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ALM YORK	State Liquo Authority

	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 Sont	044440000	1	
1. Date Notice was Sent:		1a. Delivered by:	Certified Mail Return Receipt Requested
2. Select the type of App	lication that will be filed with the Authori	ty for an On-Premises Alco	holic Beverage License:
New Application	n	oorate Change O Remov	al O Class Change O Method of Operation Change
For Alteration app For Corporate Cha For Removal applic For Class Change a	s, answer each question below using all icants, answer all questions licants, attach a complete written descriping applicants, attach a list of the current ants, attach a statement of your current pplicants, attach a statement detailing your current and complete and complete applicants, attach a statement detailing your current pplicants, attach a statement detailing your current detailing your current details and complete applicants, although not complete applicants.	otion and diagrams depicti t and proposed corporate and proposed addresses v	ng the proposed alteration(s) principals
	lotice is Being Provided to the Clerk	of the Following Local I	Municipality or Community Board:
3. Name of Municipality of	iviainiaite	an Community	Board 3
Applicant/Licensee Info			
4. Licensee Serial Number	(if applicable): 1314092	Expira	tion Date (if applicable): 06/30/2021
5. Applicant or Licensee N	ame: Germat of NY Inc.	14	
6. Trade Name (if any);	Plado		
7. Street Address of Establ	ishment: 192 East 2nd Stre	eet	
8. City, Town or Village:	New York	, NY	Zip Code: 10009
9. Business Telephone Nur	nber of Applicant/Licensee: (646) 85	0-5151	10003
10. Business E-mail of Appl			
11. Type(s) of alcohol sold		O Wine, Beer & Cider	O Liquor, Wine, Beer & Cider
12. Extent of Food Service:			- manual sect & side
 Full food menu; ful 	l kitchen run by a chef or cook O Mer	nu meets legal minimum fo	od availability requirements; food prep area at minimum
13. Type of Establishment:	Restaurant (full kitchen	and full menu re	equired)
14. Method of Operation: (check all that apply)	Seasonal Establishment Juk	nds, acoustic, jazz, etc.):	✓ Recorded Music
	Patron Dancing Employee Da	ancing Exotic Dancii	Og Topless Entertainment
		Party Promoters Se	curity Personnel
	Other (specify):		
15. Licensed Outdoor Area: (check all that apply)	_	Gooftop Garden/Gro	ounds Freestanding Covered Structure
	Sidewalk Cafe Other (specify):	

OFFICE USE ONLY Original Amended Date 16. List the floor(s) of the building that the establishment is located on: Ground floor, 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?					
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	opla-rev03292018	Original Am			17
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19. Will the license holder or a manager be physically present within the establishment during all hours of operation?					
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Name Serial Number 21. Does the applicant or licensee own the building in which the establishment is located? Over (if YES, SKIP 23-26) Owner of the Building in which the Licensed Establishment is Located 22. Building Owner's Full Name: 190-192 East 2nd Street, LLC 23. Building Owner's Street Address: 45 Cuttermill Road, Suite 1 24. City, Town or Village: Great Neck State: NY Zip Code: 11021 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: Kordas & Marinis, LLP 27. Representative/Attorney's Street Address: 5-44 47th Avenue, Third Floor 28. City, Town or Village: Long Island City State: NY Zip Code: 11101 29. Business Telephone Number of Representative/Attorney: (718) 392-8000 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.					
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	Representations the Authority w	in this form are in conformity the hen granting the license. I und	with representations made derstand that representation	in submitted documens made in this form v	nts relied upon by vill also be relied
31. Printed Principal Name: German Rizzo	By my signatu	ure, I affirm - under Penalty of	f Perjury - that the represen	tations made in this f	orm are true.
resident in the first term of	31. Printed Principal Name: C	erman Rizzo	Title:	Principal	

Principal Signature:

Sin mo	State Liquo Authority

	OFFICE	USE ONLY	
) Original	Amended	Date	

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49

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

a de la
1. Date Notice was Sent: 01/14/2020 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 Renoval 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): 1314092 Expiration Date (if applicable): 06/30/2021
5. Applicant or Licensee Name: Germat of NY Inc.
6. Trade Name (if any): Plado
7. Street Address of Establishment: 192 East 2nd Street
8. City, Town or Village: New York , NY Zip Code: 10009
9. Business Telephone Number of Applicant/Licensee: (646) 850-5151
10. Business E-mall of Applicant/Licensee: info@pladonyc.com
11. Type(s) of alcohol sold or to be sold:
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: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
Live Music (give details i.e., rock bands, acoustic, jazz, etc.):
C Video/Associa Course C C Course C Course C C C Course C C C C Course C C C C Course C C C C C C C C C C C C C C C C C C C
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel ☐ Other (specify):
Come (specify):
15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
Sidewalk Cafe Other (specify):

	Original Amended	Date	1-1
16. List the floor(s) of the building tha	t the establishment is located on:	round floor, basement	
17. List the room number(s) the estab	lishment is located in within the build	ing, if appropriate:	
18. Is the premises located within 500	feet of three or more on-premises liq	uor establishments?	
19. Will the license holder or a manag	er be physically present within the est	ablishment during all hours of operation?	⊙ Yes ⊙ No
20. If this is a transfer application (an	existing licensed business is being purc	chased) provide the name and serial number o	of the licensee:
	Name	Serial Nu	mber
21. Does the applicant or licensee owr	the building in which the establishme	ent is located? Yes (if YES, SKIP 23-26)	⊙ No
	Owner of the Building in Which t	he Licensed Establishment is Located	
22. Building Owner's Full Name: 19	0-192 East 2nd Street, LL	С	
23. Building Owner's Street Address:	45 Cuttermill Road, Suite	e 1	
24. City, Town or Village: Great N	eck	State: NY	Zip Code: 11021
25. Business Telephone Number of Bu	ilding Owner:		
Repr	esentative or Attorney Represent	ting the Applicant in Connection with th	e
Applicatio	n for a License to Traffic in Alcoho	ting the Applicant in Connection with thol at the Establishment Identified in this	e Notice
Applicatio 26. Representative/Attorney's Full Nan	n for a License to Traffic in Alcoho	ol at the Establishment Identified in this	e Notice
Applicatio 26. Representative/Attorney's Full Nan 27. Representative/Attorney's Street A	n for a License to Traffic in Alcohone: Kordas & Marinis, LLF	ol at the Establishment Identified in this	e Notice Zip Code: 11101
Application 26. Representative/Attorney's Full Nance 27. Representative/Attorney's Street Action 28. City, Town or Village: Long Isl	n for a License to Traffic in Alcohome: Kordas & Marinis, LLF ddress: 5-44 47th Avenue, and City	Third Floor State: NY	Notice
Application 26. Representative/Attorney's Full Nance 27. Representative/Attorney's Street A 28. City, Town or Village: Long Isl 29. Business Telephone Number of Rep	n for a License to Traffic in Alcohome: Kordas & Marinis, LLF ddress: 5-44 47th Avenue, and City oresentative/Attorney: (718) 39	Third Floor State: NY	Notice
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