

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: December 2, 2020 1a. Delivered by: electronically				
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:				
O 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				
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): 1294752 Expiration Date (if applicable): 7/31/22				
5. Applicant or Licensee Name: Coffee men 5 LLC				
6. Trade Name (if any): Liftle Canal				
7. Street Address of Establishment: 26 Canel Street				
8. City, Town or Village: New York, NY Zip Code: 10002				
9. Business Telephone Number of Applicant/Licensee: (917) 472-7479				
10. Business E-mail of Applicant/Licensee: Coffeemens/2 & moil. Com				
11. Type(s) of alcohol sold or to be sold: O Beer & Cider O Wine, Beer & Cider O Wine, Beer & Cider				
12. Extent of Food Service:				
Full food menu; full kitchen run by a chef or cook O Menu meets legal minimum food availability requirements; food prep area at minimum				
13. Type of Establishment: Restaurant				
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): ONLY SEATING PERMITTED DURING COVID				

	OFFICI	USE ONLY Date	
List the floor(s) of the building tha	at the establishment is located on:	ground flow	or becoment
List the room number(s) the esta	blishment is located in within the build	ing, if appropriate:	
Is the premises located within 50	0 feet of three or more on-premises lic	uor establishments?	O No
Will the license holder or a mana	ger be physically present within the es	tablishment during all hours of op	peration? SYes O No
If this is a transfer application (an	existing licensed business is being pur	chased) provide the name and se	rial number of the licensee:
	Name		Serial Number
Does the applicant or licensee ow	vn the building in which the establishm	ent is located? Yes (if YES,	
	•		
	Owner of the Building in Which	the Licensed Establishment is	Located
Building Owner's Full Name:	26 C LLC		
Building Owner's Street Address:	1307 Presid	lend 5+	
	3 rouk (m	State:	Zip Code: 1/2 1-3
City, Town or Village:	2730 F		
Business Telephone Number of B	· · · · · · · · · · · · · · · · · · ·	04-2363 Inting the Applicant in Connected at the Establishment Ident	tion with the
Business Telephone Number of B Rej Applicati	presentative or Attorney Represeion for a License to Traffic in Alcoh	nting the Applicant in Connec	tion with the
Business Telephone Number of B Rep Application Representative/Attorney's Full Na	presentative or Attorney Represertion for a License to Traffic in Alcohame: Frank Palillo	nting the Applicant in Connection at the Establishment Ident	tion with the
Representative/Attorney's Street	presentative or Attorney Representation for a License to Traffic in Alcohome: Frank Palillo Address: 60 Broad Street, S	nting the Applicant in Connection at the Establishment Ident	tion with the
Representative/Attorney's Street City, Town or Village: New Y	presentative or Attorney Representation for a License to Traffic in Alcohome: Frank Palillo Address: 60 Broad Street, Stork	nting the Applicant in Connection at the Establishment Ident Suite 3504	tion with the ified in this Notice
Representative/Attorney's Full Na Representative/Attorney's Street City, Town or Village: New Y Business Telephone Number of R	presentative or Attorney Representative or Attorney Representation for a License to Traffic in Alcohome: Frank Palillo Address: 60 Broad Street, Str	State: NY	tion with the ified in this Notice
Representative/Attorney's Full Na Representative/Attorney's Street City, Town or Village: New Y Business Telephone Number of R	presentative or Attorney Representative or Attorney Representation for a License to Traffic in Alcohome: Frank Palillo Address: 60 Broad Street, Str	State: NY	tion with the ified in this Notice
Business Telephone Number of B Representative/Attorney's Full Na Representative/Attorney's Street City, Town or Village: New Y Business Telephone Number of R Business E-mail Address of Repre I am the applican Representations in t the Authority whe upon, and that fa	presentative or Attorney Representative or Attorney Representation for a License to Traffic in Alcohome: Frank Palillo Address: 60 Broad Street, Str	State: NY Of the legal entity that holds of presentations made in submit disapproval of the application of	r is applying for the license. ted documents relied upon by n this form will also be relied or revocation of the license.
Representative/Attorney's Full National Representative/Attorney's Street City, Town or Village: New Y Business Telephone Number of R Business E-mail Address of Repre I am the applicant Representations in the Authority whe upon, and that fa	presentative or Attorney Representation for a License to Traffic in Alcohome: Frank Palillo Address: 60 Broad Street, Stork epresentative/Attorney: (212) 2 sentative/Attorney: Fwpalillo@ at or licensee holder or a principal of this form are in conformity with rein granting the license. I understand se representations may result in design of the conformity with rein granting the license. I understand se representations may result in design of the conformity with rein granting the license. I understand se representations may result in design of the conformity with rein granting the license. I understand se representations may result in design of the conformity with rein granting the license.	State: NY 27-1640 gmail.com of the legal entity that holds or oresentations made in submit dithat representations made in sapproval of the application of y - that the representations made in submit disapproval of the application of the applications made in submit disapproval of the application of y - that the representations made in submit disapproval of the application of y - that the representations made in submit disapproval of the applications made in submit disapproval of the applic	r is applying for the license. ted documents relied upon by n this form will also be relied or revocation of the license.

