	OFFICE	USE ONLY	
) Original	Amended	Date	



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

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1. Date Notice was Sent:	12/0 4 /2019	1a. Delivered by:	Certified Mail Return Receipt Requested		
2. Select the type of Applica	ation that will be filed with the Authorit	ty for an On-Premises Alco	pholic Beverage License:		
New Application	Renewal	oorate Change 🔘 Remo	val O Class Change O Method of Operation Change		
For Renewal applica For Alteration applic For Corporate Chang For Removal applica For Class Change app	answer each question below using all ints, answer all questions ants, attach a complete written descripte applicants, attach a list of the current nts, attach a statement of your current plicants, attach a statement detailing your change applicants, although not	otion and diagrams depict it and proposed corporate and proposed addresses our current license type a	ting the proposed alteration(s) principals with the reason(s) for the relocation		
This 30-Day Advance No	tice is Being Provided to the Clerk	of the Following Local	Municipality or Community Board:		
3. Name of Municipality or	Community Board: MANHATTA	AN COMMUNITY	BOARD 3		
Applicant/Licensee Info	rmation:				
4. Licensee Serial Number (4. Licensee Serial Number (if applicable): 1280264 Expiration Date (if applicable): 09/30/2020				
5. Applicant or Licensee Na	5. Applicant or Licensee Name: TWO ALMONTES CORP.				
6. Trade Name (if any):	6. Trade Name (if any): EL SOMBRERO				
7. Street Address of Establis	7. Street Address of Establishment: 108 STANTON STREET				
8. City, Town or Village:	8. City, Town or Village: NEW YORK , NY Zip Code: 10002				
9. Business Telephone Num	ber of Applicant/Licensee: 212-25	4-4188			
10. Business E-mail of Appli	10. Business E-mail of Applicant/Licensee: JOSEJRALMONTE@GMAIL.COM				
11. Type(s) of alcohol sold o	or to be sold: O 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 O Me	enu meets legal minimum	food availability requirements; food prep area at minimum		
13. Type of Establishment:	Restaurant (full kitchen and	d full menu requir	ed)		
14. Method of Operation: (check all that apply)	Live Music (give details i.e., rock b	Dancing Exotic Dar			
15. Licensed Outdoor Area: (check all that apply)	✓ None ☐ Patio or Deck ☐ ☐ Sidewalk Cafe ☐ Other (speci	Rooftop Garden/	Grounds Freestanding Covered Structure		
extend hours Midnight T	FROM FORM MON-S. SUN THRY TH	uN uRS L	DEC 0 9 2019 Page 1 of 2 Page 1 of 2		

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	Original	OFFICE US Amended	E ONLY Date			F
16. List the floor(s) of the building that	: the establishmen	nt is located on: FIRS	T FLOOR	AND BASEMEN	T	
17. List the room number(s) the establ	ishment is located	d in within the building, i	f appropriate:			
18. Is the premises located within 500	feet of three or m	nore on-premises liquor (establishments?	? • Yes • No		
19. Will the license holder or a manage	er be physically pre	esent within the establis	hment during a	Ill hours of operation?	⊙ Yes	No
20. If this is a transfer application (an e	xisting licensed bu	usiness is being purchase	ed) provide the	name and serial number	of the licens	ee:
	Name	-		Serial Nu	ımber	
	Owner of the Bu	uilding in Which the L	_	Yes (if YES, SKIP 23-26)	⊙ No	
22. Building Owner's Full Name:	NG LUNG CO	ORP				
23. Building Owner's Street Address:	108 STANT	TON STREET				
24. City, Town or Village: NEW YC	DRK		State: NE\	W YORK	Zip Code:	10002
25. Business Telephone Number of Buil	ding Owner: 91	17-406-5726				
Application	n for a License to	o Traffic in Alcohol at	the Establish	in Connection with th ment Identified in this	ie Notice	
26. Representative/Attorney's Full Nam	e: FRANKL	IN GENAO, ESC	λ.			
27. Representative/Attorney's Street Ac	1.00.1.	IEMLOCK STRE	ET, 2ND F	LOOR		
28. City, Town or Village: BROOKI	_YN		State: NY		Zip Code:	11208
29. Business Telephone Number of Repr	esentative/Attorr	ney: 718-235-10	70			
30. Business E-mail Address of Represer	ntative/Attorney:	FRANKGENAC	@GMAIL.	COM		
Representations in this the Authority when g upon, and that false	s form are in con ranting the licen representations	nformity with represer nse. I understand that s may result in disappi	ntations made representatio roval of the ap	at holds or is applying in submitted docume ins made in this form v iplication or revocation	nts relied u vill also be n of the lice	pon by relied nse.
31. Printed Principal Name: JOSE	F. ALMON	TE, JR.	Title:	PRESIDENT		

_				
31. Printed Principal Name:	JOSE F. ALMONTE, JR.	Title:	PRESIDENT	
Principal Signature:	Jor Allworth			



FRANKLIN GENAO

ATTORNEY AT LAW

458 Hemlock Street, 2nd Fl.

Brooklyn, NY 11208

Phone: (718) 235-1070 Fax: (718) 235-1276

VIA: CERTIFIED MAIL

December 1/2019

Manhattan Community Board 3 59 E 4th Street New York, NY 10003

Ref: Two Almontes Corp. Serial # 1280264

Dear Community Board 3,

Please accept this request for an Alteration notice for the alteration of the above referenced licensee. The following are the proposed changes to the approved method of operation currently on file:

ALTERATION:

1. The current premises are listed as one floor. The proposed alteration is to be able to use the basement space to store alcohol so that the premises shall be modified to be both the first floor and basement to store alcohol;

If you require any additional information please feel free to contact us at your earliest availability.

We look forward to your approval of these changes as soon as possible.

Very truly yours

Franklin Genao, Esq.

Approved and Consented to by:

Two Almontes Corp.

Jose F. Almonte, Jr.- President



FRANKLIN GENAO

ATTORNEY AT LAW

458 Hemlock Street, 2nd Fl. Brooklyn, NY 11208
Phone: (718) 235-1070
Fax: (718) 235-1276

VIA: CERTIFIED MAIL

December **4**, 2019

Manhattan Community Board 3 59 E 4th Street New York, NY 10003

> Ref: Two Almontes Corp. Serial # 1280264

Dear Community Board 3,

Please accept this request to change the Method of Operation for the above referenced licensee. The following are the proposed changes to the approved method of operation currently on file:

METHOD OF OPERATION:

- 1. The operating hours are proposed to be changed from 12:00pm to 2:00am Monday through Sunday to 11:00am to 2:00am Sunday through Thursday and 11:00am to 4:00am Friday and Saturdays;
- 2. The number of employees is proposed changed from 6 to 8 employees;
- 3. One security personnel is going to be hired on the premises for Friday and Saturday nights to check identification;

If you require any additional information please feel free to contact us at your earliest availability.

We look forward to your approval of these changes as soon as possible.

Very truly yours,

Franklin Genao, Esq.

Approved and Consented to by:

Two Almontes Corp.

ose F. Almonte, Jr.-President