

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> 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)

<input type="checkbox"/> Seasonal Establishment	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Disc Jockey	<input checked="" type="checkbox"/> Recorded Music	<input type="checkbox"/> Karaoke
<input type="checkbox"/> Live Music (give details i.e., rock bands, acoustic, jazz, etc.): <input type="text"/>				
<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Employee Dancing	<input type="checkbox"/> Exotic Dancing	<input type="checkbox"/> Topless Entertainment	
<input type="checkbox"/> Video/Arcade Games	<input type="checkbox"/> Third Party Promoters	<input type="checkbox"/> Security Personnel		
<input type="checkbox"/> Other (specify): <input type="text" value="Rec'd By Community Board"/>				

15. Licensed Outdoor Area: (check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Patio or Deck	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Garden/Grounds	<input checked="" type="checkbox"/> Freestanding Covered Structure
<input type="checkbox"/> Sidewalk Cafe <input type="checkbox"/> Other (specify): <input type="text"/>				

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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: 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:

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: 81 Bowery Realty Corp.

23. Building Owner's Street Address: 97 Bowery

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

25. Business Telephone Number of Building Owner: (917) 682-8999

**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: Mitchell Segal, Esq.

27. Representative/Attorney's Street Address: 1010 Northern Boulevard, Suite 208

28. City, Town or Village: Great Neck State: New York Zip Code: 11021

29. Business Telephone Number of Representative/Attorney: (516) 415-0100

30. Business E-mail Address of Representative/Attorney: msegal@restaurantesq.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: Tzu Yen Cheung Title: Managing Member

Principal Signature: 