

\circ	Original	\bigcirc	Amended	Date	
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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: 03	3/06/2020	1a. Delivered by:	Certified Mail Return Receipt Requested						
2. Select the type of Applicati	2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:								
6 New Application (Renewal Alteration Corpor	rate Change 🔘 Remov	ral 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: New York City Community Board 3									
Applicant/Licensee Information:									
4. Licensee Serial Number (if a	applicable):	Expira	ation Date (if applicable):						
5. Applicant or Licensee Name: KM1 Hospitality Inc.									
6. Trade Name (if any): N/A									
7. Street Address of Establish	ment: 58 East 1 Street		,	\equiv					
8. City, Town or Village: Ne	ew York	, NY	Zip Code: 10003	\exists					
9. Business Telephone Number of Applicant/Licensee: (347) 693-7065									
10. Business E-mail of Applica	km1hospitality@g	gmail.com							
11. Type(s) of alcohol sold or t	to be sold:	Wine, Beer & Cider	O Liquor, Wine, Beer & Cider	_					
12. Extent of Food Service:									
• Full food menu; full ki	itchen run by a chef or cook O Men	u meets legal minimum i	food availability requirements; food prep area at minimu	ım					
13. Type of Establishment:	Restaurant (full kitchen and fu	ull menu required)							
14. Method of Operation: [(check all that apply)	Seasonal Establishment Juke	Box Disc Jockey							
	Live Music (give details i.e., rock bands, acoustic, jazz, etc.):								
[Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment								
[☐ Video/Arcade Games ☐ Third F	Security Personnel							
	Other (specify):								
(check all that apply)		Rooftop Garden/C	Grounds Freestanding Covered Structure						
- [Sidewalk Cafe Other (specify	r):							

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16. List the floor(s) of the building that the establishment is located on: 1st F	loor & 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 of	establishments? O Yes O No								
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? O 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: 58 East Partners LLC									
23. Building Owner's Street Address: 87 East 116 Street, Suite 30)2								
24. City, Town or Village: New York	State: New York	Zip Code: 10029							
25. Business Telephone Number of Building Owner: (516) 312-1600									
((0.0) 0.12 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: Heriberto A. Cabrera, Esc	<u>q.</u>								
27. Representative/Attorney's Street Address: 480 39 Street									
28. City, Town or Village: New York	State: New York	Zip Code: 11232							
29. Business Telephone Number of Representative/Attorney: (718) 439-3	29. Business Telephone Number of Representative/Attorney: (718) 439-3600								
30. Business E-mail Address of Representative/Attorney: info@gonylaw.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: Steven R. Cabrera	Title: President								
Principal Signature:									

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