opla-rev03292018	OFFICE USE ONLY					
NEW YORK SALE State Liquor Authority	Original Amended Date 49					
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:	May 27, 2021 1a. Delivered by: CERTIFIED MAIL					
2. Select the type of Applica	tion 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 Renewal applican For Alteration applic For Corporate Chang For Removal applican For Class Change app	answer each question below using all information known to date hts, answer all questions ants, attach a complete written description and diagrams depicting the proposed alteration(s) are applicants, attach a list of the current and proposed corporate principals hts, attach a statement of your current and proposed addresses with the reason(s) for the relocation blicants, attach a statement detailing your current license type and your proposed license type ation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes					
This 30-Day Advance No	tice is Being Provided to the Clerk of the Following Local Municipality or Community Board:					
3. Name of Municipality or	Community Board: Manhattan Community Board 3					
Applicant/Licensee Info	mation:					
4. Licensee Serial Number (if applicable): 1153768 Expiration Date (if applicable): 09/30/2022						
5. Applicant or Licensee Name: LAZERINI JAZZ LLC						
6. Trade Name (if any): THE CABINET						
7. Street Address of Establishment: 649 E 9TH STREET WEST STORE						
8. City, Town or Village:	NEW YORK, NY 10009 , NY Zip Code: 10009					
9. Business Telephone Num	ber of Applicant/Licensee: (917) 740-7492					
10. Business E-mail of Appli	icant/Licensee: jake.trissler@helbraunlevey.com.					
11. Type(s) of alcohol sold o	or to be sold: O Beer & Cider O Wine, Beer & Cider S Liquor, Wine, Beer & Cider					
12. Extent of Food Service:						
O Full food menu; ful	l kitchen run by a chef or cook 🛛 🔕 Menu meets legal minimum food availability requirements; food prep area at minimum					
13. Type of Establishment:	BAR					
14. Method of Operation: (check all that apply)	Seasonal Establishment Juke Box Disc Jockey Recorded Music Live Music (give details i.e., rock bands, acoustic, jazz, etc.): N/A 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)	Image: Sidewalk Cafe Other (specify): N/A					

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Original Amended Date		OFFICE USE ONLY			
	🔿 Original	Amended	Date		

16. List the floor(s) of the building that the establishment is located on: GI	ROUND FLOOR	
17. List the room number(s) the establishment is located in within the buildi	ng, if appropriate: N/A	
18. Is the premises located within 500 feet of three or more on-premises liq	uor establishments? 🛛 🛇 Yes 🔘 No	
19. Will the license holder or a manager be physically present within the est	ablishment during all hours of operation?	Yes 🔘 No
20. If this is a transfer application (an existing licensed business is being pure	chased) provide the name and serial number of the	licensee:
N/A	N/A	
Name	Serial Number	
21. Does the applicant or licensee own the building in which the establishme	ent is located? OYes (if YES, SKIP 23-26) 🚫	No
Owner of the Building in Which t	he Licensed Establishment is Located	
22. Building Owner's Full Name: WILLOWICK PROPERTIES LLC		
23. Building Owner's Street Address: 29 W26TH STREET, FL 6		
24. City, Town or Village: NEW YORK	State: NY Zip	Code: 10010
25. Business Telephone Number of Building Owner: (646) 524-7742		
	ting the Applicant in Connection with the ol at the Establishment Identified in this Notic	ce
26. Representative/Attorney's Full Name: JOSEPH LEVEY C/O HEL	BRAUN & LEVEY LLP	
27. Representative/Attorney's Street Address: 110 WILLIAM STREE	Г, SUITE 1410	
28. City, Town or Village: NEW YORK	State: NY Zip	Code: 10038
29. Business Telephone Number of Representative/Attorney: 212-219-1	193	
30. Business E-mail Address of Representative/Attorney: c/o jake.trissle	r@helbraunlevey.com.	
I am the applicant or licensee holder or a principal o Representations in this form are in conformity with rep the Authority when granting the license. I understand	resentations made in submitted documents re	elied upon by

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:	JOSEPH LEVEY	Title:	ATTORNEY
Principal Signature:	Ale		

HELBRAUN LEVEY

May 27, 2021

Susan Stetzer Manhattan Community Board 3 59 East 4th Street, New York, NY 10003

RE: LAZERINI JAZZ LLC 649 E 9TH STREET WEST STORE NEW YORK, NY 10009

Dear Susan Stetzer

I am writing to you on behalf of my client in the subject of this letter. These applicants are currently occupying space at the above address where they are applying for an alteration to include more space.

Our client's intention is to apply to the New York State Liquor Authority for a/an alteration application.

As you are aware, part of the licensing process requires that the Local Municipality or Community Board be notified to be given an opportunity to comment on the application. Please consider this letter notification of our intent to apply to the New York State Liquor Authority for the above referenced license.

Please forward any meeting notification information and/or documentation requirements to Jake Trissler in our Licensing Department, at the address indicated in my letterhead below, or to jake.trissler@helbraunlevey.com.

Sincerely,

Joseph R. Levey

helbraunlevey.com 110 William Street, Suite 1410 New York, NY 10038 212-219-1193