

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): _____				

OFFICE USE ONLY		
<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:

Name	Serial Number
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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:  _____



585 STEWART AVENUE
SUITE 615
GARDEN CITY, NY 11530
TEL: 516.858.5887
FAX: 516.858.5867

May 26, 2020

Via E-Mail and Certified Mail #7018 0680 0000 7380 1342

Manhattan Community Board No. 3
59 E 4th Street
New York, New York 10003

Re: Dumpling Lab Inc.
214 East 9th Street
New York, NY 10003

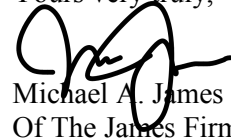
Dear Board Members:

I am writing to you on behalf of my client, Dumpling Lab Inc., located at the address above. My client intends to open a restaurant at the above address and intends to offer alcoholic beverages. My client's intention is to apply to the New York State Liquor Authority for an On Premises Wine, Beer and Cider license for this location.

As you are aware, part of the licensing process requires that the local Community Board or Village be notified and 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 questionnaire to my office, at the address indicated in our letterhead above, or to MJ@jamesfrm.com. Please feel free to contact me directly at (516) 858-5887 if you need any further information.

Yours very truly,



Michael A. James
Of The James Firm