	OFFICE USE ONLY					
Original	Amonded Date					

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

1. Date Notice was Senti O6/05/2019 1a. Delivered by: Certified Mail Return Receipt Requested 2. Select the type of Application that will be filled with the Authority for an On-Premises Alcoholic Beverage License: New Application Of Renewal Of Alteration Of Corporate Change Of Removal Of Cass Change Of Method of Operation Change For New applicants, answer all questions For Alteration 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 stort the current and proposed and prepared principals For Removal applicants, attach as to the current and proposed addresses with the reason(s) for the relocation For Class Change applicants, attach as to the current and proposed addresses with the reason(s) for the relocation For Method of Operation Change applicants, although not required, if you choose to submit, attach an explanation detailing your current license type and your proposed alteration(s) For Method of Operation Change applicants, although not required, if you choose to submit, attach an explanation detailing four current license type and your proposed alteration of the proposed addresses with the reason(s) for the relocation For Method of Operation Change applicants, although not required, if you choose to submit, attach an explanation detailing your current license type and your proposed alteration(s) For Method of Operation Change applicants, although not required, if you choose to submit, attach an explanation detailing your current license type and your proposed alterations and your proposed alterations and your proposed clines type For Method of Operation Change applicants, although not required and wour proposed clines type Manhattan Community Board Applicant of Licensee Name: Board Manhattan Community Board 3 Applicant or Licensee Name: Book Club Bar LLC Expiration Date (if applicable): Expiration Date (if applicable): Expiration Date (if applicable): Expira	1 Date Notice was Santi	00/05/00/0	7						
O New Applicants of Renewal Alteration Corporate Change Removal Class Change Method of Operation Change For New applicants, answer all questions For New applicants, answer all questions For Renewal applicants, answer all questions For Renewal applicants, answer all questions For Renewal applicants, attach a complete written description and diagrams depicting the proposed alteration(s) For Corporate Change applicants, attach a state and proposed addresses with the reason(s) for the relocation For Gravilla applicants, attach a statement of etailing your current license type and your proposed license type For Method of Operation Change applicants, attach a statement detailing your current license type and your proposed license type For Method of Operation Change applicants, attach a statement detailing your current license type and your proposed license type For Method of Operation Change applicants, attach a statement detailing your current license type and your proposed license type For Method of Operation Change applicants, attach a statement detailing your current license type and your proposed license type For Method of Operation Change applicants, attach a statement detailing your current license type and your proposed license type Manhattan Community Deard Manhattan Community Board Manhattan Community Board Manhattan Community Board Manhattan Community Board Expiration Date (if applicable): Street Address of Establishment: 197 East 3rd Street New York Part Expiration Date (if applicable): Street Address of Establishment: 197 East 3rd Street New York Research Clader New York Research Clader Litype(s) of alcohol sold or to be sold: Street Address Expiration Date (if applicable): Expiration			1a. Delivered by:						
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 addresses with the reason(s) for the relocation For Cass Change applicants, attach a statement of your current ilcense 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: Manhattan Community Board 3 Applicant/Licensee Information: 4. Licensee Serial Number (if applicable): Expiration Date (if applicable): Expiration Date (if applicable): Expiration Date (if applicable): S. Applicant or Licensee Name: Book Club Bar LLC 6. Trade Name (if any): 7. Street Address of Establishment: 197 East 3rd Street 8. City, Town or Village: New York 9. Business Telephone Number of Applicant/Licensee: 262) 227-0015 10. Business E-mail of Applicant/Licensee: 9 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: Restaurant (full kitchen and full menu required) 14. Method of Operation: 15. Licensed Outdoor Area: 16. Licensed Outdoor Area: 17. Licensed Outdoor Area: 18. City Town or Village: 19. Ferestanding Covered Structure 19. City Town or Village: 10. Ferestanding Covered Structure 10. Third Party Promoters 10. Structure of Processing Covered Structure 10. Third Party Promoters 10. Structure of Processing Covered Structure 10. Third Party Promoters 10. Third Party Personnel 10. Third Party Person	2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:								
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3. Name of Municipality or Community Board: Manhattan Community Board 3	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.								
