

OFFICE USE ONLY  
 Original  Amended Date \_\_\_\_\_  
 Rec'd By Community Board 3 Man



**State Liquor Authority**

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

JAN 03 2016

(Page 1 of 2 of Form)

1. Date Notice Was Sent: 12-27-2016 1a. Delivered by: \_\_\_\_\_

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: Mawackino Inc.

6. Trade Name (if any): \_\_\_\_\_

7. Street Address of Establishment: 137 E 13<sup>th</sup> St.

8. City, Town or Village: New York, NY Zip Code: 10003-5435

9. Business Telephone Number of Applicant/Licensee: 347-533-2214

10. Business Fax Number of Applicant/Licensee: N/A

11. Business E-mail of Applicant/Licensee: N/A

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 - Pizzeria

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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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____



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(Page 2 of 2 of Form)

17. List the floor(s) of the building that the establishment is located on: 10 FLOORS.

18. List the room number(s) the establishment is located in within the building, if appropriate: ONE (FIRST FLOOR)

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: DIANA WANG

24. Building Owner's Street Address: 137 E 13th St.

25. City, Town or Village: New York State: NY Zip Code: 10003-5435

26. Business Telephone Number of Building Owner: N/A

**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: GLADYS FONSECA

28. Street Address: 31-85 Crescent St # 116

29. City, Town or Village: ASTORIA State: NY Zip Code: 11106

30. Business Telephone Number of Representative/Attorney: 347-533-2214

31. Business Email Address: CCGLAMOUR18@HOTMAIL.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: Carolina Bolivar Title: President

Signature: X Carolina Bolivar