

OFFICE USE ONLY

Original Amended Date _____

2

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

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):

*extend hours FROM
 MIDNIGHT TO 2AM MON - SUN
 TO: 2:00AM SUN THRU THURS +
 TO 4:00AM FRI + SAT. + hire 1 security person FRI + Sat.*

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16. List the floor(s) of the building that the establishment is located on: **FIRST FLOOR AND BASEMENT**

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: **YING LUNG CORP**

23. Building Owner's Street Address: **108 STANTON STREET**

24. City, Town or Village: **NEW YORK** State: **NEW YORK** Zip Code: **10002**

25. Business Telephone Number of Building Owner: **917-406-5726**

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: **FRANKLIN GENAO, ESQ.**

27. Representative/Attorney's Street Address: **458 HEMLOCK STREET, 2ND FLOOR**

28. City, Town or Village: **BROOKLYN** State: **NY** Zip Code: **11208**

29. Business Telephone Number of Representative/Attorney: **718-235-1070**

30. Business E-mail Address of Representative/Attorney: **FRANKGENAO@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: **JOSE F. ALMONTE, JR.** Title: **PRESIDENT**

Principal Signature: 



FRANKLIN GENAO
ATTORNEY AT LAW

458 Hemlock Street, 2nd Fl.
Brooklyn, NY 11208
Phone: (718) 235-1070
Fax: (718) 235-1276

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VIA: CERTIFIED MAIL

December ~~14~~ 2019

Manhattan Community Board 3
59 E 4th Street
New York, NY 10003

Ref: Two Almontes Corp.
Serial # 1280264

Dear Community Board 3,

Please accept this request for an Alteration notice for the alteration of the above referenced licensee. The following are the proposed changes to the approved method of operation currently on file:

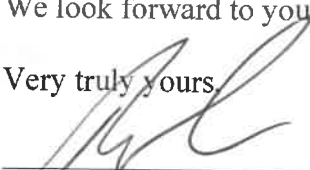
ALTERATION:

1. The current premises are listed as one floor. The proposed alteration is to be able to use the basement space to store alcohol so that the premises shall be modified to be both the first floor and basement to store alcohol;

If you require any additional information please feel free to contact us at your earliest availability.

We look forward to your approval of these changes as soon as possible.

Very truly yours,


Franklin Genao, Esq.

Approved and Consented to by:

Two Almontes Corp.

By: 
Jose F. Almonte, Jr. - President



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

1. Date Notice was Sent: **12/04/2019** 1a. Delivered by: **Certified Mail Return Receipt Requested**

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): **1280264** Expiration Date (if applicable): **09/30/2020**

5. Applicant or Licensee Name: **TWO ALMONTES CORP.**

6. Trade Name (if any): **EL SOMBRERO**

7. Street Address of Establishment: **108 STANTON STREET**

8. City, Town or Village: **NEW YORK**, NY Zip Code: **10002**

9. Business Telephone Number of Applicant/Licensee: **212-254-4188**

10. Business E-mail of Applicant/Licensee: **JOSEJRALMONTE@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: **Restaurant (full kitchen and full menu required)**

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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16. List the floor(s) of the building that the establishment is located on: **FIRST FLOOR AND BASEMENT**

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: **YING LUNG CORP**

23. Building Owner's Street Address: **108 STANTON STREET**

24. City, Town or Village: **NEW YORK** State: **NEW YORK** Zip Code: **10002**

25. Business Telephone Number of Building Owner: **917-406-5726**

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: **FRANKLIN GENAO, ESQ.**

27. Representative/Attorney's Street Address: **458 HEMLOCK STREET, 2ND FLOOR**

28. City, Town or Village: **BROOKLYN** State: **NY** Zip Code: **11208**

29. Business Telephone Number of Representative/Attorney: **718-235-1070**

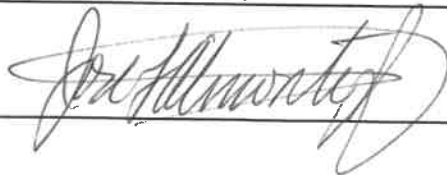
30. Business E-mail Address of Representative/Attorney: **FRANKGENAO@GMAIL.COM**

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: **JOSE F. ALMONTE, JR.** Title: **PRESIDENT**

Principal Signature: _____





FRANKLIN GENAO

ATTORNEY AT LAW

458 Hemlock Street, 2nd Fl.

Brooklyn, NY 11208

Phone: (718) 235-1070

Fax: (718) 235-1276

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VIA: CERTIFIED MAIL

December 4, 2019

Manhattan Community Board 3
59 E 4th Street
New York, NY 10003

**Ref: Two Almontes Corp.
Serial # 1280264**

Dear Community Board 3,

Please accept this request to change the Method of Operation for the above referenced licensee. The following are the proposed changes to the approved method of operation currently on file:

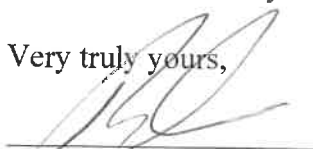
METHOD OF OPERATION:

1. The operating hours are proposed to be changed from 12:00pm to 2:00am Monday through Sunday to 11:00am to 2:00am Sunday through Thursday and 11:00am to 4:00am Friday and Saturdays;
2. The number of employees is proposed changed from 6 to 8 employees;
3. One security personnel is going to be hired on the premises for Friday and Saturday nights to check identification;

If you require any additional information please feel free to contact us at your earliest availability.

We look forward to your approval of these changes as soon as possible.

Very truly yours,



Franklin Genao, Esq.

Approved and Consented to by:

Two Almontes Corp.

By:



Jose F. Almonte, Jr. - President