	OFFICE USE ONLY			
Original	$\circ$	Amended	Date	





## NEW YORK STATE OF OPPORTUNITY. Authority

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

(Page 1 of 2)						
1. Date Notice Was Sent: Mar 2, 2018 1a. Delivered by: Overnight Mail with Tracking Number						
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 <b>New</b> applicants, answer each question below using all information known to date.  For <b>Renewal</b> applicants, set forth your approved Method of Operation only.  For <b>Alteration</b> applicants, attach a complete written description and diagrams depicting the proposed alteration(s).  For <b>Corporate Change</b> applicants, attach a list of the current and proposed corporate principals.  For <b>Removal</b> applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation.  For <b>Class Change</b> 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: Expiration Date, if Applicable:						
5. Applicant or Licensee Name: CITY BEV. NY LLC						
6. Trade Name (if any): BUBBLEOLOGY						
7. Street Address of Establishment: 120 1/2 FIRST AVE.						
8. City, Town or Village: NEW YORK Zip Code: 10009						
9. Business Telephone Number of Applicant/Licensee: (718) 496-4640						
10. Business Fax Number of Applicant/Licensee:						
11. Business E-mail of Applicant/Licensee: CITYBEVNY@GMAIL.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						
14. Type of Establishment: BUBBLE TEA SHOP						
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						
6. Licensed Outdoor Area:   None   Patio or Deck   Rooftop   Garden/Grounds   Freestanding Covered Structure   Sidewalk Cafe   Other (specify):   REAR YARD   RE						





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

	<u>(Page 2 of </u>					
17. List the floor(s) of the building that the establishment is located on:	GROUND FLOOR & CELLAR					
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	s liquor establishments? •Yes No					
20. Will the license holder or a manager be physically present within the						
21. If this is a transfer application (an existing licensed business is being						
22. Does the applicant or licensee own the building in which the establish	shment is located? O Yes (If Yes SKIP 23-26) No					
Owner of the Building in Which the Lice	ensed Establishment is Located					
23. Building Owner's Full Name: 120-120 1/2 FIRST LLC						
24. Building Owner's Street Address: 740 BROADWAY, 2ND FLOOR						
25. City, Town or Village: NEW YORK	State: NY Zip Code : 10003					
26. Business Telephone Number of Building Owner: (212) 228-9300						
Representative or Attorney representing the application for a license to traffic in alcohol at the 27. Representative/Attorney's Full Name: ANDREW ISAAC COHEN, ESQ.	establishment identified in this notice					
iss mennage st., 14111 L.						
29. City, Town or Village: BROOKLYN	State: NY Zip Code : 11201					
30. Business Telephone Number of Representative/Attorney: (516) 330-9588						
31. Business Email Address : ANDREW@AICOHENLAW.COM						
I am the applicant or hold the license or am a principal of the legal enti in this form are in conformity with representations made in subr granting the license. I understand that representations made in this fo may result in disapproval of the application	nitted documents relied upon by the Authority when orm will also be relied upon, and that false representations on 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: ANDREW SAAC COHEN Signature: X	Title ATTORNEY IN FACT FOR CITY BEV. NY LLC					