1 grende State Liques

Authority

10. Business E-mail of Applicant/Licensee:

11. Type(s) of alcohol sold or to be sold:

6. Trade Name (if any):

8. City, Town or Village:

12. Extent of Food Service:

13. Type of Establishment:

14. Method of Operation:

15. Licensed Outdoor Area:

(check all that apply)

Original

Amended

OFFICE USE ONLY Date

Standardized NOTICE FORM for Provi to a Local Municipality or C

	Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board
1. Date Notice was S	11/1/2019 Ta. 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:
O New Applica	etion O Renewal Alteration O Corporate Change O Removal O Class Change O Method of Operation Change
For New applic For Renewal ap For Alteration : For Corporate (For Removal ap For Class Chang	cants, answer each question below using all information known to date oplicants, answer all questions applicants, answer all questions applicants, attach a complete written description and diagrams depicting the proposed alteration(s) Change applicants, attach a list of the current and proposed corporate principals oplicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation applicants, attach a statement detailing your current license type and your proposed license type Operation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes
This 30-Day Advance	e Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:
	V Of Community Roard:
Applicant/Licensee I	
	per (if applicable): 1172 //27 / 1/2/22 75
. Applicant or Licensee	
. Trade Name (if any):	Home Sweet Home & Fig 19
Street Address of Esta	
City, Town or Village:	
Business Telephone N	umber of Applicant/Licentees 2 10
). Business E-mail of Ap	194 200- 3 407
. Type(s) of alcohol sole	doute be rold.
Extent of Food Service	Wine, beer & Cider
	ull kitchen run by a chef or cook Menu meets legal minimum food availability requirements; food prep area at minimum
Type of Establishment	Tavern
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):
censed Outdoor Area: heck all that apply)	None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
	Sidewalk Cafe Other (specify):

☐ Sidewalk Cafe Other (specify):

opla-rev03292018	Original	OFFIC	E USE ONLY Date				17
16. List the floor(s) of the building t	that the establishme	nt is located on:	30 8 min	Tand	Fixe	17	OOR
17. List the room number(s) the est	tablishment is locate	d in within the buildi	ing, if appropria	ete: N/A	-		
18. Is the premises located within 5	600 feet of three or n	nore on-premises liq	uor establishmi		O No		
19. Will the license holder or a man				_	eration?	O Yes	O No
20. If this is a transfer application (a	n existing licensed b	usiness is being purc	hased) provide	the name and ser	ial number c	of the licens	see:
21 Does the applicant or licenses of	Name				Serial Nun	nber	
21. Does the applicant or licensee or	wn the bullding in wi	nich the establishme	nt is located?	O Ye≤ (if YES, S	KIP 23-26)	G No	
	Owner of the Bu	rilding in 14/high ab	a 13a 1 F .				
22 Public Court I I I I	Owner or the Bu	ilding in Which th	e Licensea Es	tablishment is L	ocated		
22. Building Owner's Full Name:	Jeffry	Foung				-(.0	
23. Building Owner's Street Address:	581 R	umaroo	Valley	Road		-	A Section 1
24. City, Town or Village: Oal	land		State:	<i>W</i> 3		Zip Code:	Parent
25. Business Telephone Number of Bu	ilding Owner:	av. d		7.2			9/459
25. Business Telephone Number of Bu	ilding Owner:						
•	L						
Repi	resentative or Attu	orney Representin Traffic in Alcohol (g the Applica	nt in Connection			
Repi	resentative or Atto	orney Representin Traffic in Alcohol (R. Flynn, Jr.	g the Applica	nt in Connection			
Repi Applicatio	resentative or Attorn for a License to	R. Flynn, Jr.	at the Establis	nt in Connection			
Representative/Attorney's Full Nam 7. Representative/Attorney's Street A	resentative or Attorn for a License to ne: Terrence didress: 198 Be	Traffic in Alcohol (reet, 2nd F	nt in Connection shment Identifie			
Repr Application Application A	resentative or Atta on for a License to ne: Terrence ddress: 198 Be	R. Flynn, Jr.	at the Establis	nt in Connection shment Identifie	n with the		1694
Representative/Attorney's Full Nam 7. Representative/Attorney's Street A	resentative or Atta on for a License to ne: Terrence ddress: 198 Be	R. Flynn, Jr.	reet, 2nd F	nt in Connection shment Identifie	n with the	otice	1694
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Repr Application 26. Representative/Attorney's Full Name 27. Representative/Attorney's Street Action 27. Representative/Attorney's Street Action 27. Representative/Attorney's Street Action 28. City, Town or Village: Rockawa	resentative or Attorner resentative or Attorner resentative or Attorner resentative/Attorner	R. Flynn, Jr.	reet, 2nd F State: Ne	nt in Connection shment Identifie	n with the	otice	1694
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