NEWYORK State Liquor Authority

	OFFICE USE ONLY		
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Original	○ Amended	Date	

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

1. Date Notice was Sen	ot: 05/20/2010
	Ta. Delivered by:   Certified Mail Refurn Receipt Requested
Mount And	pplication that will be filed with the Authority for an On-Premises Alcoholic Beverage License:
E Applicati	Removal Alteration Corporate Change Removal Class Change Method of Operation Change
For Renewal app For Alteration app For Corporate Ch For Removal app For Class Change	ints, answer each question below using all information known to date oblicants, answer all questions policants, answer all questions policants, attach a complete written description and diagrams depicting the proposed alteration(s) hange applicants, attach a list of the current and proposed corporate principals olicants, 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 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: Manhattan Community Board 3
hpplicant/Licensee In	iformation:
. Licensee Serial Numbe	er (if applicable): Expiration Date (if applicable):
. Applicant or Licensee I	Name: H. Cheng on behalf of entity to be determined
Trade Name (if any):	To be determined
Street Address of Estab	blishment: 115 Allen Street
City, Town or Village:	New York
Business Telephone Nu	, NY Zip Code: 10002 umber of Applicant/Licensee: (212) 777-1069
. Business E-mail of App	plicant/Licensee: h@c9hg.com
. Type(s) of alcohol sold	for to be sold:
Extent of Food Service	Liquor, Wine Rear 9, Cidos
Full food menu; fu	Ill kitchen run by a chef or cook Menu meets legal minimum food availability requirements; food prep area at minimum
Type of Establishment:	Restaurant (full kitchen and full menu required)
4. 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): Rec'd By Community Board 3, Man
icensed Outdoor Area: Check all that apply)	None Patio or Deck Reafton Court to MAY 2 2 2010
	Garden/Grounds Freestanding Covered Structure

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16. List the floor(s) of the building t	hat the establishment is located on:	Ground floor	
	ablishment is located in within the b		
-			
	00 feet of three or more on-premise	<del>-</del>	
19. Will the license holder or a man	ager be physically present within the	e establishment during all hours of	operation? Yes No
20. If this is a transfer application (a	n existing licensed business is being	purchased) provide the name and	serial number of the licensee:
Hill and Dale Restaur	ant Group LLC	1268817	
24 Daniel II	Name	·	Serial Number
21. Does the applicant or licensee or	wn the building in which the establis	shment is located? Yes (if YEs	S, SKIP 23-26)
	Ourse of the Bullet		
	a to see the company of a second company of the com	ch the Licensed Establishment	is Located
22. Building Owner's Full Name:	Sould Allen Street LLC		
23. Building Owner's Street Address:	60 Cutter Mill Road		
24. City, Town or Village: Great 1	leck	State: NY	Zip Code: 11201
25. Business Telephone Number of B	uilding Owner:		11201
Rej Applicati	presentative or Attorney Repres on for a License to Traffic in Alc	enting the Applicant in Connec	ction with the
			uned in this Notice
26. Representative/Attorney's Full Na	Elke A. Hofmann, Esc	q	
27. Representative/Attorney's Street	Address: 111 John Street, S	Suite 2510	
28. City, Town or Village: New Yo	rk	State: NY	Zip Code: 10038
29. Business Telephone Number of Re	epresentative/Attornev: (212) 4	187-9100	
30. Business E-mail Address of Repres			
	entative/Attorney:  iicensing@	eahlaw.com	
			***
I am the applicant	or licensee holder or a principal	of the legal entity that holds or	r is applying for the license.
the Authority when	nis form are in conformity with regranting the license. I understar	epresentations made in submitted that representations made in	ted documents relied upon by
upon, and that fals	se representations may result in	disapproval of the application of	or revocation of the license.
	l affirm - under Penalty of Perju		
		,	Silver service to the total
1. Printed Principal Name: Elke	A. Hofmann, Esa.	Title: Attorney	/-in-fact
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Principal Signature	CACI		