	Er	140	0.4	
revu	50	142	U	18

NEW YORK	State Liquor
A STATE OF THE PARTY	Authority

OFFICE USE ONLY				
Original	 Amended 	Date		

49

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

1. Date Notice was Sent: 04/14/2020 1a. Delivered by: Email						
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:						
O 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: Manhattan Community Board No. 3						
Applicant/Licensee Information:						
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):						
5. Applicant or Licensee Name: Good Pal Chantelle Corp						
6. Trade Name (if any): Hotel Chantelle						
7. Street Address of Establishment: 92 Ludlow Street						
8. City, Town or Village: New York , NY Zip Code: 10002						
9. Business Telephone Number of Applicant/Licensee: (212) 254-9100						
10. Business E-mail of Applicant/Licensee: seth.l@raveImgmt.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: (check all that apply) Seasonal Establishment Juke Box						
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment						
☐ Video/Arcade Games ☐ Third Party Promoters ☑ Security Personnel						
Other (specify):						
15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (check all that apply)						
Sidewalk Cafe Other (specify):						

la-rev03292018	OFFICE USE	ONLY		
		Date		
			4	
List the floor(s) of the building that	t the establishment is located on: First	Floor, Second Floor and Bas	sement	
17. List the room number(s) the estable	lishment is located in within the building, it	f appropriate:		
18. Is the premises located within 500	feet of three or more on-premises liquor e	establishments? • Yes • No		
19. Will the license holder or a manage	er be physically present within the establis	hment during all hours of operation?		
20. If this is a transfer application (an e	existing licensed business is being purchase	ed) provide the name and serial number o	of the licensee:	
The Amber Avalon C	orp	1209613		
	Name	Serial Nur	mber	
21. Does the applicant or licensee own	n the building in which the establishment is	s located? Yes (if YES, SKIP 23-26)	⊙ No	
	Owner of the Building in Which the L	icensed Establishment is Located		
22. Building Owner's Full Name: 92	Ludlow Holdings LLC			
23. Building Owner's Street Address:	122 West 57th Street - 37th	Floor		
24. City, Town or Village: New Yo	ork	State: NY	Zip Code: 10019	
25. Business Telephone Number of Bu	ilding Owner: (732) 766-6907			
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 Papracantativa/Attornavis Evil Nav	ma: Dahart C. Baakman, Da	cotoley and Backman, B.C.		
26. Representative/Attorney's Full Nar	Robert S. Bookman - Pe	setsky and Bookman, P.C.		
27. Representative/Attorney's Street A	Address: 325 Broadway - Suite	501		
28. City, Town or Village: New Yo	ork	State: NY	Zip Code: 10007	
29. Business Telephone Number of Representative/Attorney: (212) 513-1988				
30. Business E-mail Address of Representative/Attorney: rbookman@pb.law				
I am the applicant	or licensee holder or a principal of the	legal antity that holds or is applying	for the license	
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: Seth	1 Levine	Title: Owner		
1 0				

Principal Signature: