

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

1. Date Notice was Sent: 1/17/2019 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 1242375 Expiration Date (if applicable): 6/30/2018

5. Applicant or Licensee Name: TL5 Chrystie LLC

6. Trade Name (if any): Home Sweet Home & Pig 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.MVincent@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): \_\_\_\_\_

OFFICE USE ONLY

Original     Amended    Date \_\_\_\_\_

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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 Faong

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

24. City, Town or Village: Dalton 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 