opla-rev 01/22/16  Original Office USE ONLY  Amended Date
WYORK State Liquor Standardized NOTICE FORM for Providing 30-Day Advanced Notice to Authority Rec'd By Community Board Communi
(Page 1 of 2 of Forn
1. Date Notice Was Sent: 09/29/2017 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 <b>New</b> applicants, answer each question below using all information known to date. For <b>Renewal</b> applicants, set forth your approved Method of Operation only. For <b>Alteration</b> applicants, attach a complete written description and diagrams depicting the proposed alteration(s). For <b>Corporate Change</b> applicants, attach a list of the current and proposed corporate principals. For <b>Removal</b> applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation. For <b>Class Change</b> 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: Manhattan Community Board 3
Applicant/Licensee Information
4. License Serial Number, if Applicable: Expiration Date, if Applicable:
5. Applicant or Licensee Name: K. McNamee on behalf of an entity to be determined
6. Trade Name (if any): To be determined
7. Street Address of Establishment: 157 Avenue C
8. City, Town or Village: New York ,NY Zip Code : 10009
9. Business Telephone Number of Applicant/Licensee: (212)487-9100
10. Business Fax Number of Applicant/Licensee:
11. Business E-mail of Applicant/Licensee: katrinamcnamee@hotmail.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; Menu meets legal minimum food availability requirements; Full Kitchen run by a chef or cook
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   On Weekends     Other (specify):
16. Licensed Outdoor Area: (Check all that apply)  None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure  Sidewalk Cafe Other (specify):

OFFICE USE ONLY
Amended Date

Starte Liquor Authority  Standardized NOTICE FORM for Providing 30-Day Advanced Notice Local Municipality or Community Be (Page 2 of 2 of Fo (Page 2 of 2 of Page 2 of 2 of Page 2 of 2								
Page 2 of 2 of Fc	TROE		Standard	ized <u>NOTICE</u>	FORM	for Providing	30-Day Advanc	ed Notice to
17. List the floor(s) of the building that the establishment is located on:    First Floor	K					<u>Local Mun</u>		
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?  (a) Yes  (b) No  20. Will the license holder or a manager be physically present within the establishment during all hours of operation?  (a) Yes  (c)  21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the license N/A  22. Does the applicant or licensee own the building in which the establishment is located?  (b) Yes (lif Yes SKIP 23-26)  (c) No  Owner of the Building in Which the Licensed Establishment is Located  23. Building Owner's Full Name:  (c) Poillsher Management LLC, c/o DSA Property Group  24. Building Owner's Street Address:  (a) Madison Avenue, Suite 1111  25. City, Town or Village:  (New York		tale i dile i i		-				
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