



OFFICE USE ONLY
 Original Amended Date _____

Rec'd By Community Board 3, Man

NOV 01 2018

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

1. Date Notice was Sent: 10/30/18

1a. Delivered by: Certified Mail KKK

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 No. 3

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): 1173167 and 1242335 Expiration Date (if applicable): 6/30/2018

5. Applicant or Licensee Name: TLS Chrystie LLC

6. Trade Name (if any): Home Sweet Home & Fig 19

7. Street Address of Establishment: 131 Chrystie Street

8. City, Town or Village: New York, NY Zip Code: 10002

9. Business Telephone Number of Applicant/Licensee: 212-226-5709

10. Business E-mail of Applicant/Licensee: Kristin M Vincent @ 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

13. Type of Establishment: Tavern

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): _____

ENLARGE bar & ADD D.J. booth

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

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

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

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

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

Name Serial Number

21. 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

22. Building Owner's Full Name: Jeffrey Fong

23. Building Owner's Street Address: 581 Rumayoo Valley Road

24. City, Town or Village: Dalden State: NJ Zip Code: 07436

25. Business Telephone Number of Building Owner:

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

26. Representative/Attorney's Full Name: Terrence R. Flynn, Jr.

27. Representative/Attorney's Street Address: 198 Beach 102nd Street, 2nd Floor

28. City, Town or Village: Rockaway Park State: New York Zip Code: 11694

29. Business Telephone Number of Representative/Attorney: (718) 945-1000

30. Business E-mail Address of Representative/Attorney: trflynnjr@gmail.com

I am the applicant or licensee holder or 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.

31. Printed Principal Name: Kristin Vincent Title: Member / Manager

Signature: X 