

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

1. Date Notice was Sent: 5/25/21 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: Shopsin's General Store INC

6. Trade Name (if any): Shopsin's General Store

7. Street Address of Establishment: 88 Essex St. Stall 8+9

8. City, Town or Village: Ny, NY Zip Code: 10002

9. Business Telephone Number of Applicant/Licensee: (347) 742-7004

10. Business E-mail of Applicant/Licensee: _____

11. Type(s) of alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider

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: Restaurant

14. Method of Operation: (check all that apply)
 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)
 None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
 Sidewalk Cafe Other (specify): _____

- 16. List the floor(s) of the building that the establishment is located on: 1st
- 17. List the room number(s) the establishment is located in within the building, if appropriate: STALL 8+9
- 18. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No
- 19. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No
- 20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:
 Name: _____ Serial Number: _____
- 21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26) No

Owner of the Building in Which the Licensed Establishment is Located

- 22. Building Owner's Full Name: NYC Economic Development Corporation
- 23. Building Owner's Street Address: 1 LIBERTY PLAZA
- 24. City, Town or Village: NY State: NY Zip Code: 10006
- 25. Business Telephone Number of Building Owner: (212) 312-1229

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: MICHAEL KELLY
- 27. Representative/Attorney's Street Address: 136 WAVERLY RD
- 28. City, Town or Village: SCARSDALE State: NY Zip Code: 10583
- 29. Business Telephone Number of Representative/Attorney: (914) 632-6036
- 30. Business E-mail Address of Representative/Attorney: KELLYMLK136@GMAIL.COM

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.

31. Printed Principal Name: MICHAEL KELLY Title: AUTHORIZED REPRESENTATIVE

Principal Signature: 