NEWYORK	St	

	OFFICE	USE ONLY
Original	Amended	Date

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

L. Date Notice was Sent: 02/	03/2021 Certified Mail Return Receipt Requested				
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 includ	le all documents as noted above. Failure to do so may result in disapproval of the application.				
This 30-Day Advance Notic	e is Being Provided to the Clerk of the Following Local Municipality or Community Board:				
3. Name of Municipality or Co	Manhattan Community Board 3				
Applicant/Licensee Inform	ation:				
4. Licensee Serial Number (if a	pplicable): 1308082 Expiration Date (if applicable): 05/31/2021				
5. Applicant or Licensee Name: EAST COAST FISH MARKET INC					
6. Trade Name (if any):	MIA'S FISH MARKET				
7. Street Address of Establishr	nent: 45 Ave. B				
8. City, Town or Village: Ne	w York , NY Zip Code: 10009				
9. Business Telephone Number of Applicant/Licensee: (212) 777-3650					
10. Business E-mail of Applica	nt/Licensee: Lamia.funti@gmail.com				
11. Type(s) of alcohol sold or to be sold:					
12. Extent of Food Service:					
• Full food menu; full k	itchen run by a chef or cook O Menu meets legal minimum food availability requirements; food prep area at minimum				
13. Type of Establishment:	Restaurant (full kitchen and full menu required)				
14. Method of Operation:	☐ 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) Sidewalk Cafe Other (specify):					

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16. List the floor(s) of the building that the establishment is located on:	nd 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 e	establishments?				
19. Will the license holder or a manager be physically present within the establis	hment during all hours of operation?	⊙ Yes ○ No			
20. If this is a transfer application (an existing licensed business is being purchase	ed) provide the name and serial number of	the licensee:			
Name	Serial Num	ber			
21. Does the applicant or licensee own the building in which the establishment is	s located? Yes (if YES, SKIP 23-26)	⊙ No			
Owner of the Building in Which the L	icensed 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 Application for a License to Traffic in Alcohol a	g the Applicant in Connection with the It the Establishment Identified in this	e Notice			
26. Representative/Attorney's Full Name: Mitchell Segal, Esq.					
27. Representative/Attorney's Street Address: 1129 Northern Boule	vard, Suite 404				
28. City, Town or Village: Manhasset	State: New York	Zip Code: 11030			
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 Representations in this form are in conformity with representations when granting the license. I understand the upon, and that false representations may result in disapply my signature, I affirm - under Penalty of Perjury - 31. Printed Principal Name: Lamia Funti	sentations made in submitted docume lat representations made in this form v pproval of the application or revocation	vill also be relied n of the license.			
Principal Signature:					

LAW OFFICES OF MITCHELL S. SEGAL, P.C. 1129 NORTHERN BOULEVARD SUITE 404 MANHASSET, NEW YORK 11030

Ph: (516) 415-0100 Fx: (516) 706-6631 N.Y.C. Office 137 Fifth Avenue, 9th Floor New York, N.Y. 10010 Ph: (212) 388-9444

Edwin Chan, Sr.
Community Associate
Agenda and SLA information
Manhattan Community Board 3
59 East 4th Street
New York, NY 10003

Re: East Coast Fish Market Inc d/b/a Lamia's Fish Market – 45 Ave. B, New York, NY 10009.
On-Premises Restaurant Liquor License

Dear Edwin Chan, Sr.:

I represent East Coast Fish Market Inc d/b/a Lamia's Fish Market located at 45 Ave. B, New York, NY 10009, which desires to change its License Class from On Premises Wine & Beer License to an On Premises Liquor License. I have included the required Community Board Notice from the State Liquor Authority which provides additional detail.

If you have any questions, please do not hesitate to contact me. Thank you.

Very truly yours,

Law Offices of Mitchell S. Segal, P.C.

February 2, 2021

Mitchell Segal

Enclosure