			UFF
)	Original	\bigcirc	Amended

OFFICE USE ONLY Date

Standardized NOTICE FORM for Providing 30-Day Advance Notice 124 Advance Notice 124 Advance Notice 124 Advance Notice 125 Advance Notice 126 Advance Notice 127 Advance Notice 127 Advance Notice 127 Advance Notice 127 Advance Notice 128 Advance Notice 128 Advance Notice 128 Advance Notice 129 Adva to a Local Municipality or Community Board

					4.1			
1. Date Notice was Sent: 1	0/31/2018	1a. Delivered by:	Certified Mail R	eturn Receipt Request	ed			
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:								
New Application	Renewal Alteration Corp	orate Change 🔘 Remov	al O Class Change	e	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 Inforn	nation:							
4. Licensee Serial Number (if	applicable):	Expir	ation Date (if applic	able):				
5. Applicant or Licensee Name: JED Partners LLC								
6. Trade Name (if any):	runhaus							
7. Street Address of Establish	ment: 126 Ludlow Street a	ı/k/a 101 Rivington \$	Street					
8. City, Town or Village: Ne	ew York	, NY	Zip Code:	10002				
9. Business Telephone Number of Applicant/Licensee:								
10. Business E-mail of Applica	jaimefelber@gn	nail.com						
11. Type(s) of alcohol sold or	to be sold:	O Wine, Beer & Cider	O Liquor, Wine,	Beer & Cider				
12. Extent of Food Service:								
• Full food menu; full k	citchen run by a chef or cook O Me	enu meets legal minimum	food availability req	uirements; food prep area a	at minimum			
13. Type of Establishment: Restaurant (full kitchen and full menu required)								
(check all that apply)		ke Box Disc Jockey		usic				
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):								
5. Licensed Outdoor Area: (check all that apply)	✓ None ☐ Patio or Deck ☐	Rooftop Garden/	Grounds	estanding Covered Structure	2			
]								
the state of the s								

OFFICE USE O Original Amended Date		7					
16. List the floor(s) of the building that the establishment is located on: Ground	Floor & Basement						
17. List the room number(s) the establishment is located in within the building, if appropriate:							
18. Is the premises located within 500 feet of three or more on-premises liquor esta	blishments?						
19. Will the license holder or a manager be physically present within the establishm	ent during all hours of operation?	⊙ Yes ○ No					
20. If this is a transfer application (an existing licensed business is being purchased) NYLA Cafe LLC Name	provide the name and serial number 1193062 Serial Nu						
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 Lice	nsed Establishment is Located						
22. Building Owner's Full Name: Zeliks Management Corp							
23. Building Owner's Street Address: PO Box 190533							
24. City, Town or Village: Brooklyn	New York	Zip Code: 11219					
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: Frank W. Palillo 27. Representative/Attorney's Street Address: Sixty Broad Street, Suite 3504							
28. City, Town or Village: New York	tate: New York	Zip Code: 10004					
29. Business Telephone Number of Representative/Attorney: (212) 227-164	-0						
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.							
Principal Signature:	Title: Managing Mem						
V.		Page 2 of 2					