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

	, y so sommanity Board
1. Date Notice was Se	Allonet 79, 2010 1 2 2 4
2. Select the type of A	pplication that will be filed with all
O New Applicat	pplication that will be filed with the Authority for an On-Premises Alcoholic Beverage License: tion O Renewal O Alteration O Corporate Change O Removal O Class Change Method of Operation Change
For Renewal app For Alteration al For Corporate Cl For Removal app For Class Change For Method of O	Interior of Class Change Method of Operation Change Applicants, answer all questions policants, attach a complete written description and diagrams depicting the proposed alteration(s) hange applicants, attach a list of the current and proposed corporate principals applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation operation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:
	Manhattan Community Roard 2
Applicant/Licensee In	formation:
4. Licensee Serial Numbe	er (if applicable): 1295051
5. Applicant or Licensee I	Name: MOS EISLEY LLC Expiration Date (if applicable): 05/31/2019
6. Trade Name (if any):	LOVERBOY
7. Street Address of Estab	olishment: 127 AVENUE C AKA 343 EAST 8TH STREET
8. City, Town or Village:	New York
9. Business Telephone Nu	mber of Applicant (1) NY Zip Code: 10009
10. Business E-mail of App	Nicock II
11. Type(s) of alcohol sold	or to be sold:
12. Extent of Food Service:	Wine Reer & Cides
O Full food menu; ful	Il kitchen run by a chef or cook Menu meets legal minimum foot by a chef or cook
13. Type of Establishment:	
14. Method of Operation: (check all that apply)	Seasonal Establishment
Licensed Outdoor Area: (check all that apply)	AUG 3 1 2018 None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
	Sidewalk Cafe Other (specify): N/A exactly A A A Page 2 of 24

	Original	OFFIC	E USE ONLY	
	Original	Amended	Date	_ 2
16. List the floor(s) of the building the				
16. List the floor(s) of the building tha	it the establishm	ent is located on:	30 CHUNGE	
17. List the room number(s) the estab	lishment is locat	ted in within the buildi		
18. Is the premises located within 500	feet of three or	more on according	ng, if appropriate: N/A	
19. Will the license holder or a re-		more on-premises liqu	or establishments?	O No
19. Will the license holder or a manag	≅r be physically p	present within the esta	blishment during all hours of oper	ation?
20. If this is a transfer application (an ϵ	xisting licensed l	business is being purch	1358d) provide +L-	Yes No
N/A			N/A	number of the licensee:
21 Does the applicant to	Name			Serial Number
21. Does the applicant or licensee own	the building in w	which the establishmer	it is located? OYes (if YES, SKI	0.22.22
			J = (4 (25) 51()	P 23-26) No
)wner of the B	uilding in Which the	Licensed Establishment is Loc	
22. Building Owner's Full Name: 343	FACT OTHER	I d dia	Lacabiisiment is Loc	ated
23. Building Owner's Street Address:			REAL ESTATE, INC.,	
L L	632 BROAD	WAY, 7TH FLOOF		
24. City, Town or Village: NEW YOR				
25. Business Telephone Number of Build			State: NEW YORK	Zip Code: 10012
t and namper of Build	ng Owner:			-
26. Representative/Attorney's Full Name:	JOSEPH LE		the Applicant in Connection was the Establishment Identified of the Establishment Identified o	vith the in this Notice
27. Representative/Attorney's Street Addr		LLIAM STREET, SU		
28. City, Town or Village: NEW YORK		THE THEELT, 30	JITE 1410	
- Torck			State: NY	Zip Code: 10038
9. Business Telephone Number of Represo		ey: 212-219-1193		10038
Business E-mail Address of Representat	ive/Attorney:			
	L.	c/o dana@helbraun	levey.com.	
upon, and that false rep By my signature, I affir	ting the license resentations m m - under Pena	e. I understand that r hay result in disappro	egal entity that holds or is applitations made in submitted doctors made in this for particular the application or revocation the application or made in the representations made in the representation made in the representation	uments relied upon by rm will also be relied
Printed Principal Name: JOSEPH L.	EVEY		Title: Lame	
R			Title: ATTORNEY	
Principal Signature:				