



OFFICE USE ONLY

Original     Amended    Date \_\_\_\_\_

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

1. Date Notice was Sent: October 29, 2020      1a. Delivered by: CM RCR

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
- Removing Marinos Tsiftsis, Abigail Sierros becomes sole managing member*

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: Community Board #3

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable): 1261297      Expiration Date (if applicable): 5/31/22

5. Applicant or Licensee Name: Plan A Group LLC

6. Trade Name (if any): Forget me not

7. Street Address of Establishment: 138 Division Street

8. City, Town or Village: New York, NY      Zip Code: 10002

9. Business Telephone Number of Applicant/Licensee: (646) 707-3195

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

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

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:  
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: Wen Chen Ko

23. Building Owner's Street Address: 138 Division St

24. City, Town or Village: New York State: NY Zip Code: 10002

25. Business Telephone Number of Building Owner: (646) 707-3195

**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 Palillo

27. Representative/Attorney's Street Address: 60 Broad Street, Suite 3504

28. City, Town or Village: New York State: NY 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: Abigail Sierros Title: Managing Member

Principal Signature: 