Date

Standardized NOTICE FORM for Providing 30-Day Advance Notice 19 2018 to a Local Municipality or Community Board

1. Date Notice was Sent:	10-16-18	1a. Delivered by:	CMRRR	_		
2. Select the type of Applicat	tion that will be filed with the Authorit	ty for an On-Premises Alcol	olic Beverage License:			
New Application	Renewal Alteration Corp	oorate Change 🔘 Remov	al Class Change O	Vethod of Operation Change		
For Renewal applican For Alteration applica For Corporate Change For Removal applican For Class Change appl	nswer each question below using all ints, answer all questions ants, attach a complete written descripe applicants, attach a list of the currents, attach a statement of your current licants, attach a statement detailing your change applicants, although not	ption and diagrams depicti nt and proposed corporate t and proposed addresses wour current license type ar	principals vith the reason(s) for the d your proposed license t	relocation ype		
This 30-Day Advance Not	tice is Being Provided to the Clerk	of the Following Local	Municipality or Commi	ınity Board:		
3. Name of Municipality or 0	Community Board: Communit	y Board #3				
Applicant/Licensee Infor	mation:					
4. Licensee Serial Number (i	f applicable):	Expir	ation Date (if applicable):			
5. Applicant or Licensee Nar	me: Sherman's Grill Plan A L	LC				
6. Trade Name (if any):	Sherman's					
7. Street Address of Establis	hment: 121 Division Street					
8. City, Town or Village:	lew York	, N1	Zip Code: 1000	2		
9. Business Telephone Num	ber of Applicant/Licensee: (646) 8	61-2726				
10. Business E-mail of Applic	cant/Licensee: fwpal	illo @ emeil	com			
11. Type(s) of alcohol sold o	r to be sold: O Beer & Cider	O Wine, Beer & Cider	O Liquor, Wine, Beer	& Cider		
12. Extent of Food Service:						
• Full food menu; full	kitchen run by a chef or cook O M	lenu meets legal minimum	food availability requirem	nents; food prep area at minimum		
13. Type of Establishment:	Restaurant (full kitchen and	d full menu required)			
14. Method of Operation: (check all that apply)	Seasonal Establishment 3	uke Box Disc Jocke	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 ☐ Thi	ird Party Promoters	Security Personnel			
	Other (specify):					
15. Licensed Outdoor Area: (check all that apply)	✓ None ☐ Patio or Deck [Rooftop Garden	Grounds	ding Covered Structure		
(check all that apply)	☐ Sidewalk Cafe ☐ Other (spe	ecify):				

List the floor(s) of the building to	that the establishment is loca	ated on: First Floor & Baseman	
List the room number(s) the est	tablishment is located in with	hin the building, if appropriate:	
s the premises located within S	500 feet of three or more on-	-premises liquor establishments?	ono cm
Vill the license holder or a man	nager be physically present w	within the establishment during all hours of operation	on?
this is a transfer application (a	an existing Roensed business	s is being purchased) provide the name and serial nu	umber of the licensee:
1.72	Name	Se	rial Number
Does the applicant or licensee (own the building in which the	e establishment is located? OYes (If YES, SKIP 2	23-26) ① No
	· 国际设施工		
	Owner of the Building	g in Which the Licensed Establishment is Loca	ted
Building Owner's Full Name:	Paul Sherman		-
Building Owner's Street Addres	ss: 121 Division Str	reet	
City, Town or Village: New	York	State: New York	Zip Code: 10002
and tour transfer lives	TOIR		
Applic	Representative or Attorne ation for a License to Trai	ey Representing the Applicant In Connection of the Interest of	with the in this Notice
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Applica Representative/Attorney's Full Representative/Attorney's Stre	Representative or Attorneration for a License to Traf	ey Representing the Applicant In Connection of ffic in Alcohol at the Establishment Identified Billio ad Street, Suite 3504	in this notice
Applica Representative/Attorney's Full Representative/Attorney's Stre City, Town or Village: New	Representative or Attorneration for a License to Trafit Name: Frank W. Parest Address: Sixty Broad	ey Representing the Applicant in Connection of fic in Alcohol at the Establishment Identified alilio and Street, Suite 3504 State: New York	with the in this Notice Zip Code: 10004
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