opla-rev 01/22/16 OFFICE USE ONLY Original Amended Date							
NEW YORK STATE OF OPPORTUNITY. State Liquor Authority State Liquor Authority State Liquor Authority State Liquor Authority Community Board OCT 0 6 2017 Community Board OCT 0 6 2017							
1. Date Notice Was Sent: Oct 2, 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							
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: Manhattan Community Board 3 Applicant/Licensee Information							
4. License Serial Number, if Applicable: Expiration Date, if Applicable:							
5. Applicant or Licensee Name: AVOCADO APPETIT INC							
6. Trade Name (if any): AVOCADO APPETIT							
7. Street Address of Establishment: 112 ELDRIDGE STREET, STORE NORTH							
8. City, Town or Village: NEW YORK ,NY Zip Code: 10002							
9. Business Telephone Number of Applicant/Licensee: 917-775-2035							
10. Business Fax Number of Applicant/Licensee:							
11. Business E-mail of Applicant/Licensee:							
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; Food prep area at minimum							
14. Type of Establishment: Restaurant (Full Kitchen & Full Menu required							
15. Method of Operation: (Check all that apply) Seasonal Establishment							

None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure

☐ Sidewalk Cafe ☐ Other (specify):

16. Licensed Outdoor Area: (Check all that apply)

	Original
NEW YORK STATE OF OPPORTUNITY.	State Liquor Authority

STATE OF OPPORTUNITY.	ate Liquor uthority	Standardi	zea <u>NOTIC</u>	E FUKIV	TO	r Providing 3 Local Munic	<u>80-Day Advanced Notice</u> to cipality or Community Boar	
							(Page 2 of 2 of Forn	
17. List the floor(s) of the	building that th	e establishment is	s located on:	1st Fl				
18. List the room numbe building, if appropria	r(s) the establish ate:	ment is located in	within the	4				
19. Is the premises locate	ed within 500 fee	t of three or more	on-premises	liquor est	abli	ishments? Ye	es ONo	
20. Will the license holde								
21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee								
							and send maniper of the needsee	
22. Does the applicant or licensee own the building in which the establishment is located? Yes (If Yes SKIP 23-26) No								
	Owner of t	he Building in W	hich the Lice	nsed Esta	abli	shment is Locat	ted	
23. Building Owner's Full		ATOWN PRESERVA						
24. Building Owner's Stre	et Address: 12	29 RIVINGTON STR	REET, GROUN	D FLOOR				
25. City, Town or Village:	NEW YORK			State:	N	Y	Zip Code : 10002	
26. Business Telephone N	lumber of Buildir	ng Owner: 212-4	177-2265					
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/Attorn		James Wang (REI						
28. Street Address:	90 Bowery, Suit	e 304						
29. City, Town or Village:	New York			State:	NY		Zip Code : 10013	
30. Business Telephone Nu	umber of Represe	entative/Attornev	212-219-30	70				
31. Business Email Address : j.y.wang.ny@gmail.com								
I am the applicant or ho in this form are in	old the license or a conformity with understand that	am a principal of	made in subr	nitted doo orm will a	cum Iso k	ents relied upon be relied upon a	r the license. Representations by the Authority when nd that false representations	
By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.								
32. Printed Name: James W	Vang			Tit	tle	Consultant		
Signature: X	28	76						

OFFICE USE ONLY
Amended Date