

OFFICE USE ONLY  
 Original  Amended Date Rec'd By Community Board 3, Man

6



State Liquor Authority

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

AUG 08 2016

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1. Date Notice Was Sent: Aug 4, 2016 1a. Delivered by: CMRR

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 
  Removal 
  Class Change 
  Change to method of operation

For New applicants, answer each question below using all information known to date.

For Renewal applicants, set forth your approved Method of Operation only.

For Alteration applicants, attach a complete written description and diagrams depicting the proposed alteration(s).

For Corporate Change applicants, attach a list of the current and proposed corporate principals.

For Removal applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation.

For Class Change applicants, attach a statement detailing your current license type and your proposed license type. RW to OP

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 Applicable: 1290379 Expiration Date, if Applicable: 12-31-17

5. Applicant or Licensee Name: Bistro Uruguay Inc

6. Trade Name (if any): Charrua

7. Street Address of Establishment: 131 Essex Street

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

9. Business Telephone Number of Applicant/Licensee: (212) 677-5838

10. Business Fax Number of Applicant/Licensee: (212) 677-5847

11. Business E-mail of Applicant/Licensee: www.charruenc.com

12. Type(s) of Alcohol sold or to be sold:  Beer & Cider  Wine, Beer & Cider  Liquor, Wine, Beer & Cider

13. Extent of Food Service:  Full food menu; Full Kitchen run by a chef or cook  Menu meets legal minimum food availability requirements; Food prep area at minimum

14. Type of Establishment: Restaurant

15. Method of Operation: (Check all that apply)

Seasonal Establishment 
  Juke Box 
  Disc Jockey 
  Recorded Music 
  Karaoke  
 Live Music (Give details: i.e. rock bands, acoustic, jazz, etc.):  
 Patron Dancing 
  Employee Dancing 
  Exotic Dancing 
  Topless Entertainment  
 Video/Arcade Games 
  Third Party Promoters 
  Security Personnel  
 Other (specify):

16. Licensed Outdoor Area: (Check all that apply)

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

UPGRADE TO OP AND extend hours: THURS FROM 11:00 TO 2:00AM, FRI, SAT FROM 12 TO 2:00

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

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17. List the floor(s) of the building that the establishment is located on: Ground floor ; basement

18. List the room number(s) the establishment is located in within the building, if appropriate: N/A

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

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

21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee.

22. Does the applicant or licensee own the building in which the establishment is located?  Yes (If Yes SKIP 23-26)  No

#### Owner of the Building in Which the Licensed Establishment is Located

23. Building Owner's Full Name: B Arnold LLC

24. Building Owner's Street Address: 28 Homeside Lane

25. City, Town or Village: White Plains State: NY Zip Code: 10605

26. Business Telephone Number of Building Owner: (917) 355-9933

#### Representative or Attorney representing the Applicant in Connection with the application for a license to traffic in alcohol at the establishment identified in this notice

27. Representative/Attorney's Full Name: Frank W. Palillo

28. Street Address: 60 Broad Street, Suite 3504

29. City, Town or Village: New York State: New York Zip Code: 10004

30. Business Telephone Number of Representative/Attorney: (212) 227-1640

31. Business Email Address: Fwpalillo@gmail.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.

32. Printed Name: Marcella Mena Title: President

Signature: X