Applicant/Licensee Information: 4. Licensee Serial Number (if applicable):			of the Following Local	Municipality or Co	ommunity Board:				
4. Licensee Serial Number (if applicable): 5. Applicant or Licensee Name: Book Club Bar LLC 6. Trade Name (if any): 7. Street Address of Establishment: 197 East 3rd Street 8. City, Town or Village: New York 9. Business Telephone Number of Applicant/Licensee: 10. Business E-mail of Applicant/Licensee: 11. Type(s) of alcohol sold or to be sold: 12. Extent of Food Service: 13. Type of Establishment: 13. Type of Establishment: 14. Method of Operation: 15. (check all that apply) 16. Method of Operation: 17. Civen Music (give details i.e., rock bands, acoustic, jazz, etc.): 18. Civensed Outdoor Area: 18. City, Town or Village: 19. Patio or Deck 10. Date (applicable): 19. Expiration Date (if applicable): 19. Expiration Date (if applicable): 10. Bar LLC 10. Day 10. D	3. Name of Municipality or	Community Board: Manhatta	n Community E	Board 3					
5. Applicant or Licensee Name: Book Club Bar LLC 6. Trade Name (if any): 7. Street Address of Establishment: 197 East 3rd Street 8. City, Town or Village: New York , NY Zip Code: 10009 9. Business Telephone Number of Applicant/Licensee: (262) 227-0015 10. Business E-mail of Applicant/Licensee: erin@bookclubbar.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: 9 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: Restaurant (full kitchen and full menu required) 14. Method of Operation: (check all that apply) 15. Licensed Outdoor Area: (check all that apply) 16. Licensed Outdoor Area: (check all that apply) 17. Street Address of Establishment June Box Joseph Garden/Grounds Freestanding Covered Structure (check all that apply)	Applicant/Licensee Info	rmation:							
6. Trade Name (if any): 7. Street Address of Establishment: 197 East 3rd Street 8. City, Town or Village: New York	4. Licensee Serial Number	(if applicable):	Expir	ation Date (if applica	ble):				
7. Street Address of Establishment: 197 East 3rd Street 8. City, Town or Village: New York	5. Applicant or Licensee Na	Book Club Bar LLC							
8. City, Town or Village: New York 9. Business Telephone Number of Applicant/Licensee: (262) 227-0015 10. Business E-mail of Applicant/Licensee: orin@bookclubbar.com 11. Type(s) of alcohol sold or to be sold: Full food Menu; full kitchen run by a chef or cook Menu meets legal minimum food availability requirements; food prep area at minimum Restaurant (full kitchen and full menu required) 14. Method of Operation: (check all that apply) Live Music (give details i.e., rock bands, acoustic, jazz, etc.): Patron Dancing	6. Trade Name (if any):								
8. City, Town or Village: New York	7. Street Address of Establi	ishment: 197 East 3rd Stree	et						
9. Business Telephone Number of Applicant/Licensee: [262] 227-0015 10. Business E-mail of Applicant/Licensee: erin@bookclubbar.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: Restaurant (full kitchen and full menu required) 14. Method of Operation: (check all that apply) 15. Licensed Outdoor Area: (check all that apply) 16. Licensed Outdoor Area: (check all that apply) 17. Video/Arcade Games Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure	8. City, Town or Village:			Zip Code: 1	0000				
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Video/Arcade Games Third Party Promoters Security Personnel Carden Ca	9. Business Telephone Num	nber of Applicant/Licensee: (262) 2			0009				
1.1. Type(s) of alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider Manually Liquor Liquor, Wine, Beer & Cider Manually Liquor Liquo	(LOL) EL 1 0010								
Pull food menu; full kitchen run by a chef or cook Menu meets legal minimum food availability requirements; food prep area at minimum Menu required Menu meets legal minimum food availability requirements; food prep area at minimum Restaurant (full kitchen and full menu required) 1.4. Method of Operation: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke Live Music (give details i.e., rock bands, acoustic, jazz, etc.): Acoustic guitar Patron Dancing Employee Dancing Topless Entertainment Other (specify): Security Personnel Other (specify): Security Personnel Patron Dancing Acoustic Patron Dancing Freestanding Covered Structure	11. Type(s) of alcohol sold c			O Liquor Wine R	tear & Cidor				
