rev 1/22/16 OFFICE USE ONLY
Original Amended Date
NEW YORK STATE OF Authority  State Liquor Authority  Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board (Page 1 of 2)
1 Deer Next W. C O. M. Lond
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
Name of Municipality or Community Board: Community Board #3  Applicant/Licensee Information
4. License Serial Number, if Applicable: 1028781 Expiration Date, if Applicable: 3/31/2019
5. Applicant or Licensee Name: Brothers Khyber Pass Corp.
6. Trade Name (if any): Khyber Pass
7. Street Address of Establishment: 34 St. Marks Place
8. City, Town or Village: New York ,NY Zip Code : 10003
9. Business Telephone Number of Applicant/Licensee: (212) 473-0989
10. Business Fax Number of Applicant/Licensee: (212)473-2451
11. Business E-mail of Applicant/Licensee: khyberpassnyuc@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: Restaurant (primarily serves Middle Eastern food)
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   Explore Extensions   Toploge Extensions   Topl
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Video/Arcade Games Third Party Promoters Security Personnel Other (specify):
16. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure  (Check all that apply) Sidewalk Cafe Other (specify):

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NEWYORK STATE OF OPPORTUNITY. Authority

## Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board rd 2)

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					(Page 2 of 2
17. List the floor(s) of the	e building that the establishment is located on:	Street Lev	el and Basement (f	for storage)	
<ol><li>List the room numbe building, if appropria</li></ol>	er(s) the establishment is located in within the late:				
19. Is the premises locate	ed within 500 feet of three or more on-premises	liquor est	ablishments?	'es (No	
	er or a manager be physically present within the				●Yes ∩No
	plication (an existing licensed business is being				
Not a transfer application	).	porchaseo	o provide the name	e and serial number	of the licensee.
22. Does the applicant or	licensee own the building in which the establis				No
33 Pullata - O	Owner of the Building in Which the Lice	nsed Esta	blishment is Loca	ted	
23. Building Owner's Full	Harman Company of the		*		
24. Building Owner's Stree	et Address: 34 St. Marks Place				
25. City, Town or Village:	New York	State:	NY	Zip Code : 10003	
26. Business Telephone N	umber of Building Owner: (212) 541-4477				
R applic 27. Representative/Attorne	Representative or Attorney representing the ration for a license to traffic in alcohol at the rey's Full Name:  Bernard H. Seidman, Esq.	Applicant establishr	in Connection wi	th the this notice	
28. Street Address:	330 7th Ave., 15th Fl.				
	3307 (I AVE., 15(I) FI.				
29. City, Town or Village:	New York	State: N	NY	Zip Code : 10001	
30. Business Telephone Nu	imber of Representative/Attorney: (212) 563-56	566			
31. Business Email Address	: bhs@seidmorlaw.com				
granting the license. I u	ld the license or am a principal of the legal entit conformity with representations made in subm inderstand that representations made in this fo may result in disapproval of the application ture, I affirm - under <b>Penalty of Perjury</b> - that the	rm will also n or revoca	ments relied upon to be relied upon, a lition of the license.	by the Authority wh nd that false represe	
32. Printed Name: Ahmed N	loor	Title	President		
Signature: X	An				

## BROTHERS KHYBER PASS CORP. KHYBER PASS 34 St. Marks Place New York, NY 10003

April 5, 2018

Community Board #3 59 East 4<sup>th</sup> Street New York, NY 10003

Re:

Brothers Khyber Pass Corp.

34 St. Marks Place New York, NY 10003

## Gentlemen/Madam:

Enclosed please find Notice Form for a change in license class from a Restaurant/Wine License (Serial # 1028781) to an On Premises License to sell liquor, wine, beer and cider at retail for customers of the restaurant known as Khyber Pass located at 34 St. Marks Place, New York, NY 10003.

Very truly yours,

BROTHERS KHYBER PASS CORP.

Ahmed Noor, President

Enc.