



State Liquor Authority

OFFICE USE ONLY
Original Amended Date _____

3

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

(Page 1 of 2 of Form)

FEB 23 2018



1. Date Notice Was Sent: 2/22/18 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 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: CB-3

Applicant/Licensee Information

4. License Serial Number, if Applicable: _____ Expiration Date, if Applicable: _____

5. Applicant or Licensee Name: The Great Cabin LLC

6. Trade Name (if any): The Cabin

7. Street Address of Establishment: 205 E 4TH ST

8. City, Town or Village: NY, NY Zip Code: 10009

9. Business Telephone Number of Applicant/Licensee: (732) 558-9560

10. Business Fax Number of Applicant/Licensee: _____

11. Business E-mail of Applicant/Licensee: _____

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

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): _____

Original Amended OFFICE USE ONLY Date

3



State Liquor Authority

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

(Page 2 of 2 of Form)

Rec'd by Community Board 3, Man
FEB 23 2018

- 17. List the floor(s) of the building that the establishment is located on: Basement & 1st
- 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 license: 205 East 4th Street LLC # 1249243
Dorian Gray
- 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: 205 East 4 LLC
- 24. Building Owner's Street Address: 205 E 4th St
- 25. City, Town or Village: NY State: NY Zip Code: 10009
- 26. Business Telephone Number of Building Owner: (718) 263-9116

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: MICHAEL KELLY
- 28. Street Address: 136 WAVERLY RD
- 29. City, Town or Village: SCARSDALE State: NY Zip Code: 10583
- 30. Business Telephone Number of Representative/Attorney: 914-740-3580
- 31. Business Email Address: KELLYMLK136@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: MICHAEL KELLY Title: AUTHORIZED REPRESENTATIVE
Signature: X