	OFFICE	USE ONLY	
) Original	Amended	Date	



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

1. Date Notice was Sent: June	4 2019 1a. Delivered by: CMRRR		
2. Select the type of Application that will be	filed with the Authority for an On-Premises Alcoholic Beverage License:		
New Application Renewal C	Alteration Corporate Change Removal Class Change Method of Operation Change		
For Renewal applicants, answer all que For Alteration applicants, attach a cout For Corporate Change applicants, attach For Removal applicants, attach a state For Class Change applicants, attach a	estion below using all information known to date uestions mplete written description and diagrams depicting the proposed alteration(s) ach a list of the current and proposed corporate principals rement of your current and proposed addresses with the reason(s) for the relocation statement detailing your current license type and your proposed license type plicants, although not required, if you choose to submit, attach an explanation detailing those changes		
This 30-Day Advance Notice is Being Pr	rovided to the Clerk of the Following Local Municipality or Community Board:		
3. Name of Municipality or Community Boar	rd: Community Board #3		
Applicant/Licensee Information:			
4. Licensee Serial Number (if applicable): 1389170 Expiration Date (if applicable): 3-3/-20			
5. Applicant or Licensee Name:	Cocktoil Art LLC		
5. Trade Name (if any):			
7. Street Address of Establishment: 14 Avenue C			
8. City, Town or Village:	w York , NY Zip Code: 10034		
9. Rusinger Telephone Number of Anglicont (Line)			
( ( ( ) 6/4-0302			
10. Business E-mail of Applicant/Licensee:			
12. Extent of Food Service:	God a side. God a cide.		
	a chef or cook		
13. Type of Establishment:			
13. Type of Establishment.	Restaurent Bor		
14. Method of Operation: Seasonal E	stablishment 🔲 Juke Box 🙀 Disc Jockey 🙀 Recorded Music 🔲 Karaoke		
(check all that apply)	give details i.e., rock bands, acoustic, jazz, etc.):		
Patron Dar	ncing		
☐ Video/Arca			
☐ Other (spe	,		
	6102 AQ NUL		
(check all that apply)	Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure		
☐ Sidewalk C	Cafe Other (specify):		

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16. List the floor(s) of the building that the establishment is located on: Sround floor : besement				
17. List the room number(s) the establishment is located in within the building, if appropriate:				
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ONO				
19. Will the license holder or a manager be physically present within the establishment during all hours of operation?				
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:				
Name Serial Number				
21. Does the applicant or licensee own the building in which the establishment is located? OYes (if YES, SKIP 23-26) No				
Owner of the Building in Which the Licensed Establishment is Located				
22. Building Owner's Full Name: 262 East 2nd Street LLC				
23. Building Owner's Street Address: 335 East 10th Street				
24. City, Town or Village: Vas gul State: Vy Zip Code: Voo o P				
25. Business Telephone Number of Building Owner: (2/2) 673-7353				
Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice  26. Representative/Attorney's Full Name: Frank W. Palillo				
27. Representative/Attorney's Street Address: Sixty Broad Street, Suite 3504				
THE TOTAL PROOF				
29. Business Telephone Number of Representative/Attorney: (212) 227-1640				
30. Business E-mail Address of Representative/Attorney: Fwpalillo@gmail.com				
I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.  By my signature, I affirm - under <b>Penalty of Perjury</b> - that the representations made in this form are true.				
31. Printed Principal Name: Sherif Beshir Title: Managing Member				

Principal Signature: ×

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