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OFFICE USE ONLY
 Original Amended Date _____

State Liquor Authority

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

1. Date Notice was Sent: **10/03/2018** 1a. Delivered by: **U.S.P.S. Priority Mail**

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 Method of Operation Change

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: **Community Board 3 - Manhattan**

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): **To be Determined** Expiration Date (if applicable): **N/A**
 5. Applicant or Licensee Name: **US-Dev Associates LLC**
 6. Trade Name (if any): **TBD**
 7. Street Address of Establishment: **112 East 11th Street**
 8. City, Town or Village: **New York**, NY Zip Code: **10003**
 9. Business Telephone Number of Applicant/Licensee: **Pending**
 10. Business E-mail of Applicant/Licensee: **Pending**
 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: **Hotel with Restaurant and lounge**

14. 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): _____

15. Licensed Outdoor Area: (check all that apply)
 None Patio or Deck Rooftop 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: **Sub-cellar, Cellar, Ground and roof**

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? Yes No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee: **N/A**

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 Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: **US-Dev Associates LLC**

23. Building Owner's Street Address: **1985 Cedar Bridge Avenue**

24. City, Town or Village: **Lakewood** State: **NJ** Zip Code: **08701**

25. Business Telephone Number of Building Owner: **732-367-0129**

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

26. Representative/Attorney's Full Name: **Thomas J. McCallen, Esq. - Carreras & McCallen PLLC**

27. Representative/Attorney's Street Address: **11 Park Place, Suite 1210**

28. City, Town or Village: **New York** State: **New York** Zip Code: **10007**

29. Business Telephone Number of Representative/Attorney: **212-732-3640**

30. Business E-mail Address of Representative/Attorney: **sla@carrerasmccallen.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.

31. Printed Principal Name: **Joseph E. Teichman** Title: **Executive Vice President**

Principal Signature: 