			OFFIC	E USE ONLY	
\bigcirc	Original	0	Amended	Date	





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:	Certified Mail Return Receipt Requested
2. Select the type of Applic	cation that will be filed with the Authority	y for an On-Premises Alco	holic Beverage License:
			ral Class Change Method of Operation Change
For Renewal applica For Alteration applica For Corporate Chan For Removal applica	answer each question below using all in ants, answer all questions cants, attach a complete written descrip ige applicants, attach a list of the current ants, attach a statement of your current iplicants, attach a statement detailing yo	tion and diagrams depicti and proposed corporate and proposed addresses v	ing the proposed alteration(s) principals with the reason(s) for the relocation
For Method of Oper	ration Change applicants, although not r	equired, if you choose to	submit, attach an explanation detailing those changes
This 30-Day Advance No	otice is Being Provided to the Clerk	of the Following Local	Municipality or Community Board:
3. Name of Municipality or	Community Board: MANHATT	AN COMMUNIT	Y BOARD 3
Applicant/Licensee Info	rmation:		
4. Licensee Serial Number	(if applicable):	Expira	ation Date (if applicable):
5. Applicant or Licensee Na	ame: 9TH STREET UNDERGE	ROUND LLC LLC	-
6. Trade Name (if any):	786. 35		
7. Street Address of Establi	ishment: 141 CHRYSTIE STR	EET	
8. City, Town or Village:	NEW YORK	, NY	Zip Code: 10003
9. Business Telephone Num	nber of Applicant/Licensee: (412) 40	1-9105	•
10. Business E-mail of Appl	icant/Licensee: STEPHEN@TH	EDROSTE.COM	
11. Type(s) of alcohol sold (or to be sold:	O Wine, Beer & Cider	O Liquor, Wine, Beer & Cider
12. Extent of Food Service:			
• Full food menu; ful	l kitchen run by a chef or cook O Mei	nu meets legal minimum t	food availability requirements; food prep area at minimum
13. Type of Establishment:	Bar/Tavern		
· Atki			
4. Method of Operation: (check all that apply)		te Box Disc Jockey	Recorded Music Karaoke
16 90 2 (Live Music (give details i.e., rock ba	ands, acoustic, jazz, etc.):	
2 (*) 2 (a. 18)	Patron Dancing Employee.D	ancing Exotic Danc	cing Ratopless Entertainment
	☐ Video/Arcade Games ☐ Third	Party Promoters	Security Personnel
:a	Other (specify):		JAN 0.6 2020
\$ (\$\phi_1 \psi_2 \psi_2 \psi_3 \psi_4 \psi_5 \psi_			0 5050
5. Licensed Outdoop Area: (check all that apply)	None Patio or Deck	Rooftop Garden/G	Grounds Freestanding Covered Structure
rings.	Sidewalk Cafe Other (specif	y): .	The same of the sa
and the same	L. nimer		

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b. e floor(s) of the building that the establishment is located on:	SEMENT/GROUND FLOOR/	2ND FL/ROOFTOP
7. List the room number(s) the establishment is located in within the buildin		
8. Is the premises located within 500 feet of three or more on-premises liqu	or establishments?	
9. Will the license holder or a manager be physically present within the esta	blishment during all hours of operation?	• Yes • No
0. If this is a transfer application (an existing licensed business is being purch		
N/A	lased) provide the name and serial number	of the licensee:
Name	Serial No	ımber
1. Does the applicant or licensee own the building in which the establishmen	nt is located? Yes (if YES, SKIP 23-26)	○ No
4		
Owner of the Building in Which the	e Licensed Establishment is Located	
Building Owner's Full Name. YYY AND P REALTY LLC		
. Building Owner's Street Address: 2073 61st STREET		
City, Town or Village: BROOKLYN	State: NY	Zip Code: 11204
Business Telephone Number of Building Owner:] . [11204
Application for a License to Traffic in Alcohol Representative/Actorney's Foll Name: STACY L. WEISS	at the Establishment Identified in this	Notice
Representative//ttorney's Street Address: 110 EAST 59TH ST	REET - 23RD FLOOR	
City, Town or Village: NEW YORK	State: NY	Zip Code: 10022
Business Telephone Number of Representative/Attorney (212) 521	-0828	· · · · · · · · · · · · · · · · · · ·
Business E-mail Address of Representative/Attorney: SLWEISSAT	TORNEY@AOL.COM	
I am the applicant or licensee holder or a principal of the Representations in this form are in conformity with represented the Authority when granting the license. I understand the upon, and that false representations may result in disagnees.	sentations made in submitted documed at representations made in this form w	nts relied upon by
the Authority when granting the license. I understand th	sentations made in submitted documer at representations made in this form we oproval of the application or revocation	nts relied upon by vill also be relied n of the license.

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