

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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State Liquor Authority

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

(Page 1 of 2)

1. Date Notice Was Sent: 03/01/2018 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 **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 **Removal** 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 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: COMMUNITY BOARD 3

Applicant/Licensee Information

4. License Serial Number, if Applicable: _____ Expiration Date, if Applicable: _____

5. Applicant or Licensee Name: COPPER THROAT CORP.

6. Trade Name (if any): _____

7. Street Address of Establishment: 123 LUDLOW STREET

8. City, Town or Village: NEW YORK, NY Zip Code: 10002

9. Business Telephone Number of Applicant/Licensee: 212-677-7264

10. Business Fax Number of Applicant/Licensee: 212-537-7285

11. Business E-mail of Applicant/Licensee: INFO.COREADVISORS@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 legal minimum food availability requirements; Food prep area at minimum

14. Type of Establishment: THAI RESTAURANT

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
- Sidewalk Cafe
- Other (specify): _____

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17. List the floor(s) of the building that the establishment is located on: GROUND FLOOR
18. List the room number(s) the establishment is located in within the building, if appropriate: _____
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 licensee own the building in which the establishment is located? Yes (If Yes SKIP 23-26) No

Owner of the Building in Which the Licensed Establishment is Located

23. Building Owner's Full Name: BETTY KING CORP.
24. Building Owner's Street Address: 127 RIVINGTON STREET, #A
25. City, Town or Village: NEW YORK State: NY Zip Code: 10002
26. Business Telephone Number of Building Owner: 917-851-7254

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: CORE ADVISORS LTD.
28. Street Address: 61-43 186TH STREET, SUITE 585
29. City, Town or Village: FRESH MEADOWS State: NY Zip Code: 11365
30. Business Telephone Number of Representative/Attorney: 917-991-0048
31. Business Email Address: INFO.COREADVISORS@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: WARAKORN SIRITIPAKUL Title: PRESIDENT
- Signature: X