

OFFICE USE ONLY
 Original Amended Date _____



State Liquor Authority

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

(Page 1 of 2 of Form)

JUN 05 2017

1. Date Notice Was Sent: 5/30/17 1a. Delivered by: Certified Mail Return Receipt Requested

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

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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: CB-3

Applicant/Licensee Information

4. License Serial Number, if Applicable: _____ Expiration Date, if Applicable: _____

5. Applicant or Licensee Name: Mee Larp Inc

6. Trade Name (if any): Tai Thai

7. Street Address of Establishment: 78 E 1st St

8. City, Town or Village: My, NY Zip Code: 10009

9. Business Telephone Number of Applicant/Licensee: (212) 777-2552

10. Business Fax Number of Applicant/Licensee: _____

11. Business E-mail of Applicant/Licensee: Zombie707@Comcast.net

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): _____

