

rev 1/22/16 OFFICE USE ONLY Original Amended NEWYORK | State Liquor Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a **Authority Local Municipality or Community Board** (Page 1 of 2) 1. Date Notice Was Sent: 1a. Delivered by: 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 For New applicants, answer each question below using all information known to date. For Renewal applicants, set forth your approved Method of Operation only. 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. 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: CB3 Applicant/Licensee Information 1024455 Expiration Date, if Applicable: 12/31/2019 4. License Serial Number, if Applicable: 5. Applicant or Licensee Name: Charalambos Nicolaou Or Entit 6. Trade Name (if any): 7. Street Address of Establishment: 78-80 E 4th Street 8. City, Town or Village: NY NY Zip Code: 10003 9. Business Telephone Number of Applicant/Licensee: 2142322327 10. Business Fax Number of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: harrynic93@gmail.com 12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider X Liquor, Wine, Beer & Cider 13. Extent of Food Service: |X Full food menu; Menu meets legal minimum food availability requirements: Full Kitchen run by a chef or cook Food prep area at minimum **Dinner Performance** 14. Type of Establishment: 15. Method of Operation: Seasonal Establishment Usuke Box X Disc Jockey Recorded Music Karaoke (Check all that apply) Live Music (Give details: i.e. rock bands, acoustic, jazz, etc.): acoustic/piano

Patron Dancing Employee Dancing

None Patio of Deck Rooftop

Sidewalk Cafe Other (specify):

☐ Video/Arcade Games

Other (specify):

16. Licensed Outdoor Area: (Check all that apply)

> Rec'd By Community Board **Print Form**

X Security Personnel

Garden/Grounds Freestanding Covered Structure

Topless Entertainment

Exotic Dancing

Third Party Promoters

rev 1/22/16	Original	OFFICE USE ONLY  Amended Date		7
	ate Liquor uthority	Standardized NOTIC	E FORM for Providing  Local Mui	g <u>30-Day Advanced Notice</u> to a nicipality or Community Board (Page 2 of 2)
17. List the floor(s) of the	building that the es	tablishment is located on:	lst Floor	
18. List the room numbe building, if appropria	r(s) the establishmer te:	nt is located in within the		
19. Is the premises locate	ed within 500 feet of	three or more on-premises	liquor establishments? 🗴	Yes \( \int \No \)
20. Will the license holde	r or a manager be pl	nysically present within the	establishment during all h	ours of operation? •Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
21. If this is a transfer app	olication (an existing	licensed business is being	purchased) provide the nar	me and serial number of the licensee.
Yes, 1024455				
22. Does the applicant or			thment is located? O Yes (	
			nsed Establishment is Loc	ated
23. Building Owner's Full	Name: Zear LLC			
24. Building Owner's Street	et Address: 60 St	Marks Place		•
25. City, Town or Village:	New York		State: NY	Zip Code : 10003
26. Business Telephone N	umber of Building O	wner: (212)228-0888		-
Applic 27. Representative/Attorn	ation for a license t	ttorney representing the o traffic in alcohol at the errence R. Flynn, Jr	Applicant in Connection vestablishment identified	with the in this notice
28. Street Address:	198 Beach 102nd	Street, 2nd Floor		
29. City, Town or Village:	Rockaway Park		State: NY	Zip Code : 11694
30. Business Telephone Nu	mber of Representa	tive/Attorney: 718 945 1	000	
1. Business Email Address	trflynnjr@gmail.e	com		
granting the license. Lu	Inderstand that represent in dis	resentations made in submesentations made in this for sapproval of the application	litted documents relied use	, and that false representations = se.
2. Printed Name: Charala	mbos Nicolaou		Title Own	
- //				Print Form