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: November 20, 2019 1a. Delivered by: CERTIFIED MAIL
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:
O New Application Renewal Alteration O Corporate Change Removal O 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:
Licensee Serial Number (if applicable): 1300385 Expiration Date (if applicable): 04/30/2021
6. Applicant or Licensee Name: BRIDGEVIEW HOTEL LLC
. Trade Name (if any): THE CROWN
Street Address of Establishment: 50 BOWERY
. City, Town or Village: NEW YORK, NY 10013 , NY Zip Code: 10013
Business Telephone Number of Applicant/Licensee: (646) 630-8057
D. Business E-mail of Applicant/Licensee: heather@helbraunlevey.com.
1. Type(s) of alcohol sold or to be sold:
2. Extent of Food Service:
S Full food menu; full kitchen run by a chef or cook Menu meets legal minimum food availability requirements; food prep area at minimum
3. Type of Establishment: ROOF-TOP BAR
Seasonal Establishment
(check all that apply) Live Music (give details i.e., rock bands, acoustic, jazz, etc.): VARIOUS
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment
Topics Entertainment
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel ☐ Other (specify): N/A
LI THE OPENITY INFA
. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
Sidewalk Cafe Other (specify): N/A
(check all that apply)

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	Original Amen	OFFICE USE ONL ided Date	(
16. List the floor(s) of the building that	the establishment is located	on: 21ST FLOO	R	
17. List the room number(s) the establ	ishment is located in within th	ne building, if appro	priate: N/A	
18. Is the premises located within 500	feet of three or more on-pren	nises liquor establis	hments? 🐼 Yes 🔘 No	
19. Will the license holder or a manage	er be physically present within	the establishment	during all hours of operation?	⊗Yes ○ No
20. If this is a transfer application (an e	xisting licensed business is be	ing purchased) pro	ride the name and serial numbe	r of the licensee:
N/A		N/		
	Name		Serial N	umber
21. Does the applicant or licensee own	the building in which the esta	ablishment is locate	d? Yes (if YES, SKIP 23-26)	⊗ No
	Owner of the Building in V	Vhich the License	d Establishment is Located	
22. Building Owner's Full Name: 501	BOWERY HOLDINGS LI	C		,
23. Building Owner's Street Address:	183 CENTRE STREET			
24. City, Town or Village: NEW YOR	RK	State	:: NY	Zip Code: 10013
25. Business Telephone Number of Buil	ding Owner:			
·	7.			
Repre Application	esentative or Attorney Rep n for a License to Traffic in	presenting the Ap Alcohol at the Es	plicant in Connection with t tablishment Identified in thi	he s Notice
26. Representative/Attorney's Full Nam	e: JOSEPH LEVEY C/C	HELBRAUN &	LEVEY LLP	
27. Representative/Attorney's Street Ac	ddress: 110 WILLIAM S	TREET, SUITE 1	410	*
28. City, Town or Village: NEW YOR	K	State	: NY	Zip Code: 10038
29. Business Telephone Number of Rep	resentative/Attorney: 212	-219-1193		
30. Business E-mail Address of Represer	ntative/Attorney: c/o heat	her@helbraunlev	y.com.	
Representations in this the Authority when g	form are in conformity wi ranting the license. I under	th representation rstand that repres	ntity that holds or is applying s made in submitted docume entations made in this form f the application or revocatio	ents relied upon by will also be relied

By my signature, I affirm - under **Penalty of Perjury -** that the representations made in this form are true.

31. Printed Principal Name:	JOSEPH LEVEY	Title:	ATTORNEY	
Principal Signature:	Hely			



HELBRAUN | LEVEY

November 20, 2019

Susan Stetzer Manhattan Community Board 3 59 East 4th Street, New York, NY 10003

RE: BRIGEVIEW HOTEL LLC
50 BOWERY
NEW YORK, NY 10013

Dear Susan Stetzer

I am writing to you on behalf of my client in the subject of this letter. These applicants are currently occupying space at the above address where operate a bar within the Hotel 50 Bowery.

Our client's intention is to apply to the New York State Liquor Authority for a/an method of operation change application. We are seeking to add recorded/background music to the roof-top space. Music selected on this notice is already approved for indoor usage.

As you are aware, part of the licensing process requires that the Local Municipality or Community Board be notified to be given an opportunity to comment on the application. Please consider this letter notification of our intent to apply to the New York State Liquor Authority for the above referenced license.

Please forward any meeting notification information and/or documentation requirements to Heather Kirk in our Licensing Department, at the address indicated in my letterhead below, or to heather@helbraunlevey.com.

Sincerely,

Joseph R. Levey

helbraunlevey.com 110 William Street, Suite 1410 New York, NY 10038 212-219-1193