May com State Elquer Authority

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

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1. Date Notice was Sent: Decem	ber 15, 2020 1a. Delivered by: electronically		
2. Select the type of Application that v	vill be filed with the Authority for an On-Premises Alcoholic Beverage License:		
O New Application O Renew	val Alteration Corporate Change Removal () Class Change Method of Operation Change		
For Renewal applicants, answe For Alteration applicants, attac For Corporate Change applican For Removal applicants, attach For Class Change applicants, at	ch question below using all information known to date r all questions h a complete written description and diagrams depicting the proposed alteration(s) ts, attach a list of the current and proposed corporate principals a statement of your current and proposed addresses with the reason(s) for the relocation AT 8 cm - 2 cm tach a statement detailing your current license type and your proposed license type ge applicants, although not required, if you choose to submit, attach an explanation detailing those changes		
Please include all d	ocuments as noted above. Failure to do so may result in disapproval of the application.		
This 30-Day Advance Notice is Be	ing Provided to the Clerk of the Following Local Municipality or Community Board:		
3. Name of Municipality or Communit	y Board: Community Boerd 3		
Applicant/Licensee Information:			
4. Licensee Serial Number (if applicab	le): 1294752 Expiration Date (if applicable): 7/31/22		
5. Applicant or Licensee Name:	Coffeenen's LLC		
6. Trade Name (if any):	Little Canal		
7. Street Address of Establishment:	26 Canel Street		
8. City, Town or Village:	w york , NY Zip Code: 10002		
9. Business Telephone Number of App	olicant/Licensee: (917) 472-7479		
10. Business E-mail of Applicant/Licer	see: Coffeemens/2 emoil. Com		
11. Type(s) of alcohol sold or to be so			
12. Extent of Food Service:			
Full food menu; full kitchen re	un by a chef or cook O Menu meets legal minimum food availability requirements; food prep area at minimum		
13. Type of Establishment:	Restaurant		
· · · · · · · · · · · · · · · · · · ·	onal Establishment		
(check all that apply)	Music (give details i.e., rock bands, acoustic, jazz, etc.):		
Patro	on Dancing Employee Dancing Exotic Dancing Topless Entertainment		
Vide	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel		
Othe	er (specify):		
15. Licensed Outdoor Area: Non (check all that apply)	e Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure		
	walk Cafe Other (specify): Only SEATING PERMITTED DURING COVID		
			

OFFICE USE ONLY Original Amended Date	
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16. List the floor(s) of the building that the establishment is located on:	csement
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? SYes O No	
19. Will the license holder or a manager be physically present within the establishment during all hours of operation?	⊘ Yes O No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial numbe	er of the licensee:
Name Serial N	Number
21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26	S) O No
Owner of the Building in Which the Licensed Establishment is Located	
22. Building Owner's Full Name: 26 C 44C	
23. Building Owner's Street Address: 1307 Pres iden of 54	
24. City, Town or Village: Srouk m	Zip Code: 1/2 13
25. Business Telephone Number of Building Owner: (718) 604-2363	
Representative or Attorney Representing the Applicant in Connection with	ı the
Application for a License to Traffic in Alcohol at the Establishment Identified in t	his 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 apply Representations in this form are in conformity with representations made in submitted doct the Authority when granting the license. I understand that representations made in this for upon, and that false representations may result in disapproval of the application or revoc By my signature, I affirm - under Penalty of Perjury - that the representations made in the second	uments relied upon by rm will also be relied ation of the license.
31. Printed Principal Name: Tereme Barnes Title: Mana	esing member
Principal Signature:	