

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

NEW

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

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

(Page 1 of 2 of Form)

JAN 28 2015

12



1. Date Notice was Sent: (mm/dd/yyyy)

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

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

Applicant/Licensee Information

4. License Serial Number, if not New Application: Expiration Date, if not New Application:

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

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

9. Business Telephone Number of Applicant/Licensee:

10. Business Fax Number of Applicant/Licensee:

11. Business E-mail of Applicant/Licensee:

For New applicants, provide description below using all information known to date.
For Alteration applicants, attach complete description and diagram of proposed alteration(s).
For Current Licensees, set forth approved Method of Operation only.
Do Not Use This Form to Change Your Method of Operation.

12. Type(s) of Alcohol sold or to be sold: ("X" One) Beer Only Wine & Beer Only Liquor, Wine & Beer

13. Extent of Food Service: ("X" One) Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef) Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all that apply)

Recorded Music Live Music Disc Jockey Juke Box Karaoke Bar Stage Shows

Patron Dancing (small scale) Cabaret, Night Club (Large Scale Dance Club) Catering Facility

Capacity of 600 or more patrons Topless Entertainment Restaurant Hotel

Recreational Facility (Sports Facility/Vessel) Club (e.g. Golf Club/Fraternal Org.) Bed & Breakfast

Seasonal Establishment

15. Licensed Outdoor Area: ("X" all that apply)

None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure

Sidewalk Cafe Other (specify):

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

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

(Page 2 of 2 of Form)



16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located with 500 feet of three or more on-premises liquor establishments? Yes No

19. Will the license holder or a manger be physically present within the establishment during all hours of operation? Yes No

20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24) No

Owner of the Building in Which the Licensed Establishment is Located

21. Building Owner's Full Name:

22. Building Owner's Street Address:

23. City, Town or Village: State: Zip Code:

Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice

25. Attorney's Full Name:

26. Attorney's Street Address:

27. City, Town or Village: State: Zip Code:

28. Business Telephone Number of Attorney:

29. Business Email Address of Attorney:

I am the applicant or hold the license or am 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.

30. Printed Name: Title:

Signature: **X** _____

NEW
OP

13

OFFICE USE ONLY

Original Amended Date _____

Rec'd By Community Board 3

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

State of New York
Executive Department
Division of Alcoholic Beverage Control
State Liquor Authority

FEB 09 2015

(Page 1 of 2 of Form)

1. Date Notice was Sent: (mm/dd/yyyy) 2/4/2015

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

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 Manhattan Community Board No. 3

Applicant/Licensee Information

4. License Serial Number, if not New Application: - Expiration Date, if not New Application: -

5. Applicant or Licensee Name: Hermes B NY LLC

6. Trade Name (if any): -

7. Street Address of Establishment: 95 Allen Street

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

9. Business Telephone Number of Applicant/Licensee: 917-686-8592

10. Business Fax Number of Applicant/Licensee: -

11. Business E-mail of Applicant/Licensee: -

For New applicants, provide description below using all information known to date.
 For Alteration applicants, attach complete description and diagram of proposed alteration(s).
 For Current Licensees, set forth approved Method of Operation only.
 Do Not Use This Form to Change Your Method of Operation.

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14. Type of Establishment: ("X" all the apply)

- Recorded Music Live Music Disc Jockey Juke Box Karaoke Bar Stage Shows
- Patron Dancing (small scale) Cabaret, Night Club (Large Scale Dance Club) Catering Facility
- Capacity of 600 or more patrons Topless Entertainment Restaurant Hotel
- Recreational Facility (Sports Facility/Vessel) Club (e.g. Golf Club/Fraternal Org.) Bed & Breakfast
- Seasonal Establishment

15. Licensed Outdoor Area: ("X" all the apply)

- None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
- Sidewalk Cafe Other (specify): _____

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

Standardized **NOTICE FORM** for Providing 30-Day Advanced Notice to a
Local Municipality or Community Board
 (Page 2 of 2 of Form)

16. List the floor(s) of the building that the establishment is located on:
17. List the room number(s) the establishment is located in within the building, if appropriate:
18. Is the premises located with 500 feet of three or more on-premises liquor establishments? Yes No
19. Will the license holder or a manger be physically present within the establishment during all hours of operation? Yes No
20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24) No

Owner of the Building in Which the Licensed Establishment is Located

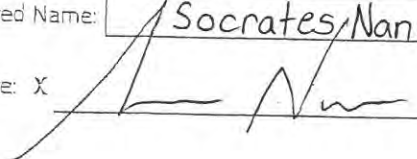
21. Building Owner's Full Name:
22. Building Owner's Street Address:
23. City, Town or Village: State: Zip Code:

Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice

25. Attorney's Full Name:
26. Attorney's Street Address:
27. City, Town or Village: State: Zip Code:
28. Business Telephone Number of Attorney:
29. Business Email Address of Attorney:

I am the applicant or hold the license or am 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.

