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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: 4/16/21 1a. Delivered by: Email											
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: CB-3											
Applicant/Licensee Information:											
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):											
5. Applicant or Licensee Name: East 3RD STREET ROSTAWANT LLC											
6. Trade Name (if any): Blue monday											
7. Street Address of Establishment: 189 E 310 ST											
8. City, Town or Village: , NY Zip Code: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-										
9. Business Telephone Number of Applicant/Licensee: (347) 453-8138											
10. Business E-mail of Applicant/Licensee: Deeva. Chaoush & Guart. Com											
11. Type(s) of alcohol sold or to be sold:											
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:											
L4. Method of Operation: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke											
Live Music (give details i.e., rock bands, acoustic, jazz, etc.): Jazz in Basement											
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment											
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel											
Other (specify): Live Bur lesque Show											
5 Licensed Outside and August 1997											
5. Licensed Outdoor Area: 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 tha	at the establishment is locat	ed on:	B4!		
17. List the room number(s) the estal	olishment is located in withi	n the building, if a	appropriate:		
18. Is the premises located within 500) feet of three or more on-r	remises liquor es	tablishments	? Yes No	and the Communication of the C
		11			
19. Will the license holder or a mana	ger be physically present wit	thin the establish	ment during a	all hours of operation?	Yes No
20. If this is a transfer application (an	existing licensed business is	s being purchased	l) provide the	name and serial number o	f the licensee:
A CONTRACTOR PROPERTY OF THE P	N. C.				
04 D	Name			Serial Nun	
21. Does the applicant or licensee ow	in the building in which the	establishment; is i	ocated? (Yes (if YES, SKIP 23-26)	⊘ No
	Owner of the Building	in Mhigh thall is	named Febru	المحمد المائية المحمد المائية	
pmax		in which the tic	ensed estar	distinent is Located	
22. Building Owner's Full Name:	189 2 3	ST 1	ic		
23. Building Owner's Street Address:	189 £ 310	学下			
24. City, Town or Village:	les		State:	M	Zip Code: 10009
25. Business Telephone Number of B	uilding Owner: (71	8) 263-	9116		
		0) 267			Particular in a control of the particular and the particular to the particular transfer of the particu
Re Applicat 26. Representative/Attorney's Full N.	oresentative or Attorney ion for a License to Traffi ame: MICHAEL KE	ic in Alcohol at t	he Applican the Establish	t in Connection with the hment Identified in this	e Notice
	Interest at the same and the sa				
27. Representative/Attorney's Street	Address: 136 WAVE	RLYRD			and the second section of the second section of the second second second section of the section of
28. City, Town or Village: SCAR	SDALE	Andrews are not become any agreement assembly any second	State: NY		Zip Code: 10583
29. Business Telephone Number of R	epresentative/Attorney:	(914) 632-6	036		
30. Business E-mail Address of Repre	sentative/Attorney: KEI	LYMLK136	@GMAIL	.COM	erne manufa i primi vancepjak kilokova da jakona sama di pane sis minangana anga atau kilokova.
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Representations in the Authority whe upon, and that fa	at or licensee holder or a this form are in conforming n granting the license. I u lse representations may e, I affirm - under Penalty	ty with represer inderstand that result in disappi	ntations mad representat roval of the	de in submitted docume cions made in this form was application or revocation	nts relied upon by vill also be relied n of the license.
31. Printed Principal Name: MIG	PHAELIZELLY	CONTROL TO BE SEEN AND ADMINISTRATION OF PROPERTY ADMINI	Ti4l	a. MITHODIZED F	JEDDE OF THE VIEW
	JONEL NELLY	AND AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASSESSME	1118	- IAUTHORIZED I	REPRESENTATIVE
Principal Signature:					