



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 / 8 / 2020

1a. Delivered by: VPS OVERNIGHT

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): _____ Expiration Date (if applicable): _____

5. Applicant or Licensee Name: BEATRICE RODRIGUEZ DEARMA, A CORPORATION TO BE FORMED

6. Trade Name (if any): TO BE DETERMINED

7. Street Address of Establishment: 157 EAST HOUSTON STREET

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

9. Business Telephone Number of Applicant/Licensee: 917 400-1246

10. Business E-mail of Applicant/Licensee: LSKYBAR@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: 24 HOUR DINER

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): _____

Submitted By Community Board 3, Man

JAN 09 2020

15. Licensed Outdoor Area: (check all that apply)
- None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
- Sidewalk Cafe Other (specify): _____

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

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:

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: **157 EAST HOUSTON ST LLC AND SLFR EAST HOUSTON LLC**

23. Building Owner's Street Address: **157 EAST HOUSTON STREET**

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

25. Business Telephone Number of Building Owner: **212 358-1000**

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: **CHARLES B. LINN**

27. Representative/Attorney's Street Address: **901 NORTH BROADWAY, SUITE 22**

28. City, Town or Village: **NORTH WHITE PLAINS** State: **NEW YORK** Zip Code: **10603**

29. Business Telephone Number of Representative/Attorney: **914 949-4200**

30. Business E-mail Address of Representative/Attorney: **CHARLES@CHARLESLINN.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: **BEATRICE RODRIGUEZ DRARMA** Title: **PRESIDENT**

Principal Signature: 