

OFFICE USE ONLY

Original Amended Date _____

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

1. Date Notice Was Sent: **10.13.17** 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 proposed Method of Operation only.
 For **Alteration**, provide a detailed description and diagrams depicting the proposed alteration(s).
 For **Corporate**, list current and proposed corporate principals.
 For **Removal**, provide current and proposed addresses with the reason(s) for the relocation.
 For **Class Change**, list your current license type and your proposed license type.

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This 30-Day Advanced Notice is being filed with the Clerk of the following Local Municipality or Community Board

3. Name of Municipality or Community Board: **Manhasset Neck Community Board No. 3**

Applicant/Licensee Information

4. License Serial Number, if Applicable: **TBD** Expiration Date, if Applicable: **TBD**

5. Applicant or Licensee Name: **TBD**

6. Trade Name (if any): **Dorian Gray**

7. Street Address of Establishment: **205 E 4th Street**

8. City, Town or Village: **New York**, NY Zip Code: **10009**

9. Business Telephone Number of Applicant/Licensee: **(917) 574-4170**

10. Business Fax Number of Applicant/Licensee: **n/a**

11. Business E-mail of Applicant/Licensee: **taff.donghy@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: **Bar / 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:
- 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:
- 24. Building Owner's Street Address:
- 25. City, Town or Village: State: Zip Code:
- 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:
- 28. Street Address:
- 29. City, Town or Village: State: Zip Code:
- 30. Business Telephone Number of Representative/Attorney:
- 31. Business Email Address:

I am the applicant or hold the license or am a principal of the legal entity in this form are in conformity with representations made in this form when granting the license. I understand that representations made in this form may result in disapproval of the application.

with drawn

license. Representations made to the Authority when false representations are made.

By my signature, I affirm - under Penalty of Perjury - that the information provided in this form are true.

32. Printed Name: Title:

Signature: X