opla-rev 01/22/16 OFFICE USE ONLY Original Amended Date								
NEW YORK STATE OF OPPORTUNITY  State Liquor Authority  Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Boarc  (Page 1 of 2 of Form)								
<ol> <li>Date Notice Was Sent: AUGUST 9, 2018 1a. Delivered by: USPS</li> <li>Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License</li> <li>✓ New Application Renewal Alteration Corporate Change Removal Class Change</li> </ol>								
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: N/A Expiration Date, if Applicable: N/A								
5. Applicant or Licensee Name: 12TH ST. ALE HOUSE LLC								
6. Trade Name (if any): N/A								
7. Street Address of Establishment: 192 2ND AVENUE								
8. City, Town or Village: NEW YORK ,NY Zip Code: 10003								
9. Business Telephone Number of Applicant/Licensee: 212-882-1907								
10. Business Fax Number of Applicant/Licensee:								
11. Business E-mail of Applicant/Licensee: RGELARDI@HOTMAIL.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 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: 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): IPOD								

16. Licensed Outdoor Area: None

(Check all that apply)

AUG 13 2018

Freestanding Covered Structure

49



Original

## Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a

State Liquor Authority			Local Municipality or Community Board (Page 2 of 2 of Form					
. List the floor(s) o	of the building th	nat the establishm	nent is located on:	GROUN	D F	LOOR & BASI	EMENT ST	TORAGE
18. List the room number(s) the establishment is located in within the building, if appropriate:								
. Is the premises lo	ocated within 50	0 feet of three or	more on-premises	liquor est	ablis	hments? 🗸 Ye	s No	
. Will the license h	older or a mana	ger be physically	present within the	establish	ment	during all hour	s of operation	on? 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								
BLOOM REA	LTY LLC - S	ERIAL NO. 12	200819					
Does the applica	nt or licensee ov	vn the building in	which the establis	shment is l	ocat	ed? Yes (If Y	Yes SKIP 23-	26) 🕢 No
	Owne	er of the Building	j in Which the Lice	ensed Esta	ablis	hment is Locat	ed:	
. Building Owner's	s Full Name:	301 REALTY A	SSOC LP					
. Building Owner's	s Street Address	: C/O ATKIN	S & BRESKIN L	LC	133	NORFOLK S	TREET	
. City, Town or Vill	lage: NEW YO	RK		State:	N.	Y	Zip Code :	10002
. Business Telepho	one Number of I	Building Owner:	917-655-7968					
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/A	Attorney's Full Na	ame: STACY L. V	VEISS, ESQ				====	
Street Address:	110 EAST	59TH STREET, 23	RD FL			-=		
				7	<b>.</b>			
City, Town or Villa	age: NEW YOR	iK		State:	INY		Zip Code :	10022
Business Telepho	one Number of R	epresentative/At	torney: 212 521-0	828				
Business Email Ad	ddress : slweiss	attorney@aol.cor	n					
in this form	are in conformi nse. I understar	Dishment is located in within the N/A  Of feet of three or more on-premises liquor establishments? Yes No ger be physically present within the establishment during all hours of operation? Yes No existing licensed business is being purchased) provide the name and serial number of the licensee. ERIAL NO. 1200819 In the building in which the establishment is located? Yes (If Yes SKIP 23-26) No  or of the Building in Which the Licensed Establishment is Located  301 REALTY ASSOC LP  C/O ATKINS & BRESKIN LLC  133 NORFOLK STREET  RK  State: NY  Zip Code: 10002  uilding Owner: 917-655-7968  Active or Attorney representing the Applicant in Connection with the allicense to traffic in alcohol at the establishment identified in this notice  me: STACY L. WEISS, ESQ  59TH STREET, 23RD FL  K  State: NY  Zip Code: 10022  expresentative/Attorney: 212 521-0828  attorney@aol.com  These or am a principal of the legal entity that holds or is applying for the license. Representations by with representations made in submitted documents relied upon by the Authority when did that representations made in this form will also be relied upon, and that false representations result in disapproval of the application or revocation of the license.  Trm - under Penalty of Perjury - that the representations made in this form are true.						
By m	y signature, I aff	irm - under <b>Penal</b>	<b>ty of Perjury</b> - tha	it the repre	esent	ations made in	this form ar	e true.
Printed Name: S	TACY L. WEI	3S		Т	itle	ATTORNEY	***	
nature: X		- Da						
	List the floor(s) of building, if approach list the premises let will the license had building of the license had been been been been been been been bee	Authority  Authority  List the floor(s) of the building the List the room number(s) the estate building, if appropriate:  Is the premises located within 50.  Will the license holder or a mana. If this is a transfer application (and BLOOM REALTY LLC - SID Does the applicant or licensee ow the suilding Owner's Full Name:  Building Owner's Full Name:  Building Owner's Street Address:  City, Town or Village: NEW YOOD.  Business Telephone Number of Experience Address:  City, Town or Village: NEW YOOD.  Street Address:  City, Town or Village: NEW YOOD.  Business Telephone Number of R.  