opla-rev 01/22/16	OFFICE USE ONLY Original	49
NEW YORK State Li	iquor Restandardized NOTICE FORM for Providir	 ng <u>30-Day Advanced</u> Notice to a
Authori	ity <u>Local Mu</u>	unicipality or Community Board
	DEC 12 2017	(Page 1 of 2 of Form)
1. Date Notice Was Sent: Dec 4	1, 2017 1a. Delivered by: Overnight Mail with Tra	acking Number
2. Select the type of Application	that will be filed with the Authority for an On-Premises Alcoholic	Beverage License
New Application Rene	ewal 🗌 Alteration 🗌 Corporate Change 🔲 Removal 🔲 Cl	lass Change
For <b>Renewal</b> applicants, set forth For <b>Alteration</b> applicants, attach For <b>Corporate Change</b> applicant For <b>Removal</b> applicants, attach a	h question below using all information known to date. In your approved Method of Operation only. In a complete written description and diagrams depicting the proposts, attach a list of the current and proposed corporate principals. It is a statement of your current and proposed addresses with the reast tach a statement detailing your current license type and your proposed.	son(s) for the relocation
This 30-Day Advance Notice is E	Being Provided to the Clerk of the following Local Municipalit	y or Community Board
3. Name of Municipality or Comm	munity Board: Borough of Manhattan Community Board #3	
Applicant/Licensee Information	n	
4. License Serial Number, if Appli	icable: N/A Expiration Date, if A	pplicable: N/A
5. Applicant or Licensee Name:	HIEB CORP	
6. Trade Name (if any): LA MAR	RGARITA	
7. Street Address of Establishmer	nt: 168 LUDLOW STREET	
8. City, Town or Village: NEW YC	ORK ,NY	Zip Code : 10002
9. Business Telephone Number of	of Applicant/Licensee: 917-261-4983	
10. Business Fax Number of Äppli	licant/Licensee: NONE	
11. Business E-mail of Applicant/L	Licensee: EVELYNF115@YAHOO.COM	
12. Type(s) of Alcohol sold or to b	pe sold: Beer & Cider Wine, Beer & Cider Liqu	uor, Wine, Beer & Cider
	Full food menu;  Full Kitchen run by a chef or cook  Food prep area at minim	um food availability requirements; um
14. Type of Establishment: Bar/Ta	avern	
(Check all that apply)  Liv Pat  Vid	rasonal Establishment	ded Music
16. Licensed Outdoor Area: (Check all that apply)	None Patio or Deck Rooftop Garden/Grounds	Freestanding Covered Structure





## State Liquor Authority

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

(Page 2 of 2 of Form)

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17. List the floor(s) of the building that the establishment is located on:	GROUND	D FLOOR & BASEMENT	
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 es	stablishments? OYes No	
20. Will the license holder or a manager be physically present within the	establish	hment during all hours of operation?    Yes   No	0
21. If this is a transfer application (an existing licensed business is being	purchase	ed) provide the name and serial number of the license	e.
N/A			
22. Does the applicant or licensee own the building in which the establishment of the Building in Which the Licensee.			
23. Building Owner's Full Name: SION MISRAHI			
24. Building Owner's Street Address: 88 RIVINGTON STREET			
25. City, Town or Village: NEW YORK	State:	e: NY Zip Code : 10002	1
26. Business Telephone Number of Building Owner: 212-475-6660			٦
Representative or Attorney representing the application for a license to traffic in alcohol at the 27. Representative/Attorney's Full Name: CITYWIDE LICENSING OF NY/	establis	shment identified in this notice	7
28. Street Address: 291 BROADWAY, SUITE 705			7
29. City, Town or Village: NEW YORK	State:	: NY Zip Code : 10007	]
30. Business Telephone Number of Representative/Attorney: 212-566-6	002/3,91	17-5431-9567	1
31. Business Email Address : TEDDYGONZALEZ14@AOL.COM			7
I am the applicant or hold the license or am a principal of the legal en in this form are in conformity with representations made in sub granting the license. I understand that representations made in this may result in disapproval of the applicat By my signature, I affirm - under <b>Penalty of Perjury</b> - tha	mitted do form will a ion or revo	locuments relied upon by the Authority when I also be relied upon, and that false representations vocation of the license.	7
32. Printed Name: HILARIO GARCIA	Т	Title PRESIDENT	
Signature: X			