

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: 12/4/20 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)
 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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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

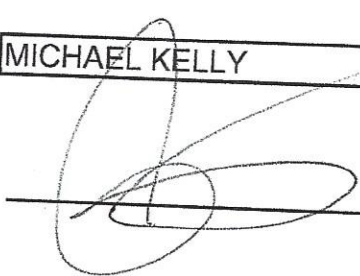
26. Representative/Attorney's Full Name: **MICHAEL KELLY**
27. Representative/Attorney's Street Address: **136 WAVERLY ROAD**
28. City, Town or Village: **SCARSDALE** State: **NY** Zip Code: **10583**
29. Business Telephone Number of Representative/Attorney: **(914) 740-3580**
30. Business E-mail Address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



Section C

Identification of Individuals

Part 1. List below the names of all LLC members/managers, officers, directors and individual stockholders, that are currently licensed to hold an interest in the subject license, *attach additional sheets if necessary.* (Current Approved Corporate Set-Up)

Name	Current Title(s)	Current % of Interest	Current Number of Shares
JOSEPH M JORGE	PRESIDENT		70
GERMAN RIZZO	VICE PRESIDENT		130

Part 2. List below the names of all LLC members/managers, officers, directors and individual stockholders, who will have an interest in the subject license upon approval of this corporate change, *attach additional sheets if necessary.* (Proposed Corporate Set-Up)

Name	Proposed Title(s)	Proposed % of Interest	Proposed # of Shares	Check if New
GERMAN RIZZO	PRESIDENT		200	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

All parties listed in Part 2 and are NEW to the corporation/LLC must complete a Personal Questionnaire as well as submit an original color photo, photo ID and proof of citizenship for themselves. The forms are available for download on our web site at: www.sla.ny.gov

ALL APPLICANT PRINCIPALS WILL BE REQUIRED TO BE FINGERPRINTED ELECTRONICALLY

NOTE: Persons CURRENTLY licensed by the State Liquor Authority do not have to be fingerprinted.

Each applicant principal that is required to be fingerprinted will be instructed to do so on the application Filing Receipt once the application is received by the Authority.

Each applicant principal required to be fingerprinted must follow the fingerprinting instructions which are available on the Filing Receipt or on our website, www.sla.ny.gov.

Each new principal is bound by the Method of Operation previously approved by the NYS Liquor Authority.

Note: For any of the above, if financing is involved, please supply copies of contracts, agreements or any other legal document and financial statements showing the availability of the funds.