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	OFFICE USE	ONLY	
Original	Amended	Date	



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NEW YORK STATE OF OPPORTUNITY Authority Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board					
DEC 07 2017 (Page 1 of 2)					
1. Date Notice Was Sent: 12/05/2017 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					
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: New York Community Board #3					
Applicant/Licensee Information					
4. License Serial Number, if Applicable: N/A Expiration Date, if Applicable: N/A					
5. Applicant or Licensee Name: Meat Shop LLC					
6. Trade Name (if any): TBD					
7. Street Address of Establishment: 76 Forsyth Street-South store					
8. City, Town or Village: New York // Zip Code : 10002					
9. Business Telephone Number of Applicant/Licensee: 347-688-7145					
10. Business Fax Number of Applicant/Licensee: N/A					
11. Business E-mail of Applicant/Licensee: Agustin.guedo@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 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.): 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 Garden/Grounds Freestanding Covered Structure Sidewalk Cafe Other (specify):					

OFFICE USE ONLY Original ○ Amended Date



State Liquor Authority

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

Y-	,		(1)	Page 2 of 2
17. List the floor(s) of the	building that the establishment is located on:	First Floor		
18. List the room number building, if appropriat	(s) the establishment is located in within the ee:	N/A		
19. Is the premises located	d within 500 feet of three or more on-premise	s liquor establishme	nts? Yes No	
20. Will the license holder	or a manager be physically present within th	e establishment duri	ng all hours of operation?	Yes \(\)No
21. If this is a transfer app	lication (an existing licensed business is being	g purchased) provide	the name and serial number of	the licensee.
22. Does the applicant or	licensee own the building in which the establ	ishment is located?	Yes (If Yes SKIP 23-26) No)
	Owner of the Building in Which the Lic	ensed Establishme	nt is Located	
23. Building Owner's Full N			Tels Located	
24. Building Owner's Stree				
25. City, Town or Village:	New York	State: NY	Zip Code : 10002	
26. Business Telephone No	umber of Building Owner: 917-326-1516			
applic	sepresentative or Attorney representing th ation for a license to traffic in alcohol at th	e Applicant in Conr e establishment ide	ection with the entified in this notice	
27. Representative/Attorno	ey's Full Name: Anthony L. Caraballo			
28. Street Address:	111 Atlantic Avenue			
29. City, Town or Village:	Brooklyn	State: NY	Zip Code :	
30. Business Telephone Nu	umber of Representative/Attorney: 718-875-2	2929		
31. Business Email Address	: Anthony@cblservices.com			
in this form are in granting the license. 11	old the license or am a principal of the legal en conformity with representations made in sub understand that representations made in this may result in disapproval of the applicat ature, I affirm - under Penalty of Perjury - tha	omitted documents reliferm will also be relified or revocation of	relied upon by the Authority whe led upon, and that false represen the license.	-n
a		f	The state of the s	
32. Printed Name: Agustin	G. Guedo	Title LLC N	1ember	
Signature: X	L. Gudlo.			