OFFICE USE ONLY opla-rev 01/22/16 Original Amended Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a NEW YORK State Liquor **Local Municipality or Community Board** Authority (Page 1 of 2 of Form) 1. Date Notice Was Sent: Mar 26, 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 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: Manhattan Community Board 3 **Applicant/Licensee Information** 4. License Serial Number, if Applicable: Expiration Date, if Applicable: Applicant or Licensee Name: Classic Man LLC 6. Trade Name (if any): Classic Man Barber Lounge 7. Street Address of Establishment: 443-445 East 9th Street 8. City, Town or Village: New York NY Zip Code: 10009 9. Business Telephone Number of Applicant/Licensee: (646) 484-5416 10. Business Fax Number of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: i.michael@classicmanbarbers.nyc 12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider 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: Bar/Tavern 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.):

Rec'd by Community Board 3, Man

Third Party Promoters

Exotic Dancing

Patron Dancing Employee Dancing

None Patio or Deck Rooftop

Sidewalk Cafe Other (specify):

Video/Arcade Games

Other (specify):

Licensed Outdoor Area: (Check all that apply)

Page 2

Topless Entertainment

Security Personnel

Garden/Grounds Freestanding Covered Structure

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| opla-rev 01/22/16 | OFFICE USE ONLY Original Amended Date | | | 49 |
| NEWYORK State | Liquor Standardized NOTICE | FORM | | 0-Day Advanced Notice to a |
| STATE OF OPPORTUNITY Autho | | | Local Munici | ipality or Community Board |
| 8 | • | | | (Page 2 of 2 of Form) |
| 17. List the floor(s) of the build | ding that the establishment is located on: Fi | rst, Baseı | ment | |
| 18. List the room number(s) the building, if appropriate: | ne establishment is located in within the N, | /A | | |
| 19. Is the premises located wit | hin 500 feet of three or more on-premises lie | quor esta | ablishments? •Ye | s No |
| 20. Will the license holder or a | manager be physically present within the es | stablishn | nent during all hour | rs of operation? Yes No |
| 21. If this is a transfer applicati | ion (an existing licensed business is being pu | urchased |) provide the name | and serial number of the licensee. |
| | | | | |
| 22 Door the applicant as live | | mont is l | ocatod? O Voc (If) | Yes SKIP 23-26) No |
| 22. Does trie applicant of licen: | see own the building in which the establish: | Henr 12 II | ocateu: O res (ii i | |
| 22. Does the applicant or licen: | see own the building in which the establishr | Henr 15 II | ocated: O les (ii) | 20 25, 60 115 |
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| | Owner of the Building in Which the Licen | | | |
| | Owner of the Building in Which the Licenne: 145 Avenue A Realty, LLC | | | |
| 23. Building Owner's Full Nam | Owner of the Building in Which the Licen 145 Avenue A Realty, LLC ddress: 419 Lafayette Street, 5th Floor | | | |
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| 23. Building Owner's Full Nam 24. Building Owner's Street Ad 25. City, Town or Village: New 26. Business Telephone Numb Reprapplication 27. Representative/Attorney's 28. Street Address: 585 | Owner of the Building in Which the Licente: 145 Avenue A Realty, LLC ddress: 419 Lafayette Street, 5th Floor York Der of Building Owner: Tesentative or Attorney representing the Autor of for a license to traffic in alcohol at the expense of the Building Owner: Full Name: Michael A. James | State: | NY at in Connection winement identified in | Zip Code : 10003 |
| 23. Building Owner's Full Nam 24. Building Owner's Street Ad 25. City, Town or Village: New 26. Business Telephone Numb Reprapplication 27. Representative/Attorney's 128. Street Address: 588 | Owner of the Building in Which the Licente: 145 Avenue A Realty, LLC ddress: 419 Lafayette Street, 5th Floor York Der of Building Owner: Sesentative or Attorney representing the Autor for a license to traffic in alcohol at the expense of the Building of the Expense of the | State: State: | NY at in Connection winement identified in | Zip Code : 10003 |

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.

| 32. Printed Name: | Isiah Michael | Title | President | |
|-----------------------------|---------------|-------|-----------|--|
| Signature: X /s/ lsi | ah Michael | · | | |