Restaurant (full kitchen and full menu required) A. 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.): Acoustic guitar Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Video/Arcade Games Third Party Promoters Security Personnel Other (specify): Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke Acoustic guitar Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Other (specify): Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke Acoustic guitar Other (specify): Freestanding Covered Structure Other (specify): Seasonal Establishment Juke Box Disc Jockey Recorded Music	Stripping, while, beer a claer								
Restaurant (full kitchen and full menu required) A. 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.): Acoustic guitar Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Video/Arcade Games Third Party Promoters Security Personnel Other (specify): Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke Acoustic guitar Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Other (specify): Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke Acoustic guitar Other (specify): Freestanding Covered Structure Other (specify): Seasonal Establishment Juke Box Disc Jockey Recorded Music	Full food menu; full kitchen run by a chef or cook Menu meets legal minimum food availability requirements; food associated								
A. Method of Operation: (check all that apply) Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke					and the second s				
(check all that apply) Live Music (give details i.e., rock bands, acoustic, jazz, etc.): Acoustic guitar	,		ia iai iiiona rega	irou)					
☐ Live Music (give details i.e., rock bands, acoustic, jazz, etc.): Acoustic guitar ☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment ☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel ☐ Other (specify): ☐ 5. Licensed Outdoor Area: ☐ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure		- Rarabke							
Uideo/Arcade Games ☐ Third Party Promoters ☐ Security Personnel ☐ Other (specify): ☐ Other (specify): ☐ Security Personnel ☐		☑ Live Music (give details i.e., rock bands, acoustic, jazz, etc.): Acoustic guitar							
Other {specify}: Sticensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure		Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment							
5. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (check all that apply)		☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel							
(check all that apply)		Other (specify):							
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	O original (Amended	Date			
16. List the floor(s) of the building that	the establishment is	located on: Grou	nd floor ar	nd basement		
17. List the room number(s) the establi						
18. Is the premises located within 500 f				_		
)	
19. Will the license holder or a manage					Yes	O No
20. If this is a transfer application (an ex	xisting licensed busir	ness is being purchase	d) provide the	name and serial numbe	r of the licen	see:
	Name			Serial N	lumba.	
21. Does the applicant or licensee own	the building in which	the establishment is	located?	Yes (if YES, SKIP 23-26)		
				7 - 25 (ii 125, 3Kii 25-20)	⊚ No	
C	Owner of the Build	ling in Which the Li	censed Estab	lishment is Located		
22. Building Owner's Full Name: Nor	thstar Propert	ies				
20 2 11 1		Street, Suite 2	2001			
24. City, Town or Village: New Yor		Oli eel, Guile 2				
			State: NY		Zip Code:	10155
25. Business Telephone Number of Build	ling Owner: [(212) 371-5300				
Repres Application	sentative or Attor	ney Representing t	he Applicant	in Connection with the nent Identified in this	ne	
			ale Establishi	nent identified in this	Notice	
26. Representative/Attorney's Full Name	ramberry A.	. Summers				
27. Representative/Attorney's Street Add	1000 1 1141	Avenue, 14th	Floor			
28. City, Town or Village: New York			State: NY		Zip Code:	10017
29. Business Telephone Number of Repre	esentative/Attorney:	(646) 383-46] = -	10017
30. Business E-mail Address of Represent	_	K+14/ 555 16				
The property of the property o	delve/Accorney.	imberly@DS-L	awOmices	.com		
l am the applicant or	licenson holder e-	a anti-structure for the structure				
I am the applicant or Representations in this f the Authority when gra	or in are in comport	IIILV WITD FEDFESENI	ations made i	in cubmitted decime	and the second second	
the Authority when gra upon, and that false re	anding the license.	i understand that r	enresentation	is mada in this farm	#11 - 1 - 1 - 1	12 1
- yy a.g.taeur ay r ur	mm - under renar	ty or rerjury - that	tne represent	tations made in this fo	orm are true	<u>.</u>
1. Printed Principal Name: Kimber	rly A Summer	···	Title: [A11.		
[diliber	ry A. Gummer	<u> </u>	rue: [Attorney for App	licant	
		0				
Principal Signature:	berry X	Summe				

Page 3 of 24