opla-rev 01/22/16	Original OF	FICE USE ONLY nended Date	Kec'd By C	emmunity B	oard 3, Man	49
NEWYORK Sta	ite Liquor Star thority	dardized NOTICE	FORM for Pro	widing 30-Day al Municipality	Advanced Noti	ice to
					Page 1 of 2 or	f Form
1. Date Notice Was Sent:	2-27-18	1a. Delivered by:	CMR	* *		
2. Select the type of Application		th the Authority for a	On-Promises Ale	no ic	AV	1
New Application	Renewal Alteration	Corporate Chance	ie Removal	Onolic beverage Lic	lense	
For New applicants, answer For Renewal applicants, se For Alteration applicants, For Corporate Change applicants, at For Class Change applicants	er each question below us et forth your approved Me attach a complete writter plicants, attach a list of th ttach a statement of your nts, attach a statement de	ing all information knethod of Operation or a description and diaged current and proposed current and proposed tailing your current lice	nown to date. Aly. Aly. Aly. Aly depicting the Alignet the	ne proposed alterat cipals. he reason(s) for the ur proposed license	relocation. e type.	
This 30-Day Advance Noti	ce is Being Provided to	the Clerk of the follo	wing Local Muni	cipality or Commu	Inity Board	
3. Name of Municipality or	Community Board:	mmunity E	Boerd #			
Applicant/Licensee Inform	nation '	1 3	7-44			
4. License Serial Number, if	Applicable: 118	9562	Expiration Da	ete, if Applicable:	8-31-1	Q
5. Applicant or Licensee Na	me: 39	St. Mark	C> Inc		0 01-1	
6. Trade Name (if any):	Cafe		1			
7. Street Address of Establis	1000	t. Marks	Plece			
8. City, Town or Village:	New You	h		,NY Zip Code:		
9. Business Telephone Num	iber of Applicant/License	(2(2) 7	77-14		10003	
10. Business Fax Number of			77 77	7 /		
11. Business E-mail of Applic						
		perl@tow	er brokere	zge.com		
12. Type(s) of Alcohol sold o	or to be sold: Bee	r & Cider Wine,	Beer & Cider	🔀 Liquor, Wine, Be	er & Cider	
13. Extent of Food Service:	Full food menu; Full Kitchen run by a	chefor cook F	Menu meets legal i ood prep area at r	minimum food avai minimum	ilability requiremen	ts;
14. Type of Establishment:	restour					3
15. Method of Operation: (Check all that apply)	Seasonal Establishmen	t Juke Box	Disc Jockey X	Recorded Music	Karaoke	- Land
(circulan trial apply)	Live Music (Give details	i.e. rock bands, acou	stic, jazz, etc.):		1 rescove	
		mployee Dancing	Exotic Dancin	g Topless Ent	ertainment	
	Video/Arcade Games	☐ Third Party Pro	moters	Security Personna	e!	
L	Other (specify):					
6. Licensed Outdoor Area:	None Patio or De		Garden/Ground	is Freestandin	g Covered Structure	e
(Check all that apply)	Sidewalk Cafe 🔀 Oti	ner (specify): Sea	ting with		line	
1 - 1)			

opła-rev 01/22/16	O Outside	OFFICE USE ONLY				40
	Original	Amended Date				49
NEW YORK State of Opposition to A to	ate Liquor Ithority	Standardized NC	TICE FORM	for Providing	30-Day Adva	nced Notice to a
	inioiità			Localiviun	Cipality of Co	ommunity Board
					11 00	ge 2 of 2 of Form)
17. List the floor(s) of the	building that the	establishment is located	on: Oc	ound flo	a ! hese	men
List the room number building, if appropriat	(s) the establishm	nent is located in within th	ie			Then !
19. Is the premises located	d within 500 feet	of three or more on-prem	ises liquor esta	ablishments? (a)	res (No	
20. Will the license holder	or a manager be	physically present within	the establish	nent during all ho	ure of aparation?	OV 0
21. If this is a transfer appl	lication (an existir	na licensed husiness is he	in a munch	neric dating all (10)	ara or obsistious	
		A mended paymess (2 be	ing purchased) provide the nam	e and serial numl	ber of the licensee.
27 Dogstha appliant of						
22. Does the applicant or li	censee own the l	building in which the esta	blishment is lo	ocated? O Yes (I	f Yes SKIP 23-26)	No
	Owner of th	e Building in Which the	Licensed Esta	blishment is Loca	ated	
23. Building Owner's Full N	lame:	omee Corp				
24. Building Owner's Stree	t Address: 1	o East 2nd	Street	•		
25. City, Town or Village:	New	York	State:	NV	Zip Code:	
26. Business Telephone Nu	Imber of Ruilding	Oumer (Q)				2000
,	The state of the s	g Owner: (912)	526-1	७०१		
Re applica	epresentative or ation for a licens	r Attorney representing se to traffic in alcohol at	the Applicant	t in Connection w	rith the	
27. Representative/Attorne		Frank W. Palillo	(2)(2)(1)(1)	ment identified i		
28. Street Address:	60 Broad Street, !	Suite 3504				
29. City, Town or Village:	New York		State:	New York	7: 6 1 400	
20 Business Talasia	1 4=			4544 LOLK	Zip Code: 1000)4
30. Business Telephone Nun	nber of Represen	tative/Attorney: (212) 22	7-1640			
31. Business Email Address :	Fwpalillo@gma	eil.com				
I am the applicant or hold in this form are in c	d the license or a	m a principal of the legal representations made in secondarions made in the	entity that hol	ds or is applying f	or the license. Re	presentations
granting the license. I u	nderstand that re	epresentations made in the disapproval of the applications and applications are applicated as a second seco	is form will als	iments relied upo	n by the Authorit	y when resentations
By my signat		der Penalty of Perjury - ti				
					sim are tige	••
32. Printed Name:	out B	cch	Titl	Ropos	off;	96
Signature: X	7.	\mathcal{Y}	70	,	1	
	lac)		Physical Artifacts (1994) (1994) (1994) (1994) (1994)	and throat parties		mana an

