OFFICE USE ONLY		
Original	Amended	Date

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

to a Local Municipality or Community Board			
1. Date Notice was Sent: 7 6 20 1a, Delivered by: Electronically			
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:			
New Application O Renewal O Alteration O Corporate Change O Removal O Class Change O 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			
Applicant/Licensee Information:			
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):			
5. Applicant or Licensee Name: Chinatown United Food Struces, LLC			
6. Trade Name (if any): The Ground			
7. Street Address of Establishment: 130 MADISON STREET			
8. City, Town or Village: NEW YORK , NY Zip Code: 1000 2			
9. Business Telephone Number of Applicant/Licensee: not yet essigned			
10. Business E-mail of Applicant/Licensee: iboleer a hals tead. com			
11. Type(s) of alcohol sold or to be sold: O Beer & Cider O Wine, Beer & Cider O Liquor, Wine, Beer & Cider			
12. Extent of Food Service:			
O 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: Ludoor Societ Pitch			
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):			

Original O Amended Date
16. List the floor(s) of the building that the establishment is located on: 15t FLOOR : Mezzanine
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? Oyes O No VIA
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 of licensee own the building in which the establishment is located? OYes (If YES, SKIP 23-26) ONO
Owner of the Building in Which the Licensed Establishment is Located
22. Building Owner's Full Name: 130 RE, LUC
23. Building Owner's Street Address: 130 MADISON STREET
24. City, Town or Village: NEW YORK State: NY Zip Code: 1806 2
25. Business Telephone Number of Building Owner: (212) 966 - 9200 -
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: Frank W. Palillo
27. Representative/Attorney's Street Address: Sixty Broad Street, Suite 3504
28. City, Town or Village: New York State: New York Zip Code: 10004
29. Business Telephone Number of Representative/Attorney: (212) 227-1640
30. Business E-mail Address of Representative/Attorney: Fwpalillo@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: Jeremy Bolger Title: Member
Principal Signature: X