State Liquor Authority  Standardized NOTICE FORM for Providing 30-Day Advanced Notice to Local Municipality or Community Boar (Page 1 of 2 of Form)  1. Date Notice Was Sent: 1/16/2018 1a. Delivered by: Certified Mail  2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License  New Application Renewal Alteration Corporate Change Removal 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 3'  Applicant/Licensee Information  4. License Serial Number, if Applicable: n/a  Expiration Date, if Applicable: n/a					
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Thu and the state of the state					
F. Applicant At					
5. Applicant or Licensee Name: Noree Thai Bazaar Inc					
6. Trade Name (if any): N/A					
7. Street Address of Establishment: 274 Grand Street					
8. City, Town or Village: New York ,NY Zip Code: 10002					
9. Business Telephone Number of Applicant/Licensee: N/A					
10. Business Fax Number of Applicant/Licensee: N/A					
11. Business E-mail of Applicant/Licensee: PATTY@HELBRAUNLEVEY.COM					
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					
15. Method of Operation: (Check all that apply)  Seasonal Establishment					
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment					
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel					
Other (specify): N/A					
16. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure  (Check all that apply) Sidewalk Cafe Other (specify): N/A					

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opla-rev 01/22/16	OFFICE USE ONI Original Amended Da	LY ate		49	
NEW YORK Sta	ate Liquor Standardized !	NOTICE FORM	or Providing	30-Day Advanced Notice to a	
STATE OF OPPORTUNITY. Authority Local Municipality or Community Board					
•			7	(Page 2 of 2 of Form)	
17. List the floor(s) of the	building that the establishment is locat	ed on: Ground flo	or, 2nd floor, Ba	sement	
18. List the room number	(s) the establishment is located in within	n the			
building, if appropriat	e:	N/A			
19. Is the premises located	d within 500 feet of three or more on-pr	remises liquor estal	olishments?   Yes	es No	
20. Will the license holder	or a manager be physically present wit	hin the establishm	ent during all hou	rs of operation?     Yes   No	
21. If this is a transfer appl	lication (an existing licensed business is	being purchased)	provide the name	and serial number of the licensee.	
N/A					
22. Does the applicant or li	icensee own the building in which the e	establishment is lo	cated? Yes (If	Yes SKIP 23-26)	
	Owner of the Building in Which t	the Licensed Estab	olishment is Loca	ted	
23. Building Owner's Full Name: 274 Grand Realty LLC					
24. Building Owner's Street Address: 158 Grand Street, Room 208					
25. City, Town or Village:	New York	State:	NY	Zip Code : 10013	
26. Business Telephone Number of Building Owner: N/A					
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: JOSEPH LEVEY					
28. Street Address:	110 WILLIAM STREET, SUITE 1410				
20 City Town on Village					
29. City, Town or Village:	NEW YORK	State: 1	1Y	Zip Code : 10038	
30. Business Telephone Nu	mber of Representative/Attorney: 212	2-219-1193			
31. Business Email Address	: PATTY@HELBRAUNLEVEY.COM	М	Fa		
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in this form are in	ld the license or am a principal of the le conformity with representations made	in submitted docu	iments relied upoi	n by the Authority when	
granting the license. I u	understand that representations made may result in disapproval of the ap	in this form will als	o be relied upon, a	and that false representations	
By my signa	ature, I affirm - under <b>Penalty of Perjur</b>				
<i>2</i> ,, 3.9110	e, i smilli alluci r chaity of refjur	y - ulat the represe	intations made in	inis form are true.	
32. Printed Nam JOSEPI	H LEVEY	Title	ATTORNEY		
Signature: X	1/en				
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