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			OFFICE	LICE ONLY
			OFFICE	USE ONLY
١	Original	0	Amended	Date



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

1. Date Notice was Sent:	09/18/2018	19.	Delivered by:	Certified Mail Re	eturn Receipt Requested		
2. Select the type of Applic	ation that will be filed with	the Authority for an Or	-Premises Alco	oholic Beverage Licens	Se:		
New Application	O Renewal O Alteration	on O Corporate Char	ge O Remo	val O Class Change	Method of Operation Change		
For Renewal applica For Alteration applica For Corporate Chang For Removal applica For Class Change app	answer each question belonts, answer all questions ants, attach a complete with a list on the applicants, attach a statement of olicants, attach a statemen attach a statemen attach a change applicants, a	itten description and d of the current and prop your current and propo t detailing your current	iagrams depic osed corporati sed addresses license type a	ting the proposed alto e principals with the reason(s) fo and your proposed lic	or the relocation		
This 30-Day Advance No	tice is Being Provided t	the Clerk of the Fo	llowing Local	l Municipality or C	ommunity Board:		
3. Name of Municipality or	Community Board: Ma	inhattan Com	munity I	Board 3			
Applicant/Licensee Infor							
4. Licensee Serial Number (i	f applicable):		Ехрі	iration Date (if applic	able):		
5. Applicant or Licensee Nar	ne: 250 E14st LL0						
6. Trade Name (if any):	BD						
7. Street Address of Establish	nment: 221 Secon	nd Ave.					
8. City, Town or Village:	ew York		, N	Y Zip Code:	10003		
9. Business Telephone Numb	er of Applicant/Licensee:	(917) 575-046	9				
10. Business E-mail of Applica	ant/Licensee: bsplug	guglies@aol.cor	n				
11. Type(s) of alcohol sold or	to be sold: O Be	er & Cider O Wine	, Beer & Cider	D Liquor, Wine	, Beer & Cider		
12. Extent of Food Service:							
• Full food menu; full k	itchen run by a chef or co	ok <b>©</b> Menu meets	legal minimun	n food availability re	quirements; food prep area at minimum		
13. Type of Establishment:	Bar/Tavern						
14. Method of Operation:	Method of Operation: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke						
(check all that apply)	Live Music (give detail	s i.e., rock bands, acou	ıstic, jazz, etc.	.):	V		
1	Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment						
1	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel						
	Other (specify): COC	ktail lounge wi	th craft be	er to go comp	ponent		
Licensed Outdoor Area: [Check all that apply]	None Patio or I	Deck Rooftop	☐ Garder	n/Grounds	reestanding Covered Structure		
	Sidewalk Cafe	Other (specify):					

opie-rev03292018	Original O Amend	OFFICE USE ONLY ed Date	
16. List the floor(s) of the building	g that the establishment is located or	n: First Floor	
	establishment is located in within the		
	500 feet of three or more on-premi		O No
		he establishment during all hours of opera	
		ng purchased) provide the name and serial	
	Name		Serial Number
21. Does the applicant or licenses  22. Building Owner's Full Name:		hich the Licensed Establishment is Lo	
23. Building Owner's Street Addre	14th St. HK Realty Corp	c/o Stellar Mgt.	
	TOO THINGHI ON COL		
24. City, Town or Village: New	York	State: New York	Zip Code: 10036
Applic 6. Representative/Attorney's Full	ation for a License to Traffic in A	resenting the Applicant in Connection Alcohol at the Establishment Identifie  The Third Property of the Proper	ed in this Notice
7. Representative/Attorney's Stre			
8. City, Town or Village: New	York	State: NY	Zip Code: 10017
3. Business Telephone Number of	Representative/Attorney: (646	3) 383-4607	
). Business E-mail Address of Rep	-	DS-LawOffices.com	
n orderidad a man radicad or map	oames	S DO Lawonices.com	
Representations in the Authority wh upon, and that i	this form are in conformity with en granting the license. I unders alse representations may result	pal of the legal entity that holds or is n representations made in submitted tand that representations made in th in disapproval of the application or r rjury - that the representations made	documents relied upon by his form will also be relied evocation of the license.
. Printed Principal Name: Ja	mes D. DiPasquale	Title: Attorney	for Applicant
Principal Signature:	7 A		