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OFFICE USE ONLY					
Original	Amended	Date			

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

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1. Date Notice was Sent:		July 16, 2021	1a. Delivered	by:	CERTIFIED MA	AIL	
2. Select the type of Applicat	ion that will be filed	with the Authority	y for an On-Premise	s Alcoho	lic Beverage Lice	nse:	
New Application (Renewal O Alte	eration O Corpo	orate Change 🔘 I	Removal	Class Chang	ge Method of Operation Char	ige
For New applicants, and For Renewal applicants For Alteration application For Corporate Change For Removal applicants For Class Change applicants For Method of Operation	ts, answer all questic nts, attach a comple a applicants, attach a ts, attach a statemer icants, attach a state	te written descrip list of the current t of your current ment detailing yo	otion and diagrams t and proposed cor and proposed addr our current license t	depicting porate pr esses wi	rincipals th the reason(s) f your proposed li	for the relocation	es
This 30-Day Advance Not	ice is Being Provid	ed to the Clerk	of the Following	Local M	lunicipality or (Community Board:	
B. Name of Municipality or Community Board: Manhattan Community Board 3							
Applicant/Licensee Inform	mation:						
4. Licensee Serial Number (if applicable): N/A Expiration Date (if applicable): N/A							
5. Applicant or Licensee Nam	ne: BAR AND E	VENTS 14th S	FREET LLC				
6. Trade Name (if any): P	ENDING						
7. Street Address of Establish	hment: 124 EAS	ST 14TH STRE	ET				
8. City, Town or Village: N	EW YORK, NEW	YORK		, NY	Zip Code:	10003	
9. Business Telephone Numb	per of Applicant/Lice	nsee: PENDIN	[G				
10. Business E-mail of Applic	ant/Licensee: he	ather@helbraun	ilevey.com.				
11. Type(s) of alcohol sold or	r to be sold:	Beer & Cider	O Wine, Beer &	Cider	🛇 Liquor, Wine	e, Beer & Cider	
12. Extent of Food Service:							
S Full food menu; full	kitchen run by a che	for cook O Me	enu meets legal mir	nimum fo	ood availability re	equirements; food prep area at m	inimum
13. Type of Establishment:	FOOD HALL WI	ΓH RESTAURA	ANT/BAR				
14. Method of Operation: (check all that apply)	Seasonal Establishment						
		[1N/A					
15. Licensed Outdoor Area: (check all that apply)	☐ None ☒ Pa	tio or Deck	Rooftop G	iarden/G	rounds 🔲 Fr	reestanding Covered Structure	
☐ Sidewalk Cafe ☐ Other (specify):							

OFFICE U Original Amended	Date	4
16. List the floor(s) of the building that the establishment is located on:	OUND FLOOR ONLY	
 17. List the room number(s) the establishment is located in within the building	g, if appropriate: (N/A)	
18. Is the premises located within 500 feet of three or more on-premises liquo		
19. Will the license holder or a manager be physically present within the estab	olishment during all hours of operation?	⊗Yes ○ No
20. If this is a transfer application (an existing licensed business is being purcha	ased) provide the name and serial number	of the licensee:
(N/A)	(N/A)	
Name	Serial Nu	umber
21. Does the applicant or licensee own the building in which the establishment Owner of the Building in Which the		⊗ No
22. Building Owner's Full Name: 14TH AT IRVING FEE LLC C/O Prop	perty Management Affiliates LLC	
23. Building Owner's Street Address: 434 Broadway, 5th Floor		
24. City, Town or Village: NEW YORK	State: NEW YORK	Zip Code: 10013
25. Business Telephone Number of Building Owner: (914) 645-1783		
Representative or Attorney Representir Application for a License to Traffic in Alcohol 26. Representative/Attorney's Full Name: JOSEPH LEVEY C/O HELBE	at the Establishment Identified in thi	
27. Representative/Attorney's Street Address: 110 WILLIAM STREET,	SUITE 1410	
28. City, Town or Village: NEW YORK	State: NY	Zip Code: 10038
29. Business Telephone Number of Representative/Attorney: 212-219-119	93	
30. Business E-mail Address of Representative/Attorney: c/o heather@hel	braunlevey.com.	
I am the applicant or licensee holder or a principal of t Representations in this form are in conformity with repre the Authority when granting the license. I understand th upon, and that false representations may result in disa By my signature, I affirm - under Penalty of Perjury - 31. Printed Principal Name: JOSEPH LEVEY	esentations made in submitted docum that representations made in this form approval of the application or revocation	ents relied upon by will also be relied on of the license.
Principal Signature:		



July 16, 2021

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

RE: BAR AND EVENTS 14th STREET LLC

124 EAST 14TH STREET

NEW YORK, NEW YORK

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 plan to operate a food hall with restaurant/bar.

Our client's intention is to apply to the New York State Liquor Authority for a/an on-premise liquor license.

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 Heather Kirk in our Licensing Department, at the address indicated in my letterhead below, or to heather@helbraunlevey.com.

Sincerely,