

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

1. Date Notice was Sent: 09/10/2020

1a. Delivered by: Overnight Mail with Tracking Number

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: Manhattan Community Board 3 (MNCB3)

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): 1313706, 1313707, 1313708 Expiration Date (if applicable): 09/30/2021

5. Applicant or Licensee Name: UKI Freedom LLC

6. Trade Name (if any): Brasserie Saint Marc

7. Street Address of Establishment: 136 2nd Avenue

8. City, Town or Village: New York, NY Zip Code: 10003

9. Business Telephone Number of Applicant/Licensee: (212) 548-3959

10. Business E-mail of Applicant/Licensee: management@brasseriesaintmarc.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: (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): Outdoor space usage

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

☒ Sidewalk Cafe ☐ Other (specify): _____

☐ Original☐ Amended

Date _____

16. List the floor(s) of the building that the establishment is located on: 1st Floor and Cellar
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:
- _____
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: Organization for the Defense of Four Freedoms for Ukraine
23. Building Owner's Street Address: 136 2nd Avenue
24. City, Town or Village: New York State: NY Zip Code: 10003
25. Business Telephone Number of Building Owner: (212) 505-0767

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: _____
27. Representative/Attorney's Street Address: _____
28. City, Town or Village: _____ State: _____ Zip Code: _____
29. Business Telephone Number of Representative/Attorney: _____
30. Business E-mail Address of Representative/Attorney: _____

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: Greg Lebedowicz Title: Managing Member

Principal Signature: 

9-10-2020

METHOD OF OPERATION CHANGE

To Whom It May Concern at the SLA,

We greatly appreciate all you have done to keep us afloat in these unusual times and circumstances. Our employees, management and families are very thankful for the privilege to continue to serve New York City.

Due to conditions outside of our control, specifically COVID-19 and/or issues related to the COVID-19 restrictions and shutdowns, we seek to be approved for permanent outdoor backyard space usage.

Thank you very much for your attentiveness to this notice.

Cheers,

Greg Lebedowicz
Managing Member

A handwritten signature in black ink, appearing to read 'Greg Lebedowicz', with a stylized, cursive script.

9-10-2020