



OFFICE USE ONLY

Original     Amended    Date \_\_\_\_\_

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

1. Date Notice was Sent: 2/25/2019      1a. Delivered by: CMRRR

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

To license adjacent store.

- 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

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable): 1272699      Expiration Date (if applicable): 08/31/2019

5. Applicant or Licensee Name: Normans Cay Group LLC

6. Trade Name (if any): Las' Lap

7. Street Address of Establishment: 74 Orchard Street; Unit B

8. City, Town or Village: New York, NY      Zip Code: 10002

9. Business Telephone Number of Applicant/Licensee: (404) 550-0003

10. Business E-mail of Applicant/Licensee: john@laslapnyc.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: Restaurant (full kitchen and full menu required)

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): \_\_\_\_\_

Rec'd By Community Board 3, Man

FEB 28 2019

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

- 16. List the floor(s) of the building that the establishment is located on:
- 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:
- 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:
- 23. Building Owner's Street Address:
- 24. City, Town or Village:  State:  Zip Code:
- 25. Business Telephone Number of Building Owner:

**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:
- 27. Representative/Attorney's Street Address:
- 28. City, Town or Village:  State:  Zip Code:
- 29. Business Telephone Number of Representative/Attorney:
- 30. Business E-mail Address of Representative/Attorney:

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:  Title:

Principal Signature: 