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(Check all that apply)

	OFFICE US	ONLY	
Original	Amended	Date	



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: 3/27/2018 1a. Delivered by: |Certified Mail Return Receipt Requested 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 X Class Change 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 Municipality or Community Board 3. Name of Municipality or Community Board: Community Board 3 Applicant/Licensee Information 4. License Serial Number, if Applicable: 1303308 Expiration Date, if Applicable: 01/31/2019 5. Applicant or Licensee Name: Gallery Sensei LLC 6. Trade Name (if any): SENSE 7. Street Address of Establishment: 135 Eldridge Street 8. City, Town or Village: |New York ,NY Zip Code : 10002 9. Business Telephone Number of Applicant/Licensee: 917-708-2659 10. Business Fax Number of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: gallerysensei@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 Food prep area at minimum 14. Type of Establishment: |art gallery 15. Method of Operation: Seasonal Establishment 🔲 Juke Box 🕱 Disc Jockey 🔀 Recorded Music 🔲 Karaoke (Check all that apply) 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 Other (specify): X None Patio or Deck Rooftop 16. Licensed Outdoor Area: Garden/Grounds Freestanding Covered Structure

Sidewalk Cafe Gother (specify):

OFFICE USE ONLY	
O Amended Date	
	OFFICE USE ONLY Amended Date



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NEW YORK STATE OF OPPORTUNITY	State Liquor		_	RM for Prov		-Day Advanced Notice
6	Authority			Local	municip	Day Advanced Notice Pality or Community B (Page 2
17. List the floor(s) of t	he building that the e	stablishment is located	on: group	d floor 9 have	.,	
io. List the room num	per(s) the establishma	nt is located in within th	3.04	u noor & basem	ient	
B	14464		nva			
19. Is the premises loca	rted within 500 feet of	three or more on-prem	ises liquor	establishments	2 @Yes	ONe
To: ANII DIE UCEUZE UOI	ter or a manager be p	hysically present within	the establ	ishmont dust-		
21. If this is a transfer a	oplication (an existing	licensed business is bei	ng nurcha	sed assisted	an nours o	f operation? Yes d serial number of the licen
			purcha	sea/ provide th	e name an	d serial number of the licen
22. Does the applicant of	or licensee own the bu	ilding in which the enter	4-1			
		and an interior the Esta	olisnment	is located?	Yes (If Yes	SKIP 23-26) No
	Owner of the F	Building in Which the L			*	
23. Building Owner's Ful	Name: ELDRIDGE	ASSOCIATES LLC C/O R/	censed E	itablishment is	s Located	
24. Building Owner's Str		ARK AVE. STE 1901	ACOHEN &	ASSOC., INC.		
25. City, Town or Village:	100	MAE 315 1301				
			State	: NY	Zip	Code : 10177
26. Business Telephone I	lumber of Building Ov	vner: 212-972-5900				
appli 27. Representative/Attorr		torney representing to traffic in alcohol at the M. Ruiz (representative	e esmoliz	nt in Connecti hment identifi	on with th	e notice
8. Street Address:	33 W 19th Street - 4t	h Fi				
9. City, Town or Village:	New York		7			
O Rusinoss Telenter			State:		Zip (Code: 10011
0. Business Telephone Nu	mber of Representati	ve/Attorney: 212	484- 5	1290		
 Business Email Address 	: rosa@rosamruiz.co	m				
am the analisans						
in this form are in granting the license.	of the license or am a	orincipal of the legal ent	ity that ho	lds or is applyin	na for the li	Conco Domestic
granting the license. It	acismith fill (LEDDet	Antations made to at the		The same of	about DA RI	e Authority when
•	may result in disa	pproval of the application	on or revo	cation of the lice	on, and the	it false representations
By my signa	ture, I affirm - under P	enalty of Perjury - that	al.	and the	E112€.	
		, or enjoy that	me repres	entations made	e in this for	m are true.
Printed Name: Joseph La	timore	7	T74	le Owner		
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