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MENDED

	OFFICE USE	ONLY
Original	Amended	Date

NEW YORK STATE OF OPPORTUNITY.	State Liquor Authority
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Standardized <u>NOTICE FORM</u> for Providing <u>30-Day Advanced Notice</u> to a <u>Local Municipality or Community Board</u>

(Page 1 of 2)

1. Date Notice Was Sent:	April 6, 2018	1a. Delivered by:	Certified Mail Retu	rn Receipt Requested	
2. Select the type of Applica	ation that will be filed with	the Authority for an	On-Premises Alcol	nolic Beverage License	
■ New Application	Renewal Alteration	Corporate Change	Removal [Class Change	
For Renewal applicants, see For Alteration applicants, a For Corporate Change app For Removal applicants, at	r each question below using t forth your approved Meth attach a complete written d plicants, attach a list of the c tach a statement of your cu ts, attach a statement detai	od of Operation only escription and diagr current and propose rrent and proposed	y. ams depicting the d corporate princip addresses with the	oals. e reason(s) for the reloca	
This 30-Day Advance Notic	ce is Being Provided to the	e Clerk of the follow	ving Local Munici	pality or Community E	Board
3. Name of Municipality or	Community Board: Commu	nity Board # 3			
Applicant/Licensee Inform	nation				
4. License Serial Number, if	Applicable: new application	on	Expiration Date	e, if Applicable:	
5. Applicant or Licensee Na	me: Hotel Tortuga In	C	***		
6. Trade Name (if any):					
7. Street Address of Establis	shment: 246 East 14th Stre	eet			
8. City, Town or Village: Ne	ew York			,NY Zip Code : 10003	3
8. City, Town or Village: Ne9. Business Telephone Num			347 SS4-0	·	3
	nber of Applicant/Licensee:		347 554-0	·	3
9. Business Telephone Num	nber of Applicant/Licensee:		347 554-0	·	3
9. Business Telephone Num 10. Business Fax Number of	nber of Applicant/Licensee: f Applicant/Licensee:	& Cider 💢 Wine,		·	
 Business Telephone Num Business Fax Number of Business E-mail of Appli 	nber of Applicant/Licensee: f Applicant/Licensee:	<u>~</u>	Beer & Cider	U75 Liquor, Wine, Beer & C	Cider
 9. Business Telephone Num 10. Business Fax Number of 11. Business E-mail of Appli 12. Type(s) of Alcohol sold of 	nber of Applicant/Licensee: f Applicant/Licensee: cant/Licensee: pr to be sold: Full food menu; Full Kitchen run by a company of the sold of the	<u>~</u>	Beer & Cider	U75 Liquor, Wine, Beer & C	Cider
 9. Business Telephone Num 10. Business Fax Number of 11. Business E-mail of Appli 12. Type(s) of Alcohol sold of 13. Extent of Food Service: 	hber of Applicant/Licensee: f Applicant/Licensee: cant/Licensee: pr to be sold: Full food menu; Full Kitchen run by a control of the sold: Tavern Seasonal Establishment Live Music (Give details:	chef or cook F	Beer & Cider Menu meets legal record prep area at notes Disc Jockey X Fustic, jazz, etc.):	D75 Liquor, Wine, Beer & Coninimum food availabilininimum Recorded Music	Cider ity requirements;

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NEW YORK STATE OF OPPORTUNITY.	State Liquo Authority

Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board (Page 2 of 2)

List the floor(s) of the building that the establishment is located on: List the room number(s) the establishment is located in within the building, if appropriate: List the room number(s) the establishment is located in within the building, if appropriate: List the premises located within 500 feet of three or more on-premises liquor establishments? No Will the license holder or chanager be physically present within the establishment during all hours of opera if this is a transfer application (an existing licensed business is being purchased) provide the name and serial hours of opera of the applicant or licensee own the building in which the establishment is located? Yes (if Yes SKIP 23) Owner of the Building in Which the Licensed Establishment is Located Fullding Owner's Full Name: HK Realty Corp. and 14th Street Realty Associates, LLC Building Owner's Street Address: Lity, Town or Village: New York State: NY Zip Code 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. Representative/Attorney's Full Name: Neil M. Visoky, Esq. threet Address: Into South Avenue Suite 24 Lity, Town or Village: Staten Island State: NY Zip Code susiness Telephone Number of Representative/Attorney: 718 720 7600 usiness Email Address: abclaw@aol.com In this form are in conformity with representations made in submitted documents relied upon by the Auguranting the license. I understand that representations made in this form will also be relied upon, and that fall 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 as a principal of the propersentations made in this form as a principal of the license.	(Page 2 of 2
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ntad Nama, Nailya Nisanaya	
nted Name: Nailya Nisanova Title President	

CERTIFIED MAIL – RRR # 7016 0910 0001 7469 2757 NEIL M. VISOKY ESQ 1110 South Avenue Suite 24 Staten Island, NY 10314 Tel No. (718) 720-7600 Fax No. (347) 273-1456

April 6, 2018

Community Board #3 59 E. 4th St. New York, NY 10003

> Re: Hotel Tortuga, Inc. 246 East 14th Street New York, NY 10003

Dear Sirs,

This is to advise you that the above corporation is filing an application with the New York State Liquor Authority for a toward win elicense.

Please contact our office for any other information required.

Very truly yours,

Grace Grande Law office of Neil M. Visoky Email <u>abclaw@aol.com</u>