

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 _____

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: GROUND 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: LOUIS MUROLO

22. Building Owner's Street Address: 104 BAYARD ST.

23. City, Town or Village: NEW YORK State: NY Zip Code: 10013

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: JOSEPH LEVEY

26. Attorney's Street Address: 110 WILLIAM ST STE 1410

27. City, Town or Village: NEW YORK State: NY Zip Code: 10038

28. Business Telephone Number of Attorney: 212-219-1193

29. Business Email Address of Attorney: PATY@HEUBRAUNLEVEY.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: MATEUSZ LILOP Title: LLC MEMBER

Signature: X _____