NEW YORK STATE OF OPPORTUNITY.	State Liquor Authority
OPPORTUNITY.	Authority

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>

4. Data Nation was Court			4 - Dali	and have			
1. Date Notice was Sent:			1a. Deliv	vered by:			
2. Select the type of Applicati	ion that will be	filed with the A	Authority for an On-Pre	emises Alcoholic	Beverage License:		
New Application	Renewal	Alteration	Corporate Change	Removal	Class Change	Method of Operatio	n Change
For New applicants, ar For Renewal applicant For Alteration applicant For Corporate Change For Removal applicant For Class Change appli For Method of Operat	s, answer all q nts, attach a co applicants, at s, attach a sta cants, attach a	uestions omplete written tach a list of the tement of your a statement det	description and diagr current and proposed current and proposed ailing your current lice	ams depicting the depicting the depiction of the depictin	cipals the reason(s) for thur or proposed licens	he relocation for the type	ín Sprin
Please inclu	ude all docur	nents as note	d above. Failure to	do so may res	ult in disapprova	al of the application.	
This 30-Day Advance Not	ice is Being P	rovided to the	e Clerk of the Follov	ving Local Mur	nicipality or Com	munity Board:	
3. Name of Municipality or C	ommunity Boa	ard:					
Applicant/Licensee Inforr	nation:						
4. Licensee Serial Number (if	applicable):			Expiration	n Date (if applicable	e):	
5. Applicant or Licensee Nam	ne:						
6. Trade Name (if any):							
7. Street Address of Establish	nment:						
8. City, Town or Village:				, NY	Zip Code:		
9. Business Telephone Numb	er of Applican	t/Licensee:		•			
10. Business E-mail of Applic	ant/Licensee:						
11. Type(s) of alcohol sold or	to be sold:	Beer 8	k Cider Wine, Be	eer & Cider	Liquor, Wine, Be	er & Cider	
12. Extent of Food Service:							
Full food menu; full l	kitchen run by	a chef or cook	Menu meets lega	al minimum food	d availability requir	ements; food prep are	a at minimum
13. Type of Establishment:							
14. Method of Operation: (check all that apply)	Live Musion	ncing En	Juke Box e., rock bands, acoustion ployee Dancing Third Party Promo	Exotic Dancing	Recorded Musi Topless En urity Personnel	c Karaoke Itertainment	
15. Licensed Outdoor Area: (check all that apply)	None Sidewalk	Patio or Dec	ck Rooftop ner (specify):	Garden/Gro	unds Freest	anding Covered Struct	ure

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.

Title:

31. Printed Principal Name:

Principal Signature: John Springer