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)	Original	$\bigcirc$	Amendo

OFFICE USE ONLY Date .

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

<ol> <li>Date Notice was Sent: 04/17/20</li> <li>Select the type of Application that with New Application Renewal</li> </ol>	ll be filed with the Authori	1a. Delivered by: ty for an On-Premises Alo	Certified Mail Return Receipt Requested
		ty for an On-Premises Ald	chalic Reverses Licenses
New Application Renewa	I Alteration Corp		onone beverage license:
		oorate Change 🔘 Remo	oval O Class Change O Method of Operation Change
For Class Change applicants, atta	all questions a complete written descri , attach a list of the currer statement of your current ch a statement detailing y	ption and diagrams depic at and proposed corporat and proposed addresse our current license type	ting the proposed alteration(s) e principals s with the reason(s) for the relocation
		of the Following Loca	l Municipality or Community Board:
3. Name of Municipality or Community	Board: Manhatta	an Community	Board 3
Applicant/Licensee Information:			
4. Licensee Serial Number (if applicable	1286446	Ехр	ration Date (if applicable): 05/31/2019
5. Applicant or Licensee Name: Vill	a Cemita Inc		
6. Trade Name (if any): Villa Cer	nita		
7. Street Address of Establishment:	50 Avenue A		
8. City, Town or Village: New Yor	·k	, N	Y Zip Code: 10009
9. Business Telephone Number of Applic	ant/Licensee: (646) 9	64-4528	
10. Business E-mail of Applicant/License	e: villacemita@g	mail.com	
11. Type(s) of alcohol sold or to be sold:	Beer & Cider	Wine, Beer & Cider	O Liquor, Wine, Beer & Cider
12. Extent of Food Service:			
Full food menu; full kitchen run	by a chef or cook O Me	nu meets legal minimum	food availability requirements; food prep area at minimum
13. Type of Establishment: Restaura	ınt (full kitchen and	d full menu requir	ed)
(check all that apply)  Live Mu	sic (give details i.e., rock b	Dancing Exotic Da	:
Other (s	pecify):		Rec'd By Community Board 3, mail.
15. Licensed Outdoor Area: (check all that apply)		Rooftop Garden,	Grounds Freestanding Covered Structure
Sidewal	Cafe Other (speci	Ty): [	

0	OFFICE US Original Amended	Date		4	
16. List the floor(s) of the building that the	establishment is located on: Gro	und Flo	oor & basement		
17. List the room number(s) the establishm	ent is located in within the building,	if appropria	ate:		
18. Is the premises located within 500 feet	of three or more on-premises liquor	establishm	ents?	No	
19. Will the license holder or a manager be					O No
20. If this is a transfer application (an existing	g licensed business is being purchase	ed) provide	the name and serial num	ber of the licen	see:
N.	ame		Seria	l Number	
21. Does the applicant or licensee own the b	ouilding in which the establishment is	s located?	Yes (if YES, SKIP 23-		
Own	er of the Building in Which the L	icensed E	stablishment is Located	i	
22. Building Owner's Full Name: Avenu	ue A Associates (Michael	Rakos	i)		
23. Building Owner's Street Address: 17	735 York Avenue, Apt 38-	-E			
24. City, Town or Village: New York		State:	NY	Zip Code	10128
25. Business Telephone Number of Building ( Represent	rative or Attorney Representing	the Applic	cant in Connection with	1 the	
Represent Application for a  26. Representative/Attorney's Full Name:	ative or Attorney Representing a License to Traffic in Alcohol at	the Estab	lishment Identified in t	ı the his Notice	
Represent Application for a  26. Representative/Attorney's Full Name:  27. Representative/Attorney's Street Address	ative or Attorney Representing a License to Traffic in Alcohol at	the Estab	lishment Identified in t	ı the his Notice	
Represent Application for a  26. Representative/Attorney's Full Name:  27. Representative/Attorney's Street Address	ative or Attorney Representing a License to Traffic in Alcohol at	4th Floo	lishment Identified in t	his Notice	10019
Represent Application for a  26. Representative/Attorney's Full Name:  27. Representative/Attorney's Street Address  28. City, Town or Village:  New York	Adam Clayton Powell  57 West 57th Street,	4th Floo	lishment Identified in t	his Notice	10019
Represent Application for a  26. Representative/Attorney's Full Name:  27. Representative/Attorney's Street Address	Adam Clayton Powell  57 West 57th Street,  attive/Attorney: (646) 330-16	4th Floo	lishment Identified in t	his Notice	10019
Represent Application for a Application for a Application for a 26. Representative/Attorney's Full Name:  27. Representative/Attorney's Street Address 28. City, Town or Village:  New York  29. Business Telephone Number of Representative 30. Business E-mail Address of Representative I am the applicant or licer Representations in this form the Authority when grantin upon, and that false representations in the service of the Authority when grantin upon, and that false representations in the service of the Authority when grantin upon, and that false representations in the service of the Authority when grantin upon, and that false representations in the service of the Authority when grantin upon, and that false representations in the service of the Authority when grantin upon, and that false representations in the service of the Authority when grantin upon, and that false representations in the service of the Authority when grantin upon, and that false representations in the service of the Authority when grantin upon, and that false representations in the service of the Authority when grantin upon, and that false representations in the service of the Authority when grantin upon, and that false representations in the service of the Authority when grantin upon, and that false representations in the service of the Authority when grantin upon, and that false representations in the service of the Authority when grantin upon, and the service of the Authority when granting upon the service of the Authority when granting upon the service of the service	Adam Clayton Powell  57 West 57th Street,  ative/Attorney: (646) 330-16  Adam Committee (646) 330-16  Adam Clayton Powell  64 (646) 330-16  Adam Clayton Powell  65 (646) 330-16  66 (646) 330-16  66 (646) 330-16  67 (646) 330-16  68 (646) 330-16  69 (646) 330-16  69 (646) 330-16  60 (646) 340-16  60 (646) 340-16	4th Floo State: 689 vell@gn egal entity tations marepresents	nail.com  y that holds or is applying the in submitted documentations made in this forms application or revocate	zip Code:  Zip Code:  ng for the lice nents relied un will also be lice ion of the lice	nse. pon by relied nse.