

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

1. Date Notice was Sent: **June 23, 2020** 1a. Delivered by: **Electronic Mail**

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

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

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: **Manhattan Community Board No. 3**

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): **Pending** Expiration Date (if applicable): **Pending**

5. Applicant or Licensee Name: **241 On St Marks Corp.**

6. Trade Name (if any): **Ten Degrees**

7. Street Address of Establishment: **121 St. Marks Place**

8. City, Town or Village: **New York**, NY Zip Code: **10009**

9. Business Telephone Number of Applicant/Licensee: **212 358 8600**

10. Business E-mail of Applicant/Licensee: **tendegreesbar@gmail.com and jules@brpclaw.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: **Cocktail 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): _____

OFFICE USE ONLY

Original
 Amended
 Date _____

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: **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:

New Statford Restaurant Inc
Name

1024650
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: **Citi-Urban Management**

23. Building Owner's Street Address: **6 Grace Avenue**

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

25. Business Telephone Number of Building Owner: **516 466 3333**

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: **Donald M. Bernstein, Esq.**

27. Representative/Attorney's Street Address: **Bernstein Redo PC / 1177 Avenue of the Americas - 5th Floor**

28. City, Town or Village: **New York** State: **New York** Zip Code: **10036**

29. Business Telephone Number of Representative/Attorney: **212 651 3100**

30. Business E-mail Address of Representative/Attorney: **donald@brpclaw.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: **Ilya Lashenko** Title: **President**

Principal Signature: _____ *Ilya Lashenko* _____ **X**

BERNSTEIN REDO, P.C.
-ATTORNEYS AT LAW-

1177 AVENUE OF THE AMERICAS, 5TH FL
NEW YORK, NEW YORK 10036
TEL (212) 651-3100

DONALD M. BERNSTEIN
MARTHA M. REDO

BENJAMIN SAVITSKY

June 23, 2020

Electronic Mail

Manhattan Community Board #3
59 East 4th Street
New York, New York 10003
Attention: Stetzer, Susan, District Manager and
Ed Chan, Community Associate

Re: 241 On St Marks Corp
dba Ten Degrees
121 St. Marks Place
New York, New York 10009

Dear Susan and Ed:

I am providing the statutory Thirty-day notice of intention to file an on-premises liquor license application with the New York State Liquor Authority for 241 On St Marks Corp. This will also be a transfer application. The current licensee is New Statford Restaurant, Inc.

Please place the application on the August Committee agenda.

Thank you.

Very truly yours,

Jules Vigh

Jules Vigh
Paralegal

Enclosure