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		OFFICE US	E ONLY	
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State Liquor Authority

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

2	thority			Local	Municipality or Comm	nunity Board
						(Page 1 of 2)
1. Date Notice Was Sent:	02.16.2018	8	1a. Delivered by:	Certified Mail Re	eturn Receipt Requested	
2. Select the type of Applie	cation that wi	ll be filed with	the Authority for ar	On-Premises Alco	pholic Beverage License	1 0
New Application					Class Change	10
For New applicants, answer For Renewal applicants, see For Alteration applicants, For Corporate Change approx Removal applicants, as For Class Change applicants.	et forth your a attach a com oplicants, attac ttach a staten	approved Methorians of the control o	od of Operation on escription and diag urrent and propose rrent and proposed	ly. rams depicting the ed corporate princ addresses with th	ipals. ne reason(s) for the relocation	on.
This 30-Day Advance Not	ice is Being P	rovided to the	Clerk of the follo	wing Local Munic	ipality or Community Boa	rd
3. Name of Municipality or	Community	Board: Manhat	tan Community Bo	ard 3		
Applicant/Licensee Inform	mation	_				
4. License Serial Number, if	f Applicable:	N/A		Expiration Date	te, if Applicable: N/A	
5. Applicant or Licensee Na	ame: G	ood Thanks C	afe, LLC		9 1	
6. Trade Name (if any):	Good Thanks					
7. Street Address of Establish	shment: 13	1 Orchard Stre	eet			
8. City, Town or Village: N	lew York				,NY Zip Code: 10002	
9. Business Telephone Nun	nber of Applic	ant/Licensee:	TBD			
10. Business Fax Number o	f Applicant/Li	censee: None				
11. Business E-mail of Appli	icant/License	e: tim@good	Ithanksnyc.com			
12. Type(s) of Alcohol sold	or to be sold:	Beer &	Cider 🔀 Wine,	Beer & Cider	Liquor, Wine, Beer & Cide	r
13. Extent of Food Service:	Full foo Full Kito	d menu; then run by a ch	nef or cook F	Menu meets legal r ood prep area at r	minimum food availability ro ninimum	equirements;
14. Type of Establishment:	Bar/tavern					
15. Method of Operation: (Check all that apply)	Live Music	ncing Emplande Games	☐ Juke Box ☐ .e. rock bands, acou oloyee Dancing ☐ Third Party Pro	Exotic Dancing	—	
6. Licensed Outdoor Area: (Check all that apply)	■ None [□ Sidewalk	Patio or Dec		Garden/Ground	ls Freestanding Covere	ed Structure

	OFFICE USE	ONLY	
) Original	Amended	Date	



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

	•						(Page	2 of 2
17. List the floor(s) of the	building that	t the establishn	nent is located on:	ground flo	oor and basem	ent		
18. List the room number building, if appropriat	(s) the establ			N/A				
19. Is the premises located	d within 500	feet of three or	more on-premise	s liquor esta	ablishments?	Yes ONo		
20. Will the license holder	or a manage	er be physically	present within the	e establishr	nent during all l	nours of operation	on? © Yes (O No
21. If this is a transfer app	lication (an e	xisting licensed	d business is being	purchased) provide the na	ame and serial n	umber of the lic	ensee.
22. Does the applicant or	licensee own	the building in	which the establi	ishment is l	ocated? O Ves	: (If Vec SKID 22_	26) A No	
23. Building Owner's Full N	Owner		g in Which the Lic					
24. Building Owner's Stree	t Address:	c/o SMA Equ	uities, 185 Great I	Neck Road	l, Suite 250			\equiv
25. City, Town or Village:	3reat Neck			State:	NY	Zip Code :	11021	
26. Business Telephone Nu	umber of Bui	lding Owner:	212 999 4809					\equiv
R applic 27. Representative/Attorne	ation for a li	cense to traffi	representing the cin alcohol at the Paleudis	e Applican e establish	t in Connectior ment identified	n with the d in this notice		
28. Street Address:	100 Canal	Pointe Boulev	/ard, Suite 210					
29. City, Town or Village:	Princeton			State:	NJ	Zip Code :	08540	
30. Business Telephone Nu	ımber of Rep	resentative/Att	torney: (212) 83	5-6768				
31. Business Email Address	; mjp@pal	leudislaw.com						
granting the license. I	conformity wunderstand to may res	with representa hat representa sult in disappro	ations made in sub tions made in this val of the applicat	mitted doc form will al ion or revoc	tuments relied upon so be relied upon cation of the lice	pon by the Auth on, and that false ense.	nority when e representation:	
by my signa	iture, i ailirm	- under Penal i	ty of Perjury - tha	t the repres	entations made	in this form are	true.	
32. Printed Name: Timothy	Cottle			Tit	le Member			
Signature: X	al	7						