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

1. Date Notice was Sent: 12 13 2018 1a. Delivered by: CMRKR
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:
O New Application OPenewal Alteration O Corporate Change O Removal O Class Change O 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): 1128513 Expiration Date (if applicable): 12 31 2018
5. Applicant or Licensee Name: Panch Enterpuses Troc
6. Trade Name (If any): KAtron
7. Street Address of Establishment: 217 Bowerd
8. City, Town or Village: New York NY Zip Code: 10002
9. Business Telephone Number of Applicant/Licensee: 212 620 3033
10. Business E-mail of Applicant/Licensee: accounts @ topTierHaspitality.com
11. Type(s) of alcohol sold or 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 🛮 🎒 Menu meets legal minimum food availability requirements; food prep area at minimum
13. Type of Establishment: Box Tavern
14. Method of Operation: Seasonal Establishment I luke Box Disc Jockey Recorded Music Karaoke [check all that apply] 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: Mone Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (check all that apply)
Sidewalk Cafe Other (specify):

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16. List the floor(s) of the building	g that the establishment	t is located on: 150	und floor d Bas	enert	
17. List the room number(s) the a	establishment is located	in within the building,	if appropriate:		
18. Is the premises located within	1 500 feet of three or mo	ore on-premises liquor	establishments? O Yes	Ø No	
19. Will the license holder or a m	anager be physically pre	esent within the establi	shment during all hours of operat	ión? @Yes	O No
20. If this is a transfer application	(an existing licensed bu	Isiness is being purchas	ed) provide the name and serial r	number of the licen	see:
	Name		L	erial Number	
21. Does the applicant or licenses	e own the building in wh	tich the establishment	is located? OYes (IF YES, SKIP	23-26) 6 No	
	Owner of the Bu	ıllding in Which the	Licensed Establishment is Loc	ated	
22. Building Owner's Full Name:	House o	+ Bayery			
23. Building Owner's Street Addr	ess: 675 N	aduson alu	e 5F		
24. City, Town or Village:	ew York		State: New Your	Zip Cod	e: 10002
25. Business Telephone Number	of Building Owner:	212 752 75	SU !		
Appli 26. Representative/Attorney's Fu 27. Representative/Attorney's St	Ill Name: Frank W	o Traffic in Alcohol a	g the Applicant in Connection at the Establishment Identifie	with the d in this Notice	
28. City, Town or Village: Nev	v York		State: New York	Zin Cod	le: 10004
29. Business Telephone Number	of Representative/Attor	rney: (212) 227-			10004
30. Business E-mail Address of Ro					
30. Business E-High Muli 655 Of Ri	spresentative/Accorney;	Fwpalillo@gn	ian.com		
Representations the Authority wurden, and the	s in this form are in co when granting the lice at false representation	onformity with represense. I understand the may result in disa	ne legal entity that holds or is sentations made in submitted at representations made in the pproval of the application or rethat the representations made	documents relie his form will also l evocation of the	d upon by be relied license.
31. Printed Principal Name: Principal Signature:	MARY QU	MILTER	Title: [Seco	etary _	