30. Printed Name: Title:
- Signature: X 

NEW
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rev 10/08/13

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State of New York
Executive Department
Division of Alcoholic Beverage Control
State Liquor Authority

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

Rec'd By: Community Board 3, Man

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

FEB 17 2015

(Page 1 of 2 of Form)

1. Date Notice was Sent: (mm/dd/yyyy) February 10, 2015

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

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: Community Board #3

Applicant/Licensee Information

4. License Serial Number, if not New Application: _____ Expiration Date, if not New Application: _____

5. Applicant or Licensee Name: Clemente Soto Velez Cultural & Educational Center, Inc

6. Trade Name (if any): The Clemente

7. Street Address of Establishment: 107 Suffolk Street

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

9. Business Telephone Number of Applicant/Licensee: (212) 260-4080

10. Business Fax Number of Applicant/Licensee: NA

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

For New applicants, provide description below using all information known to date.
For Alteration applicants, attach complete description and diagram of proposed alteration(s).
For Current Licensees, set forth approved Method of Operation only.
Do Not Use This Form to Change Your Method of Operation.

12. Type(s) of Alcohol sold or to be sold: ("X" One) Beer Only Wine & Beer Only Liquor, Wine & Beer

13. Extent of Food Service: ("X" One) Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef) Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all the apply)

- Recorded Music
- Live Music
- Disc Jockey
- Juke Box
- Karaoke Bar
- Stage Shows
- Patron Dancing (small scale)
- Cabaret, Night Club (Large Scale Dance Club)
- Catering Facility
- Capacity of 600 or more patrons
- Topless Entertainment
- Restaurant
- Hotel
- Recreational Facility (Sports Facility/Vessel)
- Club (e.g. Golf Club/Fraternal Org.)
- Bed & Breakfast
- Seasonal Establishment

15. Licensed Outdoor Area: ("X" all the apply)

- None
- Patio or Deck
- Rooftop
- Garden/Grounds
- Freestanding Covered Structure
- Sidewalk Cafe
- Other (specify): Parking Lot

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a
 Local Municipality or Community Board**
 (Page 2 of 2 of Form)

16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located with 500 feet of three or more on-premises liquor establishments? Yes No

19. Will the license holder or a manger be physically present within the establishment during all hours of operation? Yes No

20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24) No

Owner of the Building in Which the Licensed Establishment is Located

21. Building Owner's Full Name:

22. Building Owner's Street Address:

23. City, Town or Village: State: Zip Code:

**Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the
 Establishment Identified in this Notice**

25. Attorney's Full Name:

26. Attorney's Street Address:

27. City, Town or Village: State: Zip Code:

28. Business Telephone Number of Attorney:

29. Business Email Address of Attorney:

I am the applicant or hold the license or am 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.

30. Printed Name: Title:

Signature: X 

OFFICE USE ONLY		
<input checked="" type="radio"/> Original	<input type="radio"/> Amended	Date
Filed By Community Board 3, Man		

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Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board
FEB 10 2015

(Page 1 of 2 of Form)

1. Date Notice was Sent: (mm/dd/yyyy)

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

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

Applicant/Licensee Information

4. License Serial Number, if not New Application: Expiration Date, if not New Application:

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

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

9. Business Telephone Number of Applicant/Licensee:

10. Business Fax Number of Applicant/Licensee:

11. Buisness E-mail of Applicant/Licensee:

For New applicants, provide description below using all information known to date.
For Alteration applicants, attach complete description and diagram of proposed alteration(s).
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Do Not Use This Form to Change Your Method of Operation.

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13. Extent of Food Service: ("X" One) Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef) Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all that apply)
 Recorded Music Live Music Disc Jockey Juke Box Karaoke Bar Stage Shows
 Patron Dancing (small scale) Cabaret, Night Club (Large Scale Dance Club) Catering Facility
 Capacity of 600 or more patrons Topless Entertainment Restaurant Hotel
 Recreational Facility (Sports Facility/Vessel) Club (e.g. Golf Club/Fraternal Org.) Bed & Breakfast
 Seasonal Establishment

15. Licensed Outdoor Area: ("X" all that apply)
 None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
 Sidewalk Cafe Other (specify):

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

15

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

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

(Page 2 of 2 of Form)

16. List the floor(s) of the building that the establishment is located on:
17. List the room number(s) the establishment is located in within the building, if appropriate:
18. Is the premises located with 500 feet of three or more on-premises liquor establishments? Yes No
19. Will the license holder or a manger be physically present within the establishment during all hours of operation? Yes No
20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24) No

Owner of the Building in Which the Licensed Establishment is Located

21. Building Owner's Full Name:
22. Building Owner's Street Address:
23. City, Town or Village: State: Zip Code:

Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice

25. Attorney's Full Name:
26. Attorney's Street Address:
27. City, Town or Village: State: Zip Code:
28. Business Telephone Number of Attorney:
29. Business Email Address of Attorney:

I am the applicant or hold the license or am 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.

