

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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

1. Date Notice was Sent: APRIL 27, 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:

☐ 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

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

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): 1315617 Expiration Date (if applicable): 10/31/2021

5. Applicant or Licensee Name: Essex Pearl by Aquabest LLC

6. Trade Name (if any): Essex Pearl

7. Street Address of Establishment: 115 Delancey Street

8. City, Town or Village: New York, NY Zip Code: 10002

9. Business Telephone Number of Applicant/Licensee: 347-899-4998

10. Business E-mail of Applicant/Licensee: freeman@essexpearl.com

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: Restaurant (full kitchen and full menu required)

14. Method of Operation: ☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☐ Recorded Music ☐ Karaoke

(check all that apply)

☐ 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): _____

15. Licensed Outdoor Area: ☒ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
(check all that apply)

☐ Sidewalk Cafe ☐ Other (specify): _____

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16. List the floor(s) of the building that the establishment is located on: **Basement**
17. List the room number(s) the establishment is located in within the building, if appropriate: **N/A**
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: **Site 2 DSA Commercial LLC**
23. Building Owner's Street Address: **111 8th Ave Suite 1500**
24. City, Town or Village: **New York** State: **NY** Zip Code: **10011**
25. Business Telephone Number of Building Owner: **212-220-9945**

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: **Eugene Suh, Esq of Yoon LLP**
27. Representative/Attorney's Street Address: **11 East 44th Street Suite 1001**
28. City, Town or Village: **New York** State: **NY** Zip Code: **10017**
29. Business Telephone Number of Representative/Attorney: **917-806-6714**
30. Business E-mail Address of Representative/Attorney: **genesuh@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: **Freeman Wong** Title: **Partner**

Principal Signature: _____

