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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: 01/30/2020 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 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: COMMUNITY BOARD 3

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): 1256282 Expiration Date (if applicable): 10/31/2021

5. Applicant or Licensee Name: HUGHES MURRAY WALSH LLC

6. Trade Name (if any): PHOENIX

7. Street Address of Establishment: 447 E 13th ST

8. City, Town or Village: NY, NY Zip Code: 10009

9. Business Telephone Number of Applicant/Licensee: 212-474-9979

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: BAR/TAVERN

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): FEB 05 2020

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

16. List the floor(s) of the building that the establishment is located on: Basement + 1st FLOOR

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: JKA Westminster LLC

23. Building Owner's Street Address: 18 COLUMBIA TPKE

24. City, Town or Village: FLORHAM PARK State: NJ Zip Code: 07932

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: MICHAEL KELLY

27. Representative/Attorney's Street Address: 136 WAVERLY ROAD

28. City, Town or Village: SCARSDALE State: NEW YORK Zip Code: 10583

29. Business Telephone Number of Representative/Attorney: (914) 740-3580

30. Business E-mail Address of Representative/Attorney: KELLYMLK136@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: MICHAEL KELLY Title: REPRESENTATIVE

Principal Signature:  1/30/2020

Identification of Individuals

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Part 1. List below the names of all LLC members/managers, officers, directors and individual stockholders, that are currently licensed to hold an interest in the subject license, *attach additional sheets if necessary.* (Current Approved Corporate Set-Up)

Name	Current Title(s)	Current % of Interest	Current Number of Shares
BRENDA BREATHNACH	MEMBER	66 2/3%	
KATHLEEN HUGHES	MEMBER	33 1/3%	

Part 2. List below the names of all LLC members/managers, officers, directors and individual stockholders, who will have an interest in the subject license upon approval of this corporate change, *attach additional sheets if necessary.* (Proposed Corporate Set-Up)

Name	Proposed Title(s)	Proposed % of Interest	Proposed # of Shares	Check if New
BRENDA BREATHNACH	MEMBER	100%		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

All parties listed in Part 2 and are NEW to the corporation/LLC must complete a Personal Questionnaire as well as submit an original color photo, photo ID and proof of citizenship for themselves. The forms are available for download on our web site at: www.sla.ny.gov

ALL APPLICANT PRINCIPALS WILL BE REQUIRED TO BE FINGERPRINTED ELECTRONICALLY

NOTE: Persons CURRENTLY licensed by the State Liquor Authority do not have to be fingerprinted.

Each applicant principal that is required to be fingerprinted will be instructed to do so on the application Filing Receipt once the application is received by the Authority.

Each applicant principal required to be fingerprinted must follow the fingerprinting instructions which are available on the Filing Receipt or on our website, www.sla.ny.gov.

Each new principal is bound by the Method of Operation previously approved by the NYS Liquor Authority.

Note: For any of the above, if financing is involved, please supply copies of contracts, agreements or any other legal document and financial statements showing the availability of the funds.