



State Liquor Authority

AUG 05 2016

1. Date Notice Was Sent: 8/3/16 1a. Delivered by: Certified Mail Return Receipt

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

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.

**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: \_\_\_\_\_ Expiration Date, if Applicable: \_\_\_\_\_

5. Applicant or Licensee Name: JAMES MORRISSEY OR ENTITY TO BE FORMED

6. Trade Name (if any): \_\_\_\_\_

7. Street Address of Establishment: 175 E HOUSTON STREET

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

9. Business Telephone Number of Applicant/Licensee: 214-676-9721

10. Business Fax Number of Applicant/Licensee: \_\_\_\_\_

11. Business E-mail of Applicant/Licensee: JM@EASTHOUSTON.NY

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 + Bar

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): \_\_\_\_\_



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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- 17. List the floor(s) of the building that the establishment is located on: 1st and basement
- 18. List the room number(s) the establishment is located in within the building, if appropriate:
- 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: 175-177 EAST HOUSTON ASSOCIATES
- 24. Building Owner's Street Address: 60 CUTTER MILL ROAD, SUITE 600
- 25. City, Town or Village: GREAT NECK State: NY Zip Code: 11021
- 26. Business Telephone Number of Building Owner: 516-487-5900

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: Terrence R. Flynn, Jr
- 28. Street Address: 198 Beach 102nd Street, 2nd Floor
- 29. City, Town or Village: Rockaway Park State: N.Y. Zip Code: 11694
- 30. Business Telephone Number of Representative/Attorney: 718-945-1000
- 31. Business Email Address: trflynnjr@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: JAMES MORRISSEY Title: CEO

Signature: X [Handwritten Signature]