

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: 11/26/2019 1a. Delivered by: CMRRR

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

- To move the bar from the left side to the right side of the premises.
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 CBS

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): 1139710 Expiration Date (if applicable): 6.30.2021

5. Applicant or Licensee Name: Oops of New York Inc

6. Trade Name (if any): Boxcar Lounge

7. Street Address of Establishment: 168 AVENUE B

8. City, Town or Village: NEW YORK, NY Zip Code: 10009

9. Business Telephone Number of Applicant/Licensee: 212-777-3111

10. Business E-mail of Applicant/Licensee: luckyonb@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:
 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: BAR/TAVERN

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): _____

Received by Community Board 3, Man
DEC 02 2019

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

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16. List the floor(s) of the building that the establishment is located on: FIRST FLOOR / STREET LEVEL
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: DORA SHORE
23. Building Owner's Street Address: 144-45 76 AVE.
24. City, Town or Village: FLUSHING State: NY Zip Code: 11367
25. Business Telephone Number of Building Owner: 917.435.4552

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: ABIGAIL EHMANN Title: OWNER/OPERATOR

Principal Signature: Abigail Ehmman