

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: 10/29/2020 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: MANHATTAN COMMUNITY BOARD 3

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): 1314092 Expiration Date (if applicable): 06/30/2021

5. Applicant or Licensee Name: GERMAT OF NY INC

6. Trade Name (if any): PLADO

7. Street Address of Establishment: 192 E 2ND ST

8. City, Town or Village: NEW YORK, NY Zip Code: 10009

9. Business Telephone Number of Applicant/Licensee: (917) 602-0167

10. Business E-mail of Applicant/Licensee: _____

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)

<input type="checkbox"/> Seasonal Establishment	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Disc Jockey	<input checked="" type="checkbox"/> Recorded Music	<input type="checkbox"/> Karaoke
<input type="checkbox"/> Live Music (give details i.e., rock bands, acoustic, jazz, etc.): _____				
<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Employee Dancing	<input type="checkbox"/> Exotic Dancing	<input type="checkbox"/> Topless Entertainment	
<input type="checkbox"/> Video/Arcade Games	<input type="checkbox"/> Third Party Promoters	<input type="checkbox"/> Security Personnel		
<input type="checkbox"/> Other (specify): _____				

15. Licensed Outdoor Area: (check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Patio or Deck	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Garden/Grounds	<input type="checkbox"/> Freestanding Covered Structure
<input type="checkbox"/> Sidewalk Cafe <input type="checkbox"/> Other (specify): _____				

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16. List the floor(s) of the building that the establishment is located on: **CELLAR & 1ST FLOORS**
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: **190-192 EAST 2ND STREET LLC**
23. Building Owner's Street Address: **45 CUTTER MILL RD**
24. City, Town or Village: **GREAT NECK** State: **NY** Zip Code: **11021**
25. Business Telephone Number of Building Owner: **(516) 487-9515**

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: **MICHAEL KELLY**
27. Representative/Attorney's Street Address: **136 WAVERLY ROAD**
28. City, Town or Village: **SCARSDALE** State: **NY** Zip Code: **10583**
29. Business Telephone Number of Representative/Attorney: **(914) 740-3580**
30. Business E-mail Address of Representative/Attorney: **KELLYMLK136@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: **MICHAEL KELLY** Title: **AUTHORIZED REPRESENTATIVE**

Principal Signature: _____



Germat of NY Inc
d/b/a PLADO
192 E 2nd St
New York, NY 10009
Serial# 1314092

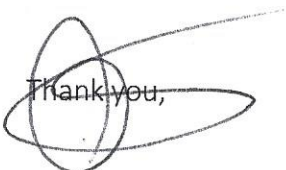
VIA EMAIL echan@cb.nyc.gov

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

To Whom It May Concern:

This letter is written to inform your that the above restaurant is applying to the NY State Liquor Authority to change their current Restaurant Wine license to a Full Liquor License.

If there are any questions or if any other information is needed, please contact me at the below number.



Thank you,

Michael Kelly
Representative
T: (914) 740-3580
E: kellymlk136@gmail.com