	OFFICE USE ONLY				
Original	Amended	Date			



NEW YORK STATE OF OPPORTUNITY Authority

## 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: 07/13/2018 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 ☐ 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							
3. Name of Municipality or Community Board: Manhattan Community Board 3							
Applicant/Licensee Information							
4. License Serial Number, if Applicable: 1304262 Expiration Date, if Applicable: 1/31/2020							
5. Applicant or Licensee Name: Boris & Horton East Village NYC							
6. Trade Name (if any): Boris & Horton							
7. Street Address of Establishment: 195 Avenue A							
8. City, Town or Village: New York /							
9. Business Telephone Number of Applicant/Licensee: 212-589-8986							
10. Business Fax Number of Applicant/Licensee:							
11. Business E-mail of Applicant/Licensee: melissa@borisandhorton.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: Coffee Shop							
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: (Check all that apply)  None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure Sidewal Cafe Deck Specify ty Board 3, Man							

JUL 1.6 2018

OFFICE USE ONLY
Original Amended Date

ONLY Date





State Liquor Authority

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

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17. List the floor(s) of the	building that the establishment is loca	ted on: 1				
18. List the room number building, if appropriat	(s) the establishment is located in with e:	in the			1	
19. Is the premises located within 500 feet of three or more on-premises liquor establishments?   Yes   No						
20. Will the license holder or a manager be physically present within the establishment during all hours of operation? (Yes ) No						
21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee						
22. Does the applicant or l	icensee own the building in which the	establishme	nt is loc	ated? O Yes (If	Yes SKIP 23-26) 😡 No	
	Owner of the D. D. D. L. Market					
22 0 11 0	Owner of the Building in Which					
23. Building Owner's Full Name: David 441 LLC, 441 East 12th Ricatto LLC, c/o East Village Property Magement LLC						
24. Building Owner's Stree	t Address: 441 East 12th Street					
25. City, Town or Village:	lew York	St	ate: N	IY	Zip Code : 10009	
26. Business Telephone Number of Building Owner: 212-505-2499						
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						
27. Representative/Attorne	ey's Full Name: Melissa Houghtalin					
28. Street Address:	441 East 12th Street					
29. City, Town or Village:	NY	Sta	te: N	Υ	Zip Code : 10009	
30. Business Telephone Nu	mber of Representative/Attorney: 34	7-909-2691				
31. Business Email Address	: melissa@borisandhorton.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 <b>Penalty of Perjury</b> - that the representations made in this form are true.						
32. Printed Name: Melissa	Houghtalin		Title	Operations Ma	anager	
Signature: X						