

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

1. Date Notice was Sent: **February 18, 2021**    1a. Delivered by: **Email pursuant to NYSLA Covid-19 notice guidelines**

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): **TBD**    Expiration Date (if applicable): **TBD**

5. Applicant or Licensee Name: **Lao Austin LLC**

6. Trade Name (if any): **TBD**

7. Street Address of Establishment: **503 - 505 East 12th Street**

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

9. Business Telephone Number of Applicant/Licensee: **Business: Pending - Principal: 917 679-2415**

10. Business E-mail of Applicant/Licensee: **Business: Pending - Principal: nkbradley@gmail.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)	<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
	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		
	Other (specify):				

15. Licensed Outdoor Area: (check all that apply)	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Patio or Deck Rear Yard	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Garden/Grounds	<input type="checkbox"/> Freestanding Covered Structure
	<input type="checkbox"/> Sidewalk Cafe		Other (specify):		

- 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: **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: **N/A**

Name	Serial Number
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- 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: **Avenue A Corner Owner LLC**
  
- 23. Building Owner's Street Address: **c/o Dalan Management Associates Inc: 134 West 25th Street**
  
- 24. City, Town or Village: **New York**    State: **NY**    Zip Code: **10001**
  
- 25. Business Telephone Number of Building Owner: **212 929-0510**

**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: **Thomas J McCallen, Esq - Carreras & McCallen PLLC**
  
- 27. Representative/Attorney's Street Address: **11 Park Place, Suite 1210**
  
- 28. City, Town or Village: **New York**    State: **NY**    Zip Code: **10007**
  
- 29. Business Telephone Number of Representative/Attorney: **212 732-3640**
  
- 30. Business E-mail Address of Representative/Attorney: **sla@carrerasmccallen.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: **Nick Bradley**    Title: **LLC Member**

**Principal Signature:** \_\_\_\_\_