

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: 5/13/20

1a. Delivered by: Certified Mail / Return Receipt

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

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 / Chinatown-Lower East Side

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): 1138032 Expiration Date (if applicable): _____

5. Applicant or Licensee Name: Fram Able LLC

6. Trade Name (if any): B-Side

7. Street Address of Establishment: 204 Ave B

8. City, Town or Village: New York, NY Zip Code: 10009

9. Business Telephone Number of Applicant/Licensee: (917) 559-4138 / (917) 278-3391

10. Business E-mail of Applicant/Licensee: The Chunky Druggie LLC @ gmail.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: Bar

14. Method of Operation: (check all that apply)

Seasonal Establishment
 Juke Box
 Disc Jockey
 Recorded Music
 Karaoke
 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: (check all that apply)

None
 Patio or Deck
 Rooftop
 Garden/Grounds
 Freestanding Covered Structure
 Sidewalk Cafe
 Other (specify): _____

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16. List the floor(s) of the building that the establishment is located on: ground floor

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 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:

B-Sido Name 1138032 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: Wayne W. Traub

23. Building Owner's Street Address: 204 Ave B

24. City, Town or Village: New York State: N.Y. Zip Code: 10009

25. Business Telephone Number of Building Owner: _____

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: Terrence R. Flynn, Jr.

27. Representative/Attorney's Street Address: 444 Beach 129th Street, 2nd Floor

28. City, Town or Village: Belle Harbor State: New York Zip Code: 11694

29. Business Telephone Number of Representative/Attorney: (718) 945-1000

30. Business E-mail Address of Representative/Attorney: trflynnjr@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: Sabina Brunetti Title: MS.

Principal Signature: Joel Rodriguez
Sabina Brunetti
Joel Rodriguez

Mr

Flynn & Flynn, P.L.L.C.

ATTORNEYS AT LAW

TERRENCE R. FLYNN, JR.

MARY P. FLYNN

444 BEACH 129th STREET
2ND FLOOR
BELLE HARBOR, NEW YORK 11694
TEL: 718-945-1000
FAX: 718-318-6162

May 13, 2020

CERTIFIED MAIL
NO. 7019 1640 0001 4424 1730
RETURN RECEIPT REQUESTED

Ms. Susan Stetzer, District Manager
Manhattan Community Board 3
59 East 4th Street
New York, NY 10003

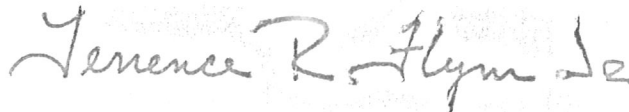
Re: Flam Able LLC – Corporate Change

Dear Ms. Stetzer:

Please be advised that I am the attorney for Flam Able LLC that is applying for a Corporate Change to add Sabina Brunetti and Joel Rodriguez to the Entity for the premises located at 204 Avenue B, New York, NY 10009. This notification is given pursuant to Section 64, Subdivision 2A of the Alcoholic Beverage Control Law.

If you have any questions, please do not hesitate to call my office. Thank you for your cooperation in this matter.

Very truly yours,



Terrence R. Flynn, Jr.

TRFJ/ph