



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: 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)

<input type="checkbox"/> Seasonal Establishment	<input type="checkbox"/> Juke Box	<input checked="" type="checkbox"/> Disc Jockey	<input checked="" type="checkbox"/> Recorded Music	<input type="checkbox"/> Karaoke
<input checked="" type="checkbox"/> Live Music (give details i.e., rock bands, acoustic, jazz, etc.): <input type="text" value="VARIOUS"/>				
<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 checked="" type="checkbox"/> Security Personnel		
<input type="checkbox"/> Other (specify): <input type="text" value="N/A"/>				

Rec'd By Community Board 3, Man

NOV 25 2019

15. Licensed Outdoor Area: (check all that apply)

<input type="checkbox"/> None	<input checked="" type="checkbox"/> Patio or Deck	<input checked="" type="checkbox"/> Rooftop	<input type="checkbox"/> Garden/Grounds	<input type="checkbox"/> Freestanding Covered Structure
<input type="checkbox"/> Sidewalk Cafe <input type="checkbox"/> Other (specify): <input type="text" value="N/A"/>				

ADD RECORDED BACKGROUND MUSIC TO ROOFTOP SPACE

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16. List the floor(s) of the building that the establishment is located on: 21ST FLOOR

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

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:

N/A
Name

N/A
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: 50 BOWERY HOLDINGS LLC

23. Building Owner's Street Address: 183 CENTRE STREET

24. City, Town or Village: NEW YORK State: NY Zip Code: 10013

25. Business Telephone Number of Building Owner: -----

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: JOSEPH LEVEY C/O HELBRAUN & LEVEY LLP

27. Representative/Attorney's Street Address: 110 WILLIAM STREET, SUITE 1410

28. City, Town or Village: NEW YORK State: NY Zip Code: 10038

29. Business Telephone Number of Representative/Attorney: 212-219-1193

30. Business E-mail Address of Representative/Attorney: c/o heather@helbraunlevey.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: JOSEPH LEVEY Title: ATTORNEY

Principal Signature:



HELBRAUN || LEVEY

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November 20, 2019

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

RE: BRIGEVUE 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.

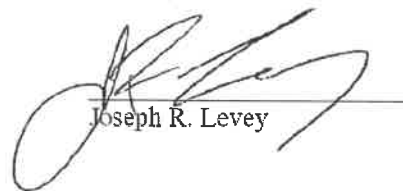
Our client's intention is to apply to the New York State Liquor Authority for a/an method of operation change application.

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