

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

OFFICE USE ONLY  
 Original  Amended Date \_\_\_\_\_

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

(Page 1 of 2 of Form)

JUL 31 2015

1. Date Notice was Sent: (mm/dd/yyyy) 7/29/15

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 a New Application: 1024159+1024160 Expiration Date, if not a New Application: 10/31/15

5. Applicant or Licensee Name: 95 Stanton Street Rest Inc

6. Trade Name (if any): Arlenes Grocery

7. Street Address of Establishment: 95 Stanton St

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

9. Business Telephone Number of Applicant/Licensee: 212-358-1633

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 _____

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 (Page 2 of 2 of Form)

16. List the floor(s) of the building that the establishment is located on: Basement + 1st Floor
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: JCCJ Associates LLC
22. Building Owner's Street Address: 700 White Plains Rd, Ste 325
23. City, Town or Village: Scarsdale State: NY Zip Code: 10583
24. Business Telephone Number of Building Owner: 516-791-0600

**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: MICHAEL KELLY
26. Attorney's Street Address: 136 WAVERLY RD
27. City, Town or Village: SCARSDALE State: NY Zip Code: 10583
28. Business Telephone Number of Attorney: (914) 740-3580
29. Business Email Address of Attorney: KELLYMLK@AOL.COM

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: Dermot Burke Title: Secretary
- Signature: X \_\_\_\_\_