



State Liquor Authority

OFFICE USE ONLY
 Original Amended Date

23

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

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1. Date Notice Was Sent: 12/29/2017 1a. Delivered by: CMARRA

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License
[X] 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 - Manhattan

Applicant/Licensee Information

4. License Serial Number, if Applicable: [] Expiration Date, if Applicable: []

5. Applicant or Licensee Name: I Like Sit Down Comedy LLC

6. Trade Name (if any): New York Comedy Club on 4th Street

7. Street Address of Establishment: 85 East 4th St

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

9. Business Telephone Number of Applicant/Licensee: []

10. Business Fax Number of Applicant/Licensee: []

11. Business E-mail of Applicant/Licensee: emilio@empiretonight.com

12. Type(s) of Alcohol sold or to be sold: [] Beer & Cider [] Wine, Beer & Cider [X] Liquor, Wine, Beer & Cider

13. Extent of Food Service: [] Full food menu; Full Kitchen run by a chef or cook [X] Menu meets legal minimum food availability requirements; Food prep area at minimum

14. Type of Establishment: Comedy club

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
[X] Other (specify): comedy club

16. Licensed Outdoor Area: (Check all that apply)
[X] 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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- 17. List the floor(s) of the building that the establishment is located on: _____
- 18. List the room number(s) the establishment is located in within the building, if appropriate: _____
- 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: Denis Waychuck
- 24. Building Owner's Street Address: 85 East 4th St
- 25. City, Town or Village: New York State: NY Zip Code: 10003
- 26. Business Telephone Number of Building Owner: 212-505-3360

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: Frank W. Palillo
- 28. Street Address: 60 Broad Street
- 29. City, Town or Village: New York State: New York Zip Code: 10004
- 30. Business Telephone Number of Representative/Attorney: 212-227-1640
- 31. Business Email Address: Fwpalillo@gmail.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: Epilio Savone Title: Owner

Signature: X _____

Print Form