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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: 12/10/2019 1a. Delivered by: Personal Delivery with Proof of Receipt
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 No. 3
Applicant/Licensee Information:
Licensee Serial Number (if applicable): 1313706 Expiration Date (if applicable): 09/30/2021
. Applicant or Licensee Name: UKI Freedom LLC
. Trade Name (if any): Brasserie Saint Marc
Street Address of Establishment: 136 2nd Avenue
City, Town or Village: New York , NY Zip Code: 10003
Business Telephone Number of Applicant/Licensee: (212) 548-3959
D. Business E-mail of Applicant/Licensee: contact@brasseriesaintmarc.com
L. Type(s) of alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider
2. Extent of Food Service:
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
3. Type of Establishment: Restaurant (full kitchen and full menu required)
Method of Operation: [Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
Live Music (give details i.e., rock bands, acoustic, jazz, etc.): Accoustic
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment
✓ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
Other (specify):
Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure 2019
Sidewalk Cafe Other (specify):
alteration:
ADDIOD J Live A COUSTIC MUSIC PROMITEd event, cover chai
ADD: DJ Live A COUSTIC MUSIC, PROMITED EVENT, COVER CLAN Scheduled PERFORMANCE'S & MORE THAN 12 PROTERTE PARTI *UNL: n: ted DRINK Specials, Boozy BRUNCH W/ FOOD • EXTEND HAPPY HOUR, ADDJUKE box, KARUKE, VIDEO/ ARCA DE S
QUNLIMITED NATION PRECIALS, BOOZY BROWN WI FOOD
* EX IENA MAPPE MONNY OUNCEDOX, KARUKE, VIACUT ALCHUES

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6. List the floor(s) of the building th				
7. List the room number(s) the esta	iblishment is locate	ed in within the building,	if appropriate:	
3. Is the premises located within 50	00 feet of three or r	more on-premises liquor	establishments?	No
•	*		shment during all hours of operation	
. If this is a transfer application (a	n existing licensed l	ousiness is being purchas	ed) provide the name and serial num	ber of the licensee:
	Name		Seriz	al Number
. Does the applicant or licensee or	vn the building in v	which the establishment i	0 /4 %	
			12	, 9
·	Owner of the E	Building in Which the I	Licensed Establishment is Locate	d
. Building Owner's Full Name:	rganization f	or the Defense o	f Four Freedoms for Ukra	line. Inc.
 Building Owner's Street Address:				
. City, Town or Village: New Y			State: NY	Zip Code: 10003
Business Telephone Number of E	-	212) 982-1170	IVI .	zip code. 10003
Representative/Attorney's Full N	ion for a License	to Traffic in Alcohol a	the Applicant in Connection with the Establishment Identified in esertsky and Bookman, P.	this Notice
. Representative/Attorney's Street	. 100011	. O		O
	[020	Broadway - Suite	501	
. City, Town or Village: New Y	ork		State: NY	Zip Code: 10007
. Business Telephone Number of F	epresentative/Atto	orney: (212) 513-	1988	
Business E-mail Address of Repre	sentative/Attorne	rbookman@pk	o.law	
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	unnlicant or licenses	o baldas áira astacinal at	the legal entity that holds or is applyir	
Representat the Author	ions in this form are ity when granting t	e in conformity with repre he license. I understand t	the legal entity that holds or is applying esentations made in submitted document hat representations made in this form approval of the application or revocat	nents relied upon by
By my si	gnature, I affirm - u	inder Penalty of Perjury -	that the representations made in thi	s form are true.
31. Printed Principal Nam	e: Greg Lebed	owicz,	Title: LLC Managing) Member
Principal Signatur	e: Jr) (eler	,	