JAN 18 2018







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

(Page 1 of 2)

1. Date Notice Was Sent:	01-16-18	1a. Delivered by:	SENTICO M	IAIL DETUN	PECENPT REGULATION				
2. Select the type of Applie	cation that will be filed with	the Authority for an O	n-Premises Alco	holic Beverage L	icense				
➤ New Application	Renewal Alteration	Corporate Change	Removal	Class Change					
For Renewal applicants, so For Alteration applicants, For Corporate Change ap For Removal applicants, a	er each question below using et forth your approved Meth attach a complete written d plicants, attach a list of the o ttach a statement of your cu nts, attach a statement detai	ood of Operation only. lescription and diagrar current and proposed or errent and proposed ac	ns depicting the corporate princi dresses with the	pals. e reason(s) for th	e relocation.				
This 30-Day Advance Not	ice is Being Provided to the	e Clerk of the following	ng Local Munic	ipality or Comm	unity Board				
3. Name of Municipality or Community Board: 37ADHATTAD COMMUNDITY Rd No 3									
Applicant/Licensee Inform	· ·								
4. License Serial Number, i	f Applicable:		Expiration Dat	te, if Applicable:					
5. Applicant or Licensee Name: BB Orchard LLC									
6. Trade Name (if any): Bareburger									
7. Street Address of Establishment: 173 orchard st									
8. City, Town or Village:	lew York			,NY Zip Code	:10002				
9. Business Telephone Nur	nber of Applicant/Licensee:								
10. Business Fax Number o	of Applicant/Licensee:								
11. Business E-mail of Appl	licant/Licensee: nm@bare	burger							
12. Type(s) of Alcohol sold	or to be sold:	& Cider Wine, Be	er & Cider	Liquor, Wine, E	Beer & Cider				
13. Extent of Food Service:	Full food menu; Full Kitchen run by a c		nu meets legal r od prep area at r		vailability requirements;				
14. Type of Establishment:	Restaurant								
15. Method of Operation: (Check all that apply)	Seasonal Establishment Live Music (Give details: Patron Dancing En Video/Arcade Games	i.e. rock bands, acoust	ic, jazz, etc.):		Intertainment				
	Other (specify):								
Licensed Outdoor Area: (Check all that apply)	☐ None ☐ Patio or De		Garden/Ground	ds Freestand	ding Covered Structure				





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17 List the floorist of the	huilding that the act bit to a control of							
	building that the establishment is located on:	6 stories	+ basement					
18. List the room number(s) the establishment is located in within the building, if appropriate:								
19. Is the premises located	d within 500 feet of three or more on-premises	liquor e	stablishments? (ⓐ)	res ONo				
20. Will the license holder	or a manager be physically present within the	establisi	ment during all bo	urs of operation? (a) Yes	s ()No			
	lication (an existing licensed business is being				_			
	meation (an existing neerised business is being	puichase	o) provide the nam	le and serial number of the	licensee.			
22 December 1								
22. Does the applicant or	Icensee own the building in which the establis	hment is	located? () Yes (I	f Yes SKIP 23-26) No				
	Owner of the Building in Which the Lice	nsed Fs	ablishment is Loc	ated				
23. Building Owner's Full N				300G				
25. City, Town or Village:	lew York	State:	NY	Zip Code : 10002				
26. Business Telephone Nu	umber of Building Owner:							
Representative or Attorney representing the Applicant in Connection with the								
	ation for a license to traffic in alcohol at the	establis	hment identified i	n this notice				
27. Representative/Attorne	ey's Full Name: Kerry Katsorhis & .							
28. Street Address:	77-53 Main st							
29. City, Town or Village:	Flushing	State:	NY	Zip Code : 11367				
30. Business Telephone Nu	mber of Representative/Attorney: 718-591-69	000						
31. Business Email Address	: gkławny@gmail.com							
granting the license. I c	d the license or am a principal of the legal enti conformity with representations made in subr inderstand that representations made in this fi may result in disapproval of the application	nitted do orm will a on or revo	cuments relied upon, lso be relied upon, cation of the licens	n by the Authority when and that false representations.				
By my signa	ture, I affirm - under Penalty of Perjury - that	the repre	sentations made in	this form are true.				
32. Printed Name: Nikolaos	Marolachakis	tle Member						
Signature: X								