State Liquor Authority

	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: 05/09/2019 1a. Delivered by: Certified Mail Return Receipt Requested						
Columbia Main Netain Netain Netaept Nequested						
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: New York Community Board #3						
Applicant/Licensee Information:						
4. Licensee Serial Number (if applicable): Pending Expiration Date (if applicable): N/A						
5. Applicant or Licensee Name: Justin Lau, Entity to be formed						
6. Trade Name (if any): Black Cat LES						
7. Street Address of Establishment: 172 Rivington Street						
8. City, Town or Village: New York , NY Zip Code: 10002						
9. Business Telephone Number of Applicant/Licensee: (516) 852-2656						
10. Business E-mail of Applicant/Licensee: justinn.lau@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: Bar/Tavern						
14. Method of Operation: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke						
Live Music (give details i.e., rock bands, acoustic, jazz, etc.): acoustic jazz						
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment						
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel						
✓ Other (specify): comedy performances						
15. Licensed Outdoor Area: IZI None I Pating on Pools III a fine I						
(check all that apply)						
☐ Sidewalk Cafe ☐ Other (specify):						

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		USE ONLY	7		
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16. List the floor(s) of the building that	t the establishment is located on:	ot Class			
	- 11	st Floor			
17. List the room number(s) the establ	lishment is located in within the building	g, if appropriate: N/A			
	feet of three or more on-premises liquo		No		
19. Will the license holder or a manage	er be physically present within the estab	olishment during all hours of operation	? ② Yes ② No		
	existing licensed business is being purcha		-		
Color Puree LLC	misering meetised business is being purcha		ber of the licensee:		
TOTAL CHOOLEG	Name	1300716			
21 Does the applicant or linears			l Number		
21. Does the applicant or licensee own	the building in which the establishment	t is located? Yes (if YES, SKIP 23-	26) ③ No		
	Owner of the Building in Which the	Licensed Establishment is Located	d		
22 5 1111					
1112	2 Rivington St Realty Corp.				
23. Building Owner's Street Address:	172 Rivington Avenue				
24. City, Town or Village: New Yor	·k	State: NY			
			Zip Code: 10002		
25. Business Telephone Number of Build	ding Owner:				
Ponro		-			
Application	esentative or Attorney Representing ofor a License to Traffic in Alcohol a	g the Applicant in Connection with	the		
			ins Motice		
26. Representative/Attorney's Full Name	e: Anthony L. Caraballo				
27. Representative/Attorney's Street Add	dress: 111 Atlantic Avenue				
28. City, Town or Village: Brooklyn		7			
		State: NY	Zip Code: 11201		
29. Business Telephone Number of Repre	esentative/Attorney: (718) 875-2	2929			
30. Business E-mail Address of Represent	tative/Attorney: Anthony@cbls	services.com			
l am the applicant	. P				
I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license.					
the solitations in this joint are in conformity with representations made in submitted decisions in					
the Authority when granting the license. I understand that representations made in this form will also be relied upon by upon, and that false representations may result in disapproval of the application or revocation of the license.					
By my signature, I a	ffirm - under Penalty of Perjury - the	at the representations made in this	s form are true.		
31. Printed Principal Name: Justin	Lau	Title: Duin 1 1			
<u> </u>	1	Title: Principal			
Principal Signature	77-1-				