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NEW YORK STATE OF OPPORTUNITY	State Liqu Authority
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NEW YORK State Liquor Authority Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a DEC 15 Local Municipality or Community Board (Page 1 of 2)
1. Date Notice Was Sent: December 12, 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: N/A Expiration Date, if Applicable: N/A
5. Applicant or Licensee Name: Dan and John's LLC
6. Trade Name (if any): Dan and John's Wings
7. Street Address of Establishment: 135 1st Avenue
8. City, Town or Village: New York ,NY Zip Code: 10003
9. Business Telephone Number of Applicant/Licensee: 212-858-9935
10. Business Fax Number of Applicant/Licensee: 646-219-0402
11. Business E-mail of Applicant/Licensee: Info@danandjohns.com
12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider X 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 Food prep area at minimum
14. Type of Establishment:
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
16. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (Check all that apply)

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NEW YORK ST		E FORM	for Providing	30-Day Advanced Notice to a
STATEOF	ate Liquor ithority		<u>Local Muni</u>	cipality or Community Board
	·			(Page 2 of 2)
17. List the floor(s) of the	building that the establishment is located on:	irst Floor		
	L	V/A		
building, if appropria	te:			
19. Is the premises locate	d within 500 feet of three or more on-premises	liquor esta	ablishments?	es ONo
20. Will the license holder	r or a manager be physically present within the	establishn	nent during all ho	ars of operation? Yes No
	olication (an existing licensed business is being p			
Not Applica				
22. Does the applicant or	licensee own the building in which the establis	nment is lo	ocated? () Yes (II	Yes SKIP 23-26) (No
				3.17
	Owner of the Building in Which the Lice	sed Estai	blishment is Loca	ted
23. Building Owner's Full I	Name: Accord Realty Services, Inc. c/o Noel			3
24. Building Owner's Street	et Address: 500 5th Avenue, Suite 1600			
25. City, Town or Village:	New York	State:	NY	Zip Code : 10110
26. Business Telephone N	umber of Building Owner: 212-278-0660			
-			****	
n applic	lepresentative or Attorney representing the ration for a license to traffic in alcohol at the	Applicant Establisht	in Connection w nent identified ir	ith the I this notice
27. Representative/Attorne	ey's Full Name: Anthony L. Caraballo	-111		
28. Street Address:	111 Atlantic Avenue			
29. City, Town or Village:	Brooklyn	[a		
•		State:	NY	Zip Code : 11201
30. Business Telephone Nu	umber of Representative/Attorney: 718-875-29	29		
31. Business Email Address	: Anthony@cblservices.com			
Lam the applicant or he	lalate Barrer con a state to the state of			
in this form are in	ld the license or am a principal of the legal entite conformity with representations made in subm	itted docu	iments relied upo	n by the Authority when
granting the license. I	understand that representations made in this fo may result in disapproval of the applicatio	rm will als	o be relied upon.	and that false representations
By my signa	ature, ! affirm - under Penalty of Perjury - that t			
,, .	The state of the s	ne rebiese	mations made in	uns form are true.
32. Printed Name: Pat Haid	on	Title	e LLC Member	
Signature: X	* Handon		, teach	
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Print Form