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NEW YORK STATE OF OFFICE TUNETY.	State Liquor Authority
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	OFFICE	USE ONLY	
Original	Amended	Date	

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

1. Date Notice was Sent: $04/15$	5/2021	1a. Delivered by:	Email	
2. Select the type of Application th	at will be filed with the Authorit	ty for an On-Premises Alcol	nolic Beverage License:	
New Application	newal 🔘 Alteration 🔘 Corp	oorate Change 🔘 Remov	al 🔘 Class Change 🔘 N	Method of Operation Change
For <b>Renewal</b> applicants, and For <b>Alteration</b> applicants, a For <b>Corporate Change</b> appl For <b>Removal</b> applicants, att For <b>Class Change</b> applicants	reach question below using all is swer all questions ttach a complete written descri icants, attach a list of the current cach a statement of your currents, attach a statement detailing y change applicants, although not	ption and diagrams depicti nt and proposed corporate t and proposed addresses your current license type ar	ng the proposed alteration principals with the reason(s) for the r nd your proposed license ty	elocation /pe
Please include a	all documents as noted abov	e. Failure to do so may	result in disapproval o	f the application.
This 30-Day Advance Notice is	Being Provided to the Clerk	c of the Following Local	Municipality or Commu	ınity Board:
3. Name of Municipality or Comm	unity Board: Manhattai	n Community Bo	ard No. 3	
Applicant/Licensee Information	on:			
4. Licensee Serial Number (if appl	icable):	Expi	ration Date (if applicable):	
5. Applicant or Licensee Name:	Little Saint Inc			
6. Trade Name (if any): TBD				
7. Street Address of Establishmen	t: 121 123 St Marks F	Place		
8. City, Town or Village: New	York	, N	Zip Code: 1000	9
9. Business Telephone Number of Applicant/Licensee: (917) 332-8432				
10. Business E-mail of Applicant/I	robert@ehg.ny	ус		
11. Type(s) of alcohol sold or to b	e sold: O Beer & Cider	Wine, Beer & Cider	O Liquor, Wine, Beer 8	& Cider
12. Extent of Food Service:				
• Full food menu; full kitch	en run by a chef or cook 🏻 🔘 N	Menu meets legal minimum	n food availability requirem	ents; food prep area at minimum
13. Type of Establishment: Res	staurant (full kitchen an	nd full menu require	d)	
(check all that apply)	Live Music (give details i.e., rock	e Dancing Exotic Da	):	☐ Karaoke
(check all that apply)	None Patio or Deck  Sidewalk Cafe Other (sp	Rooftop Garder	n/Grounds	ding Covered Structure
<u></u>	Sidewalk cale	ectiv).		

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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?   ② Yes   No	
19. Will the license holder or a manager be physically present within the establishment during all hours of operation?    O No	
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:	f*
Name Serial Number	
21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26) ONO	
Owner of the Building in Which the Licensed Establishment is Located	
22. Building Owner's Full Name: Avenue A at St Marks Assoc, LLC and Avenue A Schneider Partners, LLC	;
23. Building Owner's Street Address: 6 Grace Avenue, Suite 400	
24. City, Town or Village: Great Neck State: NY Zip Code: 11021	
25. Business Telephone Number of Building Owner: (516) 466-3588	
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:  Max Bookman, Esq Pesetsky and Bookman, P.C.  27. Representative/Attorney's Street Address:  325 Broadway - Suite 501	
28. City, Town or Village: New York State: NY Zip Code: 1000	7
29. Business Telephone Number of Representative/Attorney: (212) 513-1988	
30. Business E-mail Address of Representative/Attorney: max@pb.law; sorraya@pb.law	
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.	add in
31. Printed Principal Name: Robert Ceraso Title: President	
Principal Signature:	