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NEW YORK STATE OF OPPORTUNITY.	State Liquo Authority
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Amended Local Municipality or Community Board

	•	Amended	age 1 of 2)
1. Date Notice Was	s Sent:	03/01/2018 1a. Delivered by: Certified Mail Return Receipt Requested	187
2. Select the type	of Appli	lication that will be filed with the Authority for an On-Premises Alcoholic Beverage License	
New Applica	tion [Renewal Alteration Corporate Change Removal Class Change	
For Renewal appli For Alteration app For Corporate Ch For Removal appl	icants, s plicants ange a icants, a	ver each question below using all information known to date. set forth your approved Method of Operation only. s, attach a complete written description and diagrams depicting the proposed alteration(s). applicants, attach a list of the current and proposed corporate principals. attach a statement of your current and proposed addresses with the reason(s) for the relocation. ants, attach a statement detailing your current license type and your proposed license type.	
This 30-Day Adva	nce No	otice is Being Provided to the Clerk of the following Local Municipality or Community Board]
3. Name of Munici	ipality o	or Community Board: Manhattan CB 3	
Applicant/License	ee Info	rmation	
4. License Serial N	umber,	, if Applicable: 1167961 Expiration Date, if Applicable: 08/31/2019	
5. Applicant or Lic	ensee N	Name: Bacaro NYC, Inc	
6. Trade Name (if a	any): [
7. Street Address o	of Estab	olishment: 136 138 Division Street	
8. City, Town or Vi	llage: [New York ,NY Zip Code : 10002	
9. Business Teleph	one Nu	umber of Applicant/Licensee: 212-941-5060	
10. Business Fax N	lumber	r of Applicant/Licensee: 212-941-5070	
11. Business E-mai	il of Ap	pplicant/Licensee: kamageary@gmail.com; info@bacaronyc.com	
12. Type(s) of Alco	hol sol	ld or to be sold: Beer & Cider Wine, Beer & Cider X Liquor, Wine, Beer & Cider	
13. Extent of Food	l Service	re: X Full food menu; Menu meets legal minimum food availability re-Food prep area at minimum	quirements;
14. Type of Establ	ishmen	nt: Restaurant	
15. Method of Op (Check all that			
16. Licensed Outd			d Structure

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NEWYORK STATEOF OPPORTUNITY. State Liquor Authority

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 the establishment is located on: Basement & Ground
17. List the floor(s) of the building that the establishment is located on. Basement & Glound
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 liquor establishments? No
20. Will the license holder or a manager be physically present within the establishment during all hours of operation?
21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee.
Dulcinea Benson - Bacaro NYC #: 1167961
22. Does the applicant or licensee own the building in which the establishment is located? Yes (If Yes SKIP 23-26) No
Owner of the Building in Which the Licensed Establishment is Located
23. Building Owner's Full Name: Wen Chen Ko
24. Building Owner's Street Address: 1260 Lyons Street
25. City, Town or Village: Great Falls State: VA Zip Code: 22066
26. Business Telephone Number of Building Owner: 703-757-7636
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: Robert S. Bookman - Pesetsky and Bookman, P.C.
28. Street Address: 325 Broadway - Suite 501
29. City, Town or Village: New York State: NY Zip Code: 10007
30. Business Telephone Number of Representative/Attorney: 212-513-1988
31. Business Email Address: rbookman@pandblegal.com; mmorales@pandblegal.com
I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license. By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.
The Constant Manager
32. Printed Name: Kama Geary Title General Manager
Signature: X (Geans)