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NEW YORK STATE OF OPPORTUNITY.	Liquor Standardized NOTICE FORM for Provide	= 14 49
OPPORTUNITY. Autho	and a second sec	Municipality or Community Board
		(Page 1 of 2)
1. Date Notice Was Sent: 12/2	21/2017 1a. Delivered by: Overnight Mail wit	th Tracking Number
2. Select the type of Application	on that will be filed with the Authority for an On-Premises Alco	
New Application ☐ Re	newal Alteration Corporate Change Removal	Class Change
For Alteration applicants, atta For Corporate Change applicants, attacl	ach question below using all information known to date.  orth your approved Method of Operation only.  ach a complete written description and diagrams depicting the  ants, attach a list of the current and proposed corporate princi  h a statement of your current and proposed addresses with the  attach a statement detailing your current license type and your	pals.
	s Being Provided to the Clerk of the following Local Munici	pality or Community Board
	mmunity Board: Manhattan CB3	
Applicant/Licensee Informati	on	
4. License Serial Number, if App	plicable: n/a Expiration Date	e, if Applicable: n/a
5. Applicant or Licensee Name:	620 6th Street Cafe LLC	
6. Trade Name (if any): Again	ast the Grain	
7. Street Address of Establishm	ent: 620 East 6th Street	
8. City, Town or Village: New Y	/ork	,NY Zip Code : 10009
9. Business Telephone Number	of Applicant/Licensee: 646-524-6026	
10. Business Fax Number of App	plicant/Licensee:	
11. Business E-mail of Applicant	t/Licensee: mkrens@thediplomatgroup.com	
12. Type(s) of Alcohol'sold or to	be sold: Beer & Cider X Wine, Beer & Cider	Liquor, Wine, Beer & Cider
3. Extent of Food Service:	Full food menu;  Full Kitchen run by a chef or cook    X   Menu meets legal m	ninimum food availability requirements; ninimum
4. Type of Establishment: Win	ne Bar, Sushi	
(Check all that apply)	Disc Jockey Row Row Disc J	
/cl	None Patio or Deck Rooftop Garden/Grounds Sidewalk Cafe Other (specify):	Freestanding Covered Structure

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NEW YORK STATE OF OPPORTUNITY. Authority

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

(Page 2 of 2)

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17. List the floor(s) of the building that the establishment is located on: Ground Floor
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? OYes OYes
20. Will the license holder or a manager be physically present within the establishment during all hours of operation?
21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee
620 Cafe Inc Serial # 11 6 99 える
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: ADR Realty
24. Building Owner's Street Address: 45 Cuttermill Road
25. City, Town or Village: Great Neck  State: NY  Zip Code: 11021
26. Business Telephone Number of Building Owner: 516-487-9516
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: Caitlin Robin
28. Street Address: 30 Broad Street, Suite 702
29. City, Town or Village: New York State: NY Zip Code: 10004
30. Business Telephone Number of Representative/Attorney: 646-524-6026
31. Business Email Address : caitlin@robinandassociates.com
I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.
By my signature, I affirm - under <b>Penalty of Perjury</b> - that the representations made in this form are true.
32. Printed Name: Caitlin Robin Title Attorney
Signature: X Caitlin Rollin



## NEWYORK STATE OF OPPORTUNITY. State Liquor Authority

Original

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

(Page 1 of 2)

					1012/
1. Date Notice Was Sent:	12/21/2017	1a. Delivered by:	Overnight Mail wit	h Tracking Number	
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License					
New Application      □	X New Application				
For New applicants, answer For Renewal applicants, see For Alteration applicants, applicants, at For Corporate Change applicants, at	er each question below using et forth your approved Metho attach a complete written do plicants, attach a list of the c ttach a statement of your cui its, attach a statement detail	g all information kno od of Operation only escription and diagra turrent and proposed	wn to date.	proposed alteration(s).	on.
This 30-Day Advance Notice	ce is Being Provided to the	Clerk of the follow	ing Local Munici	pality or Community Boa	ard
	Community Board: Manhatt				
Applicant/Licensee Inform	nation				
4. License Serial Number, if	Applicable: n/a		Expiration Date	e, if Applicable: n/a	
5. Applicant or Licensee Na	me: 620 East 6th Stree	et Restaurant LLC			
6. Trade Name (if any): Gr	rape and Grain				
7. Street Address of Establis	hment: 620 East 6th Street	t			
8. City, Town or Village: Ne	w York			,NY Zip Code: 10009	
9. Business Telephone Num	ber of Applicant/Licensee:	646-524-6026			
10. Business Fax Number of	Applicant/Licensee:				
11. Business E-mail of Applic	cant/Licensee: mkrens@th	nediplomatgroup.com	m .		
12. Type(s) of Alcohol sold o	or to be sold: Beer &	Cider 🔀 Wine, B	eer & Cider	Liquor, Wine, Beer & Cide	er
13. Extent of Food Service:	Full food menu; Full Kitchen run by a ch	mef or cook Fo	enu meets legal m od prep area at m	inimum food availability r inimum	requirements;
14. Type of Establishment:	Wine Bar				
15. Method of Operation: (Check all that apply)	Seasonal Establishment Live Music (Give details: i. Patron Dancing Emp Video/Arcade Games Other (specify):	.e. rock bands, acous	Exotic Dancing	ecorded Music	
6. Licensed Outdoor Area: (Check all that apply)	None Patio or Deci		Garden/Grounds	Freestanding Cover	ed Structure

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NEW YORK STATE OF OPPORTUNITY. State Liquor Authority

Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board
(Page 2 of 2)

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17. List the floor(s) of the building that the establishment is located on: Ground Floor
18. List the room number(s) the establishment is located in within the building, if appropriate:  Ground Floor, West Side
19. Is the premises located within 500 feet of three or more on-premises liquor establishments? OYes   No
20. Will the license holder or a manager be physically present within the establishment during all hours of operation?
21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee.
6th Street Restaurant Inc Serial   1169919
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: ADR Realty
24. Building Owner's Street Address: 45 Cuttermill Road
25. City, Town or Village: Great Neck State: NY Zip Code: 11021
26. Business Telephone Number of Building Owner: 516-487-9516
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: Caitlin Robin
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I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.
By my signature, I affirm - under <b>Penalty of Perjury</b> - that the representations made in this form are true.
32. Printed Name: Caitlin Robin Title Attorney
Signature: X Cattlin Roli