



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> 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: 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
 Method of Operation Change

- From restaurant wine to an on premises liquor license.

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
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:

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business E-mail of Applicant/Licensee:

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:

14. 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):

15. Licensed Outdoor Area: (check all that apply)

None
 Patio or Deck
 Rooftop
 Garden/Grounds
 Freestanding Covered Structure

Sidewalk Cafe
 Other (specify):

Rec'd By Community Board 3, Man

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Original Amended Date _____

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16. List the floor(s) of the building that the establishment is located on: 1st/2nd Floor
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? Yes No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No
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? Yes (if YES, SKIP 23-26) No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: 85 SECOND LLC
23. Building Owner's Street Address: 81 Sullivan Street.
24. City, Town or Village: NEW YORK State: NY Zip Code: 10012
25. Business Telephone Number of Building Owner: (646) 869-2243

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
28. City, Town or Village: New York State: New York Zip Code: 10004
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 Penalty of Perjury - that the representations made in this form are true.

31. Printed Principal Name: RUBEN RODRIGUEZ Title: OWNER

Principal Signature: 