

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: 1/10/19 1a. Delivered by: Certified Mail

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:
[X] 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: CB3

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name: Ryan Chadwick (LLCTBD)

6. Trade Name (if any): To be Formed Later

7. Street Address of Establishment: 303-305 Broome St.

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

9. Business Telephone Number of Applicant/Licensee: 508-221-1689

10. Business E-mail of Applicant/Licensee: Ryan.Chadwick@bmail.com

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

12. Extent of Food Service:
[X] 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: Restaurant

14. Method of Operation: (check all that apply)
[ ] Seasonal Establishment [ ] Juke Box [X] Disc Jockey [ ] Recorded Music [ ] Karaoke
[X] Live Music (give details i.e., rock bands, acoustic, jazz, etc.): Piano, Jazz
[ ] 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)
[X] None [ ] Patio or Deck [ ] Rooftop [ ] Garden/Grounds [ ] Freestanding Covered Structure
[ ] Sidewalk Cafe [ ] Other (specify):

Rec'd By Community Board

JAN 14 2019

11

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

17. List the room number(s) the establishment is located in within the building, if appropriate: 303-305

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: SM 303 Broom LLC - 303 Broom LLC

23. Building Owner's Street Address: 185 Great Neck Road # 250

24. City, Town or Village: Great Neck State: New York Zip Code: 11021

25. Business Telephone Number of Building Owner: 516-487-5670

**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 State: New York Zip Code: 10004

29. Business Telephone Number of Representative/Attorney: (212) 227-1640

30. Business E-mail Address of Representative/Attorney: Fwpalillo@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: Ryan Chadwick Title: \_\_\_\_\_

Principal Signature: 