

OFFICE USE ONLY
 Original Amended Date



State Liquor Authority Standardized **NOTICE FORM** for Providing 30-Day Advance Notice to a Local Municipality or Community Board

Rec'd By Community Board 3, Man

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1. Date Notice Was Sent: 7/21/17 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

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: 58 EAST 1ST ST LLC

6. Trade Name (if any): Boticarios

7. Street Address of Establishment: 58 E 1ST ST

8. City, Town or Village: Ly, NY Zip Code: 10003

9. Business Telephone Number of Applicant/Licensee: (347) 495 6991

10. Business Fax Number of Applicant/Licensee: _____

11. Business E-mail of Applicant/Licensee: Sardines.Enrique@gmail.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): _____

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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: 1st

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? [X] Yes [] No

20. Will the license holder or a manager be physically present within the establishment during all hours of operation? [X] 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. CVHR58 INC (Bara Restaurant) # 1253777

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

Owner of the Building in Which the Licensed Establishment is Located

23. Building Owner's Full Name: 55 East Partners LLC

24. Building Owner's Street Address: 87 E 116th St Suite 302

25. City, Town or Village: Ny State: Ny Zip Code: 10029

26. Business Telephone Number of Building Owner:

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: MICHAEL KELLY

28. Street Address: 136 WAVERLY RD

29. City, Town or Village: SCARSDALE State: NY Zip Code: 10583

30. Business Telephone Number of Representative/Attorney: 914-632-6036

31. Business Email Address: KELLYMLK136@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: MICHAEL KELLY Title: REPRESENTATIVE

Signature: X [Handwritten Signature]