



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

Rec'd By Community Board 3, Man

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

None  Patio or Deck  Rooftop  Garden/Grounds  Freestanding Covered Structure

Sidewalk Cafe  Other (specify):

OCT 31 2019

*extend hours to 2:00 THURS,  
4 AM FRI & SAT  
12 AM SUNDAY*

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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:  
 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:
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: 

# HELBRAUN || LEVEY

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October 25., 2019

Susan Stetzer  
Manhattan Community Board 3  
59 East 4th Street,  
New York, NY 10003

RE: Reception Bar Inc  
45 Orchard Street  
New York , NY 10002

Dear Susan Stetzer

I am writing to you on behalf of my client in the subject of this letter. These applicants are currently occupying space at the above address where they operate a cocktail bar.

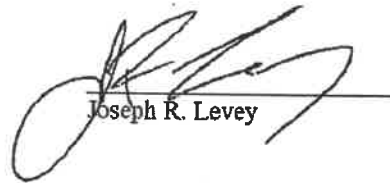
Our client's intention is to apply to the New York State Liquor Authority for a/an method of operation change application.

We are seeking to extend the hours of operation to 2 AM on Thursdays, 4AM on Fridays and Saturdays and 12AM on Sundays.

As you are aware, part of the licensing process requires that the Local Municipality or Community Board be notified to be given an opportunity to comment on the application. Please consider this letter notification of our intent to apply to the New York State Liquor Authority for the above referenced license.

Please forward any meeting notification information and/or documentation requirements to Jake Trissler in our Licensing Department, at the address indicated in my letterhead below, or to [jake.trissler@helbraunlevey.com](mailto:jake.trissler@helbraunlevey.com).

Sincerely,



Joseph R. Levey

helbraunlevey.com  
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New York, NY 10038  
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