	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

to a Local Municipality or Community Board
1. Date Notice was Sent: 18/2020 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
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: MANHATTYH COMPUNITY 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: NGW YORK , NY ZIp Code: /000 1
9. Business Telephone Number of Applicant/Licensee: 917 460 - 12 46
10. Business E-mail of Applicant/Licensee: LSKTBAR & GMAIL. COM
11. Type(s) of alcohol sold or to be sold: O Beer & Cider O Wine, Beer & Cider D 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 HOVR DINER
14 Mathad of Counties
14. Method of Operation: (check all that apply) Seasonal Establishment
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Video/Arcade Games Third Party Promoters Sequence Parsonnel Sequence Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Sequence Patron Dancing Topless Entertainment Dancing Topless Entertainment Sequence Patron Dancing Topless Entertainment Danc
Other (specify):
5. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
Sidewalk Cafe Other (specify):

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16 List the flourist state to the						
16. List the floor(s) of the building that			GROUN	D FLOOR AND A	BASEMEHT	
17. List the room number(s) the establ	lishment is located	in within the building	if appropriate:	NIA		
18. Is the premises located within 500	feet of three or ma	ore on-premises liquo	establishment			
				0.0000000000000000000000000000000000000	0	
19. Will the license holder or a manage					Yes	O No
20. If this is a transfer application (an e	oisting licensed bu	siness is being purchas	ed) provide the	name and serial numbe	er of the license	e:
	Name					
21. Does the applicant or licensee own	the building in whi	ich the establishment	s located?		lumber	
		and dominion tricing	a locateos (Yes (if YES, SKIP 23-26) ③ No	
	Owner of the Bui	ilding in Which the I	irensed Fetal	lishment is Located		
NO. 9- 11-45 1						
				FR EAST HOUST	H LLC	
3. Building Owner's Street Address:	1576	AST HOUSTON .	STREET			
4. City, Town or Village:	NOW YORK		State: 1	LOW TORK	Zip Code:	(4000
5. Business Telephone Number of Bullo	ling Owner:	212	358-100			10002
		0.15	338 700	00		
Repre	sentative or Attr	May Representing	the Amelian	in Connection with ti		
Application	for a License to	Traffic in Alcohol at	the Establish	in Connection with the ment identified in this	ne : Notice	
6. Representative/Attorney's Full Name	:	CHARLES	.B. L11	141		
7. Representative/Attorney's Street Add	iress: 901					
	101		WAT, SU	ine 97		
INOK (I	WHITE PLA		State: N	en York	Zip Code:	10603
. Business Telephone Number of Repre	sentative/Attorne	y: 0	114 949.	4200		
. Business E-mail Address of Represent	ative/Attorney:	CHAV	LESECHA	PLESCIHM . COM		
	-			- ESCITION		
I am the applicant or Representations in this f	licensee holder o	or a principal of the I	nosi nasitu.	Abatt .		
Representations in this f the Authority when gra	orm are in confo	rmity with represen	egai entity tha tations made i	rt nolds or is applying in submitted documen	for the license	. hu
the Authority when gra upon, and that false re	inting the license epresentations m	!. I understand that r nav result in disanno	epresentation	s made in this form w	ill also be relie	ed
By my signature it af	firm under the	- In . I a . I a	and or the app	mication or revocation	of the license	
- y y algorithe, t in	um - under PER	aity of Perjury - that	the represent	tations made in this fo	rm are true.	
Printed Principal Name: A	2101 0 -		_			
BEP	TRICE KODI	RIGUEZ DRARA	M Title:	PRESIDEN		
Α.	11.0	/			,	
Principal Signature:	Marin -				ı	
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