens	n by the Autl and that falso e.	hority when e representations		
32. Printed Name: Amner Mavlyanov		Title	Member	Marin .			
Signature: X							