

Rec'd By Community Board 3, Man

OCT 02 2018



OFFICE USE ONLY

Original Amended Date _____

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

1. Date Notice was Sent: 09/20/2018 1a. Delivered by: _____

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 Method of Operation Change

For **New** applicants, answer each question below using all information known to date
 For **Renewal** applicants, answer all questions
 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
 For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

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. Licensee Serial Number (if applicable): 1028781 Expiration Date (if applicable): _____

5. Applicant or Licensee Name: BROTHERS KHYBER PASS CORP.

6. Trade Name (if any): KHYBER PASS

7. Street Address of Establishment: 34 ST MARKS PLACE

8. City, Town or Village: NEW YORK, NY Zip Code: 10003

9. Business Telephone Number of Applicant/Licensee: 212-473-0989

10. Business E-mail of Applicant/Licensee: khyberpassnyc@gmail.com

11. Type(s) of alcohol sold or to be sold:
 Beer & Cider Wine, Beer, & Cider Liquor, Wine, Beer & Cider

12. 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

CORRECTED NOTICE TO COME

13. Type of Establishment: RESTAURANT

14. 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): _____

15. Licensed Outdoor Area: (check all that apply)

None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure

Sidewalk Cafe Other (specify): _____

UPGRADE TO OP

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

4

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

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(Page 2 of 2 of Form)

16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located with 500 feet of three or more on-premises liquor establishments? Yes No

19. Will the license holder or a manger be physically present within the establishment during all hours of operation? Yes No

20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24) No

Owner of the Building in Which the Licensed Establishment is Located

21. Building Owner's Full Name:

22. Building Owner's Street Address:

23. City, Town or Village: State: Zip Code:

Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice

25. Attorney's Full Name:

26. Attorney's Street Address:

27. City, Town or Village: State: Zip Code:

28. Business Telephone Number of Attorney:

29. Business Email Address of Attorney:

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.

30. Printed Name: Title:

Signature: X 