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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: O6/17/2019 1a. Delivered by: Overnight Mail with Tracking Number 2. select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage Ucense: O New Application O Renewal O Alteration O Corporate Change O Renoval O Class Change O Method of Operation Change For New applicants, answer ach question below using all information known to date For Renewal applicants, answer all questions O Corporate Change O Renewal O Class Change O Method of Operation Change For New applicants, attach a complete written description and diagrams depicting the proposed alteration(s) For Corporate Change applicants, attach a statement of your 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 allocense 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 No. 3
O New Applicantion O Renewal O Alteration O Corporate Change O Removal O Class Change O Method of Operation Change For New applicants, answer each questions below using all information known to date For Renewal applicants, attach a complete written description and diagrams depicting the proposed alteration(s) For Corporate Change applicants, attach a statement of your 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 licenses 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 No. 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: Khiladi, LLC 6. Trade Name (if any): Khiladi 7. Street Address of Establishment: 175 Avenue B 8. City, Town or Village: New York 9. Business Telephone Number of Applicant/Licensee: Khiladicooks@gmail.com 11. Type(s) of alcohol sold or to be sold: O Beer & Cider O Wine, Beer & Cider O Liquor, Wine, Beer & Cider O Full food menu; full kitchen run by a chef or cook O 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) Live Music (give details i.e., rock bands, acoustic, jazz, etc.):
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 Renewal applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation For Class Change applicants, attach a statement of 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 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: Manhattan Community Board No. 3 Applicant/Licensee Information: 4. Licensee Serial Number (if applicable): S. Applicant or Licensee Name: Khiladi, LLC 6. Tride Name (if any): Khiladi 7. Street Address of Establishment: 175 Avenue B 8. City, Town or Village: New York 9. Business Telephone Number of Applicant/Licensee: Khiladicooks@gmail.com 10. Beer & Cider Wine, Beer & Cider Uiquor, Wine, Beer & Cider Liquor, Wine, Beer & Cider Pull 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) Live Music (give details i.e., rock bands, acoustic, jazz, etc.):
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Applicant/Licensee Information: 4. Licensee Serial Number (if applicable):
Applicant/Licensee Information: 8. Licensee Serial Number (if applicable):
4. Licensee Serial Number (if applicable): Expiration Date (if applicable): 5. Applicant or Licensee Name: Khiladi, LLC 6. Trade Name (if any): Khiladi 7. Street Address of Establishment: 175 Avenue B 8. City, Town or Village: New York , NY Zip Code: 10009 9. Business Telephone Number of Applicant/Licensee: (806) 252-3569 10. Business E-mail of Applicant/Licensee: khiladicooks@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: 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. Applicant or Licensee Name: Expiration Date (if applicable): 16. Trade Name (if applicable): 26. Extent Address of Establishment: 175 Avenue B 27. Street Address of Establishment: 175 Avenue B 28. City, Town or Village: New York , NY Zip Code: 10009 19. Business Telephone Number of Applicant/Licensee: (806) 252-3569 10. Business E-mail of Applicant/Licensee: khiladicooks@gmail.com 11. Type(s) of alcohol sold or to be sold: Menu meets legal minimum food availability requirements; food prep area at minimum food availability requirements; food prep
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7. Street Address of Establishment: 175 Avenue B 8. City, Town or Village: New York
Business Telephone Number of Applicant/Licensee: (806) 252-3569 Desiness E-mail of Applicant/Licensee: khiladicooks@gmail.com L1. Type(s) of alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider 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 L3. Type of Establishment: Restaurant (full kitchen and full menu required) L4. Method of Operation: (check all that apply) Live Music (give details i.e., rock bands, acoustic, jazz, etc.):
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khiladicooks@gmail.com L1. Type(s) of alcohol sold or to be sold: Beer & Cider
11. Type(s) of alcohol sold or to be sold: O Beer & Cider O Wine, Beer & Cider Liquor, Wine, Beer & Cider Liqu
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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.):
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{check all that apply} Live Music (give details i.e., rock bands, acoustic, jazz, etc.):
Detroy Densing Fill Employee Densing Fill Exerting Fill Toolees Entertainment
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
Other (specify):
15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (check all that apply)
Sidewalk Cafe Other (specify):

OFFICE USE ONLY Original O Amended Date			
6. List the floor(s) of the building that the establishment is located on: Ground Floor			
7. List the room number(s) the establishment is located in within the building, if appropriate:			
8. Is the premises located within 500 feet of three or more on-premises liquor establishments?			
9. Will the license holder or a manager be physically present within the establishment during all hours of operation? O Yes O No			
10. 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) ONO			
Owner of the Building in Which the Licensed Establishment is Located			
2. Building Owner's Full Name: Emmet Austin			
3. Building Owner's Street Address: 33 Irving Place			
24. City, Town or Village: New York State: NY Zip Code: 10003			
25. Business Telephone Number of Building Owner: (212) 380-1528			
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: Robert S. Bookman - Pesetsky and Bookman, P.C.			
27. Representative/Attorney's Street Address: 325 Broadway - Suite 501			
28. City, Town or Village: New York State: NY Zip Code: 10007			
29. Business Telephone Number of Representative/Attorney: (212) 513-1988			
30. Business E-mail Address of Representative/Attorney: rbookman@pb.law			
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 Penalty of Perjury - that the representations made in this form are true. 31. Printed Principal Name: Ramya Guttikonda Title: Partner			
Principal Signature: Rage Gathible.			