			Rec'd By	Community	Board 3, Mai
OFFICE USE ONLY					
Original	Amended	Date	edition on the second	DOT 6	***

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Standardized <u>NOTICE FORM</u> for Providing <u>30-Day Advance Notice</u> to a Local Municipality or Community Board

1. Date Notice was Sent: 10/02/2018 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, answer all questions 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 For Method of Operation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes					
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: Manhattan Community Board 3					
Applicant/Licensee Information:					
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):					
5. Applicant or Licensee Name: 250 E14 LLC					
6. Trade Name (if any): TBD					
7. Street Address of Establishment: 250 East 14th Street					
8. City, Town or Village: New York , NY Zip Code: 10003					
9. Business Telephone Number of Applicant/Licensee: (917) 575-0469					
10. Business E-mail of Applicant/Licensee: bspluguglies@aol.com					
11. Type(s) of alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider					
12. 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					
13. Type of Establishment: Bar/Tavern					
14. Method of Operation: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke					
(check all that apply) 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): cocktail lounge with craft beer to go component					
15. Licensed Outdoor Area: None Patio or Deck Gooftop Garden/Grounds Freestanding Covered Structure					
☐ Sidewalk Cafe ☐ Other (specify):					

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16. List the floor(s) of the building that the establishment is located on: First Floor
17. List the room number(s) the establishment is located in within the building, if appropriate: N/A
18. Is the premises located within 500 feet of three or more on-premises liquor establishments?
19. Will the license holder or a manager be physically present within the establishment during all hours of operation?
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:
Name Serial Number
21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26) No
Owner of the Puilding is 1811; I at
Owner of the Building in Which the Licensed Establishment is Located
2. Building Owner's Full Name: 14th Street HK Realty Corp c/o Stellar Mgt.
3. Building Owner's Street Address: 156 William Street
4. City, Town or Village: New York State: New York Zip Code: 10036
5. Business Telephone Number of Building Owner: (212) 406-0030
(212) 400-0030
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
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Tambony A. Odniniers
Representative/Attorney's Street Address: 555 Fifth Avenue, 14th Floor
City, Town or Village: New York State: New York Zip Code: 10017
Business Telephone Number of Representative/Attorney: (646) 383-4607
Business E-mail Address of Representative/Attorney: Kimberly@DS-LawOffices.com
runserly & BS-LawOffices.com
I am the applicant or licensee holder or 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.
Printed Principal Name: Kimberly A. Summers Title: Attorney for Applicant
Principal Signatures A 0 0