30. Printed Name: Title

Signature: X 

OFFICE USE ONLY
 Original Amended Date _____

16

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

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

(Page 1 of 2 of Form)

FEB 20 2015

1. Date Notice was Sent: (mm/dd/yyyy) 2-8-15

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

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: Community Board 3

Applicant/Licensee Information

4. License Serial Number, if not New Application: 1024131 Expiration Date, if not New Application: 11/30/15

5. Applicant or Licensee Name: JACOB KELLY / -ST NULLELLY GEORGE DENSON

6. Trade Name (if any): bob bar

7. Street Address of Establishment: 235 E Hk. 1st St

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

9. Business Telephone Number of Applicant/Licensee: 212 529 1807

10. Business Fax Number of Applicant/Licensee: _____

11. Business E-mail of Applicant/Licensee: bobbar nyc 2@gmail.com

**For New applicants, provide description below using all information known to date.
 For Alteration applicants, attach complete description and diagram of proposed alteration(s).
 For Current Licensees, set forth approved Method of Operation only.
 Do Not Use This Form to Change Your Method of Operation.**

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14. Type of Establishment: ("X" all that apply)
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 Capacity of 600 or more patrons Topless Entertainment Restaurant Hotel
 Recreational Facility (Sports Facility/Vessel) Club (e.g. Golf Club/Fraternal Org.) Bed & Breakfast
 Seasonal Establishment

15. Licensed Outdoor Area: ("X" all that apply)
 None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
 Sidewalk Cafe Other (specify): _____

COMPLAINTS

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

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

(Page 2 of 2 of Form)

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20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24) No

Owner of the Building in Which the Licensed Establishment is Located

21. Building Owner's Full Name:
22. Building Owner's Street Address:
23. City, Town or Village: State: Zip Code:

Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice

25. Attorney's Full Name:
26. Attorney's Street Address:
27. City, Town or Village: State: Zip Code:
28. Business Telephone Number of Attorney:
29. Business Email Address of Attorney:

I am the applicant or hold the license or am 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.

30. Printed Name: Title:

Signature: X 

OFFICE USE ONLY
 Original Amended Date _____

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a

Local Municipality or Community Board

(Page 1 of 2 of Form)

FEB 19 2015

1. Date Notice was Sent: (mm/dd/yyyy)

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

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

Applicant/Licensee Information

4. License Serial Number, if not New Application: Expiration Date, if not New Application:

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

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

9. Business Telephone Number of Applicant/Licensee:

10. Business Fax Number of Applicant/Licensee:

11. Business E-mail of Applicant/Licensee:

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 Sidewalk Cafe Other (specify):

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

17



State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a
 Local Municipality or Community Board**
 (Page 2 of 2 of Form)

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19. Will the license holder or a manger be physically present within the establishment during all hours of operation? Yes No

20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24) No

Owner of the Building in Which the Licensed Establishment is Located

21. Building Owner's Full Name:

22. Building Owner's Street Address:

23. City, Town or Village: State: Zip Code:

**Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the
 Establishment Identified in this Notice**

25. Attorney's Full Name:

26. Attorney's Street Address:

27. City, Town or Village: State: Zip Code:

28. Business Telephone Number of Attorney:

29. Business Email Address of Attorney:

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By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

30. Printed Name: Title:

Signature: X

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18

WED
WB
State of New York
Executive Department
Division of Alcoholic Beverage Control
State Liquor Authority

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

FEB 17 2015

(Page 1 of 2 of Form)

1. Date Notice was Sent: (mm/dd/yyyy)

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

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

Applicant/Licensee Information

4. License Serial Number, if not New Application: Expiration Date, if not New Application:

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

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

9. Business Telephone Number of Applicant/Licensee:

10. Business Fax Number of Applicant/Licensee:

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Seasonal Establishment

15. Licensed Outdoor Area: ("X" all that apply)

None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure

Sidewalk Cafe Other (specify):

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board
 (Page 2 of 2 of Form)

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19. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No

20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24) No

Owner of the Building in Which the Licensed Establishment is Located

21. Building Owner's Full Name:

22. Building Owner's Street Address:

23. City, Town or Village: State: Zip Code:

Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice

25. Attorney's Full Name:

26. Attorney's Street Address:

27. City, Town or Village: State: Zip Code:

28. Business Telephone Number of Attorney:

29. Business Email Address of Attorney:

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By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

30. Printed Name: Title:

Signature: