

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



**State Liquor Authority**

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

(Page 1 of 2)

1. Date Notice Was Sent: \_\_\_\_\_ 1a. Delivered by: \_\_\_\_\_

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

For **New** applicants, answer each question below using all information known to date.

For **Renewal** applicants, set forth your approved Method of Operation only.

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.

**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

**Applicant/Licensee Information**

4. License Serial Number, if Applicable: \_\_\_\_\_ Expiration Date, if Applicable: \_\_\_\_\_

5. Applicant or Licensee Name: Yankee Pizza Restaurant Inc

6. Trade Name (if any): \_\_\_\_\_

7. Street Address of Establishment: 181 Avenue C

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

9. Business Telephone Number of Applicant/Licensee: 646-760-3334

10. Business Fax Number of Applicant/Licensee: 212-995 5930

11. Business E-mail of Applicant/Licensee: Josedcsr@yahoo.com

12. Type(s) of Alcohol sold or to be sold:  Beer & Cider  Wine, Beer & Cider  Liquor, Wine, Beer & Cider

13. 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

14. Type of Establishment: Pizzeria

15. 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): \_\_\_\_\_

16. 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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(Page 2 of 2)

17. List the floor(s) of the building that the establishment is located on: 1st floor.
18. List the room number(s) the establishment is located in within the building, if appropriate: 1 Room.
19. Is the premises located within 500 feet of three or more on-premises liquor establishments?  Yes  No N/A
20. Will the license holder or a manager be physically present within the establishment during all hours of operation?  Yes  No
21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee.  
\_\_\_\_\_
22. 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**

23. Building Owner's Full Name: 647 East 11 LLC. - David Jacobson
24. Building Owner's Street Address: 441 112th Street
25. City, Town or Village: New York State: NY Zip Code: 10009
26. Business Telephone Number of Building Owner: 212-505-2499

**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**

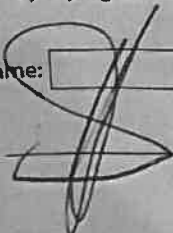
27. Representative/Attorney's Full Name: Nehal Trivedi
28. Street Address: 400 Jericho Tpke, Suite 318
29. City, Town or Village: Jericho State: NY Zip Code: 11753
30. Business Telephone Number of Representative/Attorney: 516 470 1379
31. Business Email Address: NealSLA@DLawNY.com

I am the applicant or hold the license or am 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.

32. Printed Name: Jose D. Collado Title: president

Signature: X



Print Form

# TRIVEDI LAW GROUP P.C.

ATTORNEYS AT LAW  
400 JERICO TURNPIKE, SUITE 318  
JERICO, NEW YORK 11753  
TELEPHONE #: 516-470-1379  
FACSIMILE #: 516-470-1382

NEHAL "NEAL" TRIVEDI

(NT@DTLAWNY.COM)

August 28, 2020

## Certified Mail/Return Receipt Requested

Manhattan Community Board 3  
59 East 4th Street,  
New York, NY 10003

Re: Yankee Pizza Restaurant Inc

Dear Sir/Madam:

We are the attorneys for Yankee Pizza Restaurant Inc operating a Pizzeria located at 181 Avenue C, New York, NY 10009.

Enclosed please find a New Application for a thirty (30) day notice to the Community Board for Yankee Pizza Restaurant Inc for on premises beer and wine license. Our client intends to make a new application to the New York State Liquor Authority to obtain a license for an on-premises consumption of liquor products.

With regard to said Application, if you have any questions or concerns, please contact the undersigned.

Very truly yours,

TRIVEDI LAW GROUP P.C.



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