opla-rev 01/22/16 OFFICE USE ONLY
Original Amended Date 49
State Liquor State And S
Authority Local Municipality or Community Board
(Page 1 of 2 of Form)
1. Date Notice Was Sent: 2-27-18 1a, Delivered by:
2. Select the type of Application that will be filed with the Authority force O. D
Corporate Change Corporate Cha
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 Musicipality of
5. Name of Municipality of Community Boards
Applicant/Licensee Information
4. License Serial Number, if Applicable: 1189562 Expiration Date, if Applicable: 8.3110
5. Applicant of licenses Names 8-31-19
6. Trade Name (if any): Cafe Orlin
7 Strange Address as Strain
8. City, Town or Village
9. Business Telephone Number of Audit
9. Business Telephone Number of Applicant/Licensee: (212) 777 - 1447
10. Business Fax Number of Applicant/Licensee:
11. Business E-mail of Applicant/Licensee: rper @ tower beakers as
12. Type(s) of Alcohol sold or to be sold:
Liquor, wine, Beer & Cider
Full Kitchen run by a chef or cook Menu meets legal minimum food availability requirements; Food prep area at minimum
14. Type of Establishment:
15. Method of Operation: To Seasonal Carlot in Control of the Control of Cont
(Check all that apply) Check all that apply Check all that appl
Patron Dancing Templeus David
Video/Arcade Games To Table
Other (specify):
16. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Deck Rooftop
(Check all that apply) Sidewalk Cafe Other (check all that apply) Sidewalk Cafe Other (check all that apply)
Seating within brilling line

				21
opła-rev 01/22/16	Original (OFFICE USE ONLY Amended Date] ~/
NEW YORK SETATE OF COPPORTUNITY. AL	ate Liquor Ithority		CE FORM for Providin Local Mu	g 30-Day Advanced Notice to a nicipality or Community Board (Page 2 of 2 of Form)
17. List the floor(s) of the	building that the est	ablishment is located on	· - 1 0	
18. List the room number building, if appropriat	r(s) the establishmen		Scong to	osp: besement
19. Is the premises located		hree or more on-premise	5 liquor establishmente? 6	Ves (Na
20. Will the license holder	or a manager be phy	Vsically present within th	s establishment during all h	
21. If this is a transfer app	lication (an existing l	icensed business is being	purchased) provide the na	me and serial number of the licensee.
22. Does the applicant or l	icensee own the buil	ding in which the establi	shment is located? Yes	(If Yes SKIP 23-26) No
	Owner of the B	uilding in Which the Lic	ensed Establishment is Lo	1
23. Building Owner's Full N		mee Corp		cated
24. Building Owner's Stree		Eest 2nd J	teat	
25. City, Town or Village:		مارد		7: 6 1
26. Business Telephone Nu	ımber of Building Ov	mer: (917)	State: NY 526-1009	Zip Code: 10003
Ra applica	apresentative or Att	introduction of	Applicant in Connection establishment identified	with the
27. Representative/Attorne	y's Full Name: Fran	k W. Palillo		in this notice
28. Street Address:	60 Broad Street, Suite	e 3504		
29. City, Town or Village:	New York		State: New York	7in Cada toon
30. Business Telephone Nun	nber of Representativ	/e/Attorney: (212) 227-1	the state of the s	Zip Code : 10004
31. Business Email Address:			- -0	
I am the applicant or hold in this form are in c granting the license. I ur	if the license or ama conformity with repre nderstand that repre may result in disa	principal of the legal ent esentations made in subr sentations made in this f approval of the application	orm will also be relied upor on or revocation of the licer	i, and that false representations ise.
-y my signad	are, rammin - under P	enalty of Perjury - that	the representations made i	n this form are true.
32. Printed Name:	vert Per	h	Title Roos	ed officer
Signature: X	$\mathcal{L}(\mathcal{L})$			1,161
	A TO			