OFFICE USE ONLY							
Original	Amended	Date	_				

T Maniforty	13 49					
St	andardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board					
1. Date Notice was Sent:	May 20th 2019 1a. Delivered by:					
L	eu					
	ation that will be filed with the Authority for an On-Premises Alcoholic Beverage License: Renewal Alteration Corporate Change Removal Class*Change Method of Operation Change					
For Renewal applica For Alteration applic For Corporate Chang For Removal applica For Class Change applica For Method of Operation	answer each question below using all information known to date nts, answer all questions cants, attach a complete written description and diagrams depicting the proposed alteration(s) ge applicants, attach a list of the current and proposed corporate principals nts, attach a statement of your current and proposed addresses with the reason(s) for the relocation plicants, attach a statement detailing your current license type and your proposed license type ation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes					
	otice is Being Provided to the Clerk of the Following Local Municipality or Community Board:					
3. Name of Municipality or	Community Board: Manhattan community board 3					
Applicant/Licensee Info	rmation:					
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):					
5. Applicant or Licensee Na	me: TTBEL HOLDINGS INC					
6. Trade Name (if any):	Paint N Pour					
7. Street Address of Establis						
8. City, Town or Village:	New York , NY Zip Code: 10002					
9. Business Telephone Num						
10. Business E-mail of Appli						
11. Type(s) of alcohol sold o	hello@paintnpournyc.com or to be sold: Deer & Cider Wine, Beer & Cider Cider Cider					
12. Extent of Food Service:						
Full food menu; full	kitchen run by a chef or cook					
13. Type of Establishment:						
14. Method of Operation:	Seasonal Establishment Juke 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): Ambient recorded background music					
15. Licensed Outdoor Area: (check all that apply)	None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure					
	Sidewalk Cafe Uther (specify):					

opla-rev03292018						
	Original (OFFICE US	_			
	Original (Amended	Date			
						12
16. List the floor(s) of the building	g that the establishment	is located on:	Cell	lar, ground		1-7
17. List the room number(s) the	establichmont is lassed it			iai, ground		
17. List the room number(s) the e			L		N/A	
18. Is the premises located within	1 500 feet of three or mo	e on-premises liquor	establishments?	TO)es O No	0	
19. Will the license holder or a ma					1	
					Oyes	O No
20. If this is a transfer application	(an existing licensed busi	ness is being purchase	d) provide the n	ame and serial numbe	er of the license	e:
	Name					
21. Does the applicant or licenses				Serial N		
21. Does the applicant or licensee	own the building in whic	h the establishment is	located?	Yes (if YES, SKIP 23-26)	ONO	
					$\overline{}$	
	Owner of the Build	ding in Which the Li	censed Establi	shment is Located		
22. Building Owner's Full Name:	Dayton Do	olty Oo-				
23. Building Owner's Street Addres	Dayton Re	ally Corp		•	•	
23. Junuing Owner's Street Addres	SS:	51-53 Dela	ncev stree	ət		
24. City, Town or Village:	New Yor		State:	NY	7 7in Code: [10000
25. Business Telephone Number of			0.407.46		Zip Code:	10002
or production of	building Owner:	21	2-467-18	10		
Re	epresentative or Attor	nev Representing t	ao Amelias de in			
Applica	tion for a License to Ti	raffic in Alcohol at t	he Establishm	i Connection with the ent Identified in this	ne . Notice	•
26. Representative/Attorney's Full N			ha Torres			•
27. Representative/Attorney's Stree	et Address:	2080 Frederi	ck Dougla	ace blud		
28. City, Town or Village: New Y	ork				1 -	
			State:	NY	Zip Code:	10026
29. Business Telephone Number of F	Representative/Attorney:	(91	7) 864-627	72		
30. Business E-mail Address of Repre	esentative/Attorney:	iesha@paintnp				
	1-	- Сопа Сераптитр	ournyc.com	I		
l es et es este						
I am the applican	nt or licensee holder or	a principal of the le	gal entity that	holds or is applying t	for the license	≥ .
	this form are in conform n granting the license. Ise representations ma					
upon, and that fa	lse representations ma	y result in disappro	val of the appli	made in this form w	vill also be reli	ed
						∶.
oy my signature	e, I affirm - under Pena	ty of Perjury - that	the representa	tions made in this fo	orm are true.	
1.00						
1. Printed Principal Name:	Tinesha shar	ре	Title: F	ounder		
		N				
	11/8	7				
Principal Signature:	INNY	//				