

STATE OF NEW YORK
 EXECUTIVE DEPARTMENT
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL
 STATE LIQUOR AUTHORITY

Rec'd by Community Board 3, Manhattan

Standardized **NOTICE FORM** for Providing a 30-Day Advance Notice to a Local Municipality or Community Board in connection with the submission to the State Liquor Authority of a (check one)
 New Application Renewal Application Extension Application
 Corporate Change for an Alcohol Beverage License

AUG 28 2013



1. Date the original copy of this Notice was mailed to the Local Municipality or Community Board: Month Day Year
 08 27 2013

THIS 30-DAY ADVANCE NOTICE IS BEING PROVIDED TO THE CLERK OF THE FOLLOWING LOCAL MUNICIPALITY OR COMMUNITY BOARD

2. Name of the Local Municipality or Community Board: 3

ATTORNEY REPRESENTING THE APPLICANT IN CONNECTION WITH THE APPLICANT'S LICENSE APPLICATION NOTED AS ABOVE FOR THE ESTABLISHMENT IDENTIFIED IN THIS NOTICE

3. Attorney's Full Name is: Warren Pesetsky

4. Attorney's Street Address: 325 Broadway Suite 501

5. City, Town or Village: Ny State: Ny Zip Code: 10007

6. Business Telephone Number of Attorney: 212-513-1988

**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**

7. Type(s) of alcohol sold or to be sold under the license: ("X" One) Beer Only Wine and Beer Only Liquor, Wine and Beer

8. 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)

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

10. Licensed outdoor area: ("X" all that apply)
 None Rooftop Patio or Deck Freestanding Covered Structure Garden/Grounds
 Sidewalk Cafe Other (Specify): None

11. Will the license holder or a manager be physically present within the establishment during all hours of operation? ("X" one) Yes No

12. License serial number: 1188694 Expiration Date: 9/30/2013

13. The applicant's or license holder's full name, as it appears or will appear on the license: Becap LLC

14. The Trade name, if any, under which the establishment conducts or will conduct business: Poco

15. The establishment is located within the building which has the following street address: 33 Avenue B aka 29 Avenue B

16. City, Town, or Village: New York NY Zip Code: 10009

17. The establishment is located on the following floor(s) of the building at the above address: 1st

18. Within the building at the above address, the establishment is located within the room(s) numbered as follows: 33 Avenue B

19. Business telephone number of applicant/licensee: 212-228-4461 Business fax number of applicant/licensee: 212-228-4661

20. Business e-mail address of applicant/licensee: sara@poconyc.com

21. Does the applicant or license holder own the building in which the establishment is located? ("X" one) Yes (If "Yes", SKIP items 22-25) No

OWNER OF THE BUILDING IN WHICH THE LICENSED ESTABLISHMENT IS LOCATED

22. Building owner's full name is: Arthur Leeds

23. Building owner's street address: 215 W. 83rd St

24. City, Town, or Village: New York State: Ny Zip Code: 10024

25. Business telephone number of building owner: 212-874-6400

26. 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.

Printed Name: Sara Grizzle Title: Owner Signature: [Handwritten Signature]