Business Email Address: slweiss  I am the applicant or hold the lice in this form are in conforming ranting the license. I understand may  By my signature, I affit	List the floor(s) of the building that the establishment. List the room number(s) the establishment is locat building, if appropriate:  Is the premises located within 500 feet of three or . Will the license holder or a manager be physically. If this is a transfer application (an existing licensed BLOOM REALTY LLC - SERIAL NO. 12  Does the applicant or licensee own the building in . Owner of the Building . Building Owner's Full Name: 301 REALTY A Building Owner's Street Address: C/O ATKIN: . City, Town or Village: NEW YORK  Business Telephone Number of Building Owner: . Representative or Attorney application for a license to traffication for a license for a li	Authority  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:  Is the premises located within 500 feet of three or more on-premises. Will the license holder or a manager be physically present within the lifth this is a transfer application (an existing licensed business is being BLOOM REALTY LLC - SERIAL NO. 1200819  Does the applicant or licensee own the building in which the establishment of the Building in Which the License applicant or licensee own the building in Which the License applicant or licensee own the building of which the License application of the Building owner's Street Address:  City, Town or Village: NEW YORK  Business Telephone Number of Building Owner:  917-655-7968  Representative or Attorney representing the application for a license to traffic in alcohol at the surface of the presentative or Attorney: STACY L. WEISS, ESQ  Street Address:  110 EAST 59TH STREET, 23RD FL  City, Town or Village: NEW YORK  Business Telephone Number of Representative/Attorney: 212 521-0  Business Email Address: slweissattorney@aol.com  I am the applicant or hold the license or am a principal of the legal er in this form are in conformity with representations made in subgranting the license. I understand that representations made in this may result in disapproval of the applicate By my signature, I affirm - under Penalty of Perjury - that Printed Name:  STACY L. WEISS	Authority  List the floor(s) of the building that the establishment is located on: GROUN List the room number(s) the establishment is located in within the building, if appropriate:  Is the premises located within 500 feet of three or more on-premises liquor est will the license holder or a manager be physically present within the establish. If this is a transfer application (an existing licensed business is being purchased BLOOM REALTY LLC - SERIAL NO. 1200819  Does the applicant or licensee own the building in which the establishment is located on the applicant or licensee own the building in which the Licensed Establishment is located on the stablishment is located purchased.  Building Owner's Full Name: 301 REALTY ASSOC LP Building Owner's Street Address: C/O ATKINS & BRESKIN LLC City, Town or Village: NEW YORK State:  Business Telephone Number of Building Owner: 917-655-7968  Representative or Attorney representing the Application for a license to traffic in alcohol at the establish representative/Attorney's Full Name: STACY L. WEISS, ESQ  Street Address: 110 EAST 59TH STREET, 23RD FL City, Town or Village: NEW YORK State:  Business Telephone Number of Representative/Attorney: 212 521-0828  Business Email Address: sleweissattorney@aol.com  I am the applicant or hold the license or am a principal of the legal entity that hin this form are in conformity with representations made in submitted dogranting the license. I understand that representations made in this form will may result in disapproval of the application or reversely in disapproval of t	List the floor(s) of the building that the establishment is located on: GROUND File.  List the room number(s) the establishment is located in within the building, if appropriate:  Is the premises located within 500 feet of three or more on-premises liquor establishment. Will the license holder or a manager be physically present within the establishment. If this is a transfer application (an existing licensed business is being purchased) probable of the Building in which the establishment is located. Will the license own the building in which the establishment is located. Will the application of licensee own the building in which the establishment is located. Will be stabled in which the establishment is located. Will be stabled in which the establishment is located. Will be stabled in which the establishment is located. Will be stabled in which the establishment is located. Will be stabled in which the establishment is located. Will be stabled in which the establishment is located. Will be stabled in which the establishment is located. Will be stabled in which the establishment is located. Will be stabled in which the establishment is located. Will be stabled in which the establishment is located. Will be stabled in which the establishment is located. Will be stabled in which the establishment is located. 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Will be stabled in	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 floor(s) of the building that the establishment is located on: GROUND FLOOR & BASEMENT ST  List the room number(s) the establishment is located in within the building, if appropriate:  It is the promises located within 500 feet of three or more on-premises liquor establishments? ✓ Yes