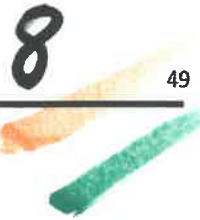




OFFICE USE ONLY

Original    Amended   Date \_\_\_\_\_



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

1. Date Notice was Sent:       1a. Delivered by:

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:

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable):       Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

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

9. Business Telephone Number of Applicant/Licensee:

10. Business E-mail of Applicant/Licensee:

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:

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):

Rec'd by Community Board 3, Man

FEB 07 2019

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____



16. List the floor(s) of the building that the establishment is located on: **Ground floor & Basement**

17. List the room number(s) the establishment is located in within the building, if appropriate:

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:

<b>UMM Hospitality Inc</b>	<b>1303514</b>
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 Building in Which the Licensed Establishment is Located**

22. Building Owner's Full Name: **99 REALTY CO LLC.**

23. Building Owner's Street Address: **10 Stepping Stone Crescent**

24. City, Town or Village: **Dix Hills** State: **New York** Zip Code: **11746**

25. Business Telephone Number of Building Owner: **(516) 458-6290**

**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: **Kimberly A. Summers**

27. Representative/Attorney's Street Address: **555 Fifth Avenue, 14th Floor**

28. City, Town or Village: **New York** State: **New York** Zip Code: **10017**

29. Business Telephone Number of Representative/Attorney: **(646) 383-4607**

30. Business E-mail Address of Representative/Attorney: **Kimberly@DS-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.

31. Printed Principal Name: **Kimberly A. Summers** Title: **Attorney for Applicant**

**Principal Signature:** *Kimberly A Summers*