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State Liquor Authority

<input type="radio"/> Original	<input type="radio"/> Amended	<input type="radio"/> OFFICE USE ONLY	Date
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Standardised **NOTICE FORM** for Providing 20-Day Advanced Notice to a Local Municipality or Community Board
 Page 1 of 2

1. Date Notice Was Sent: April, 2018 1a. Delivered by: Certified Mail Return Receipt

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 Renewal 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 20-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 No. 5

Applicant/Licensee Information

4. License Serial Number, if Applicable: 1179167 and 1242335 Expiration Date, if Applicable: 6/30/2018

5. Applicant or Licensee Name: TLS Chrystie LLC

6. Trade Name (if any): Home Sweet Home and Fig 19

7. Street Address of Establishment: 181 Chrystie Street

8. City, Town or Village: New York, NY Zip Code: 10002

9. Business Telephone Number of Applicant/Licensee: 212-225-5700

10. Business Fax Number of Applicant/Licensee: N/A

11. Business E-mail of Applicant/Licensee: keithm.muncent@gmail.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 Menu meets local minimum food availability requirements; Food prep area at minimum

14. Type of Establishment: Tavern

15. Method of Operation: (Check all that apply)
 Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
 Live Music (Give details: La. 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
 Sidewalk Cafe Other (specify):

RECEIVED BY [Signature] April 30, 2018

APR 30 2018

Print Form

ENLARGE BAR, ADD D5 BOOTH



State Liquor Authority

OFFICE USE ONLY
 Original Amended Date: _____

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

17. List the floor(s) of the building that the establishment is located on: Basement and First Floor
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-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 license.

22. Does the applicant or licensee own the building in which the establishment is located? Yes (if Yes SLP 23-26) No

Owner of the Building in Which the Licensed Establishment is Located

23. Building Owner's Full Name: Jeffrey Feong
24. Building Owner's Street Address: 581 Ramapo Valley Road
25. City, Town or Village: Oakland State: NJ Zip Code: 07436
26. Business Telephone Number of Building Owner: _____

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/Attorney's Full Name: Terrence B Flynn Jr., Esq.
28. Street Address: 198 Beach 102nd St
29. City, Town or Village: Rockaway Park State: New York Zip Code: 11694
30. Business Telephone Number of Representative/Attorney: 718-945-1000
31. Business Email Address: TFlynnjr@gmail.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: Cristin Vincent Title: Member/Manager
- Signature: X [Handwritten Signature]