| opla-rev 01/22/16 Original Office USE ONLY Amended Date | | |
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| NEW YORK STATE OF OPPORTUNITY. State Liquor Authority Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board (Page 1 of 2 of Form) | | |
| 1. Date Notice Was Sent: APRIL 30 1a. Delivered by: USPS | | |
| 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 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: N/A Expiration Date, if Applicable: N/A | | |
| 5. Applicant or Licensee Name: US LIONS INC | | |
| 6. Trade Name (If any): SPICEWAL BAR/APNA MASALA/MANCORA | | |
| 7. Street Address of Establishment: 344 EAST 6TH STREET | | |
| 8. City, Town or Village: NEW YORK ,NY Zip Code : 10003 | | |
| 9. Business Telephone Number of Applicant/Licensee: 917-225-3951 | | |
| 10. Business Fax Number of Applicant/Licensee: | | |
| 11. Business E-mail of Applicant/Licensee: US LIONSNY@YAHOO.COM | | |
| 12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider | | |
| 13. Extent of Food Service: Full food menu; Full Kitchen run by a chef or cook Full Kitchen run by a chef or cook | | |
| 14. Type of Establishment: RESTAURANT | | |
| 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 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 | | |

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| NEWYORK STATE OF OPPORTUNITY. Authority | Local Municipality or Community Board | |
| The state of the s | (Page 2 of 2 of Form) | |
| | | |
| 17. List the floor(s) of the building that the establishment is located on: | FIRST FLOOR DINING/BASEMENT STORAGE & KITCHEN | |
| 18. List the room number(s) the establishment is located in within the building, if appropriate: | N/A | |
| 19. Is the premises located within 500 feet of three or more on-premise | s liquor establishments? Yes Oo | |
| 20. Will the license holder or a manager be physically present within th | | |
| 21. If this is a transfer application (an existing licensed business is being | purchased) provide the name and serial number of the licensee. | |
| FIGARO VILLAGGIO INC SERIAL NO. 12750 | 318 | |
| 22. Does the applicant or licensee own the building in which the establ | ishment is located? Yes (If Yes SKIP 23-26) No | |
| Owner of the Building in Which the Lie | ensed Establishment is Located | |
| 23. Building Owner's Full Name: MATEL REALTY | | |
| 24. Building Owner's Street Address: 303 EAST 6TH STREET | | |
| 25. City, Town or Village: NEW YORK | State: NY Zip Code: 10003 | |
| 26. Business Telephone Number of Building Owner: 212-674-0950 | | |
| Representative or Attorney representing the Applicant in Connection with the | | |
| application for a license to traffic in alcohol at ti | e establishment identified in this notice | |
| 27. Representative/Attorney's Full Name: STACY L. WEISS, ESQ | | |
| 28. Street Address: 110 EAST 59TH STREET, 23RD FL | | |
| 29. City, Town or Village: NEW YORK | State: NY Zip Code : 10022 | |
| 30. Business Telephone Number of Representative/Attorney: 212 521-0828 | | |
| | | |
| 31. Business Email Address : siweissattorney@aol.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. | | |
| 32. Printed Name: STACY L. WEISS | Title ATTORNEY | |
| 11/2 | | |
| Signature: X Signature: X | | |
| , ~ | | |

The Law Office of Stacy L. Weiss, PLLC.

110 East 59th Street, 23rd Floor New York, NY 10022 Toll Free: 1 877 LIQ-LAW1

Tel: 212·521·0828 Fax: 212·521·0826 STACY L. WEISS, ESQ. slweissattomey@aol.com www.stacyweisslaw.com

THE RICHARD L. ROSEN LAW FIRM, PLLC.

Of Counsel

NADIA CAN'I'AVE THOMAS E. BURKE Legal Assistants

May1, 2017

Manhattan Community Board #3 59 east 4th Street New York, NY 10003

To Whom It May Concern:

Please be advised that US LIONS INC is applying for An On-Premises License for a restaurant to be located at 344 East 6th Street, New York, NY 10003.

Enclosed please find an original Standardized Notice Form from the New York State Liquor Authority. Please contact this office with any questions.

Thank you for your attention to this matter.

Very Truly Yours,

Stacy L. Weiss