



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____



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

1. Date Notice was Sent: **10/15/2019** 1a. Delivered by: **U.S.P.S. Priority Mail**
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**

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: **Manhattan Community Board 3**

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): **To be determined** Expiration Date (if applicable): **N/A**
5. Applicant or Licensee Name: **22 Ave. B Corp.**
6. Trade Name (if any): **Rocco's**
7. Street Address of Establishment: **212 Avenue B**
8. City, Town or Village: **New York**, NY Zip Code: **10009**
9. Business Telephone Number of Applicant/Licensee: **Pending**
10. Business E-mail of Applicant/Licensee: **Pending**
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: **Cafe**

14. Method of Operation: (check all that apply)
- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Seasonal Establishment | <input type="checkbox"/> Juke Box | <input type="checkbox"/> Disc Jockey | <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Live Music (give details i.e., rock bands, acoustic, jazz, etc.): | | | | |
| <input type="checkbox"/> Patron Dancing | <input type="checkbox"/> Employee Dancing | <input type="checkbox"/> Exotic Dancing | <input type="checkbox"/> Topless Entertainment | |
| <input type="checkbox"/> Video/Arcade Games | <input type="checkbox"/> Third Party Promoters | <input type="checkbox"/> Security Personnel | Rec'd By Community Board 3, Man | |
| <input type="checkbox"/> Other (specify): | | | | |

OCT 16 2019

15. Licensed Outdoor Area: (check all that apply)
- | | | | | |
|---|--|---|--|--|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Patio or Deck | <input type="checkbox"/> Rooftop | <input type="checkbox"/> Garden/Grounds | <input type="checkbox"/> Freestanding Covered Structure |
| <input type="checkbox"/> Sidewalk Cafe | <input type="checkbox"/> Other (specify): | | | |

16. List the floor(s) of the building that the establishment is located on: **Ground Floor and Basement**
17. List the room number(s) the establishment is located in within the building, if appropriate: **N/A**
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No **N/A**
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? **X**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: **N/A**

- | | | |
|--|------|---------------|
| | Name | Serial Number |
|--|------|---------------|
21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26) **X**No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: **Kenneth Rosenblum**
23. Building Owner's Street Address: **25 Thompson Street**
24. City, Town or Village: **New York** State: **New York** Zip Code: **10013**
25. Business Telephone Number of Building Owner: **917-423-2403**

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: **Thomas J. McCallen, Esq. - Carreras & McCallen PLLC**
27. Representative/Attorney's Street Address: **11 Park Place, Suite 1210**
28. City, Town or Village: **New York** State: **New York** Zip Code: **10007**
29. Business Telephone Number of Representative/Attorney: **212-732-3640**
30. Business E-mail Address of Representative/Attorney: **sla@carrerasmccallen.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: **Vito DiTomaso** Title: **President**

Principal Signature:
