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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: 1/27/20 Is Delivered by Certified Mail/Return Receipt

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

Handled By Community Board 3, Man

FEB 14 2020

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: CB3

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): 1245699 Expiration Date (if applicable): 1/31/2021

5. Applicant or Licensee Name: Downtown Ave Hospitality/Skel Bar Inc.

6. Trade Name (if any): _____

7. Street Address of Establishment: 210 AVENUE A

8. City, Town or Village: NEW YORK, NY Zip Code: 10009

9. Business Telephone Number of Applicant/Licensee: 212 633 2000

10. Business E-mail of Applicant/Licensee: JM @ EAST HAVEN, NY

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: REST + BAR

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: GROUND FLOOR
- 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 22-26) No

Owner of the Building in Which the Licensed Establishment is Located

- 22. Building Owner's Full Name: LOREN BACON BY BFC PARTNERS
- 23. Building Owner's Street Address: 150 MYRTLE AVENUE SUITE 2
- 24. City, Town or Village: BROOKLYN State: NY Zip Code: 11201
- 25. Business Telephone Number of Building Owner: 718 422 9960

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: Terrence R. Flynn, Jr.
- 27. Representative/Attorney's Street Address: 444 Beach 129th Street, 2nd Floor
- 28. City, Town or Village: Belle Harbor State: New York Zip Code: 11694
- 29. Business Telephone Number of Representative/Attorney: (718) 945-1000
- 30. Business E-mail Address of Representative/Attorney: trflynnjr@gmail.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: JAMES MORANSEY Title: PRESIDENT

Principal Signature:

James Moransey

Flynn & Flynn, P.L.L.C.

ATTORNEYS AT LAW

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TERRENCE R. FLYNN, JR.

MARY P. FLYNN

444 BEACH 129th STREET
2ND FLOOR
BELLE HARBOR, NEW YORK 11694
TEL: 718-945-1000
FAX: 718-318-6162

February 12, 2020

CERTIFIED MAIL
NO. 7019 0160 0001 0875 4605
RETURN RECEIPT REQUESTED

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

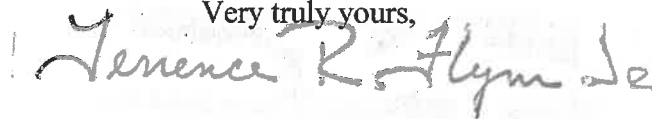
Re: Downtown Ave. Hospitality/Steel Bar Inc. – Corporate Change

Dear Ms. Stetzer:

Please be advised that I am the attorney for Downtown Ave. Hospitality/Steel Bar Inc. that is applying for a Corporate Change for the premises located at 210 Avenue A, New York, NY 10009. The Black Rose Management entity will own 84% of Downtown Hospitality (210 Avenue A). This notification is given pursuant to Section 64, Subdivision 2A of the Alcoholic Beverage Control Law.

If you have any questions, please do not hesitate to call my office. Thank you for your cooperation in this matter.

Very truly yours,



Terrence R. Flynn, Jr.

TRFJ/ph