rev 1/22/16

		OFFICE USE ONLY
)	Original	Amended Date Rec'd By Community
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NEW YORK STATE OF OFFICE INITY. State Liquor Authority Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Authority

Additiontly	Local Municipality or Community Board										
	(Page 1 of 2)										
1. Date Notice Was Sent: Nov 22, 2017 1a. Delivered by: Certified N	Mail Return Receipt Requested										
2. Select the type of Application that will be filed with the Authority for an On-Premi	ses Alcoholic Beverage License										
■ New Application	noval Class Change										
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 03											
Applicant/Licensee Information											
4. License Serial Number, if Applicable: Expira	tion Date, if Applicable:										
5. Applicant or Licensee Name: DELPHINUS RESTAURANT CORP.											
6. Trade Name (if any): HOTEL TORTUGA											
7. Street Address of Establishment: 246 E. 14TH STREET, COMMERCIAL UNIT #4											
8. City, Town or Village: NEW YORK	,NY Zip Code : 10003										
9. Business Telephone Number of Applicant/Licensee: 212-228-1884											
10. Business Fax Number of Applicant/Licensee:											
11. Business E-mail of Applicant/Licensee: HOTELTORTUGA246@GMAIL.COM											
12. Type(s) of Alcohol sold or to be sold:	ler Liquor, Wine, Beer & Cider										
	ts legal minimum food availability requirements; area at minimum										
14. Type of Establishment: RESTAURANT											
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Other (specify): RESTAURANT	etc.): Dancing Topless Entertainment Security Personnel										
16. Licensed Outdoor Area: (Check all that apply) None Patio or Deck Rooftop Garden Sidewalk Cafe Other (specify):	/Grounds Freestanding Covered Structure										





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

Aut	nority						cipality or	<u>(Pa</u>	age 2 of 2
17. List the floor(s) of the b	GROUND FLOOR								
18. List the room number(s building, if appropriate	ed in within the	GROUND FLOOR:RETAIL SPACE & STORAGE AREA.							
19. Is the premises located	within 500	feet of three or	۔ : nore on-premises	liquor esta	ablishm	ents? OY	es No		
20. Will the license holder	or a manag	er be physically i	present within the	establishr	nent du	ring all hou	irs of operati	on?	es (No
21. If this is a transfer appli								_	0
N/A	(40)	- dating nechoed	business is being p	archasca	provid	THE HATT	e and senain	umber or tr	le licensee.
22. Does the applicant or li			which the establish					26)	
23. Building Owner's Full N	1		ALTY CORP & 14TH						
24. Building Owner's Street	L	156 WILLIAM S					-5,		
25. City, Town or Village: N				State:	NY		Zip Code :	10038	Ī
26. Business Telephone Nu		ilding Owner:	917-330-2463]				10030	
applica 27. Representative/Attorne	ation for a l	ne: JOHN E. HA	representing the in alcohol at the L	Applican establish	t in Con	nection w lentified in	ith the 1 this notice		
28. Street Address:	120 BAY RI	DGE AVENUE		7					
29. City, Town or Village:	BROOKLYN	<u> </u>		State:	NY		Zip Code :	11220	
30. Business Telephone Nur	mber of Re	oresentative/Atto	orney: 718-238-74	44					
31. Business Email Address	: HALKIAS	JOHNE@GMAIL.	OM						
I am the applicant or holin this form are in a granting the license. I u	conformity Inderstand may re	with representar that representat sult in disapprov	tions made in subn	nitted doo orm will al on or revo	uments so be re cation o	relied upo lied upon, f the licens	on by the Aut and that fals se.	hority when e representa	
by my signa	ture, rainin	ir-under Fenan	y or Perjury - that	ine repres	entatio	ns made in	this form are	e true.	
32. Printed Name: JOHN E. I	HALKIAS			Tit	le ATT	ORNEY FO	R APPLICANT	•	
Signature: X	olc) (17				