

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

1. Date Notice was Sent: 3/16/21

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): 1323983      Expiration Date (if applicable): 06/30/2022

5. Applicant or Licensee Name: 254 BROOME LLC

6. Trade Name (if any): BROOME STREET BAKERY

7. Street Address of Establishment: 254 BROOME STREET

8. City, Town or Village: NEW YORK, NY      Zip Code: 10002

9. Business Telephone Number of Applicant/Licensee: (212) 772-2011

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: Bar/Tavern

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):

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

16. List the floor(s) of the building that the establishment is located on: **BASEMENT & 1ST 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: **DDCM BROOME REALTY LLC & SMGB BROOME LLC**

23. Building Owner's Street Address: **185 GREAT NECK RD, SUITE# 250**

24. City, Town or Village: **GREAT NECK** State: **NY** Zip Code: **11021**

25. Business Telephone Number of Building Owner: **(516) 393-5826**

**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: 

254 Broome LLC  
d/b/a Broome Street Bakery  
254 Broome Street  
New York, NY 10002  
Serial# 1323983

3/16/21

Community Board 3  
59 East 4<sup>th</sup> Street  
New York, NY 10003

To Whom It May Concern:

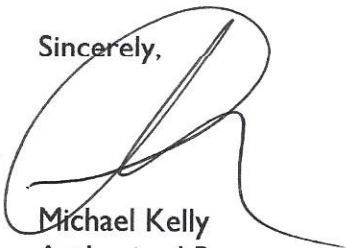
Enclosed please find a 30-day notification that the above referenced licensee will be applying to the SLA for a method of operation change. The following changes are going to be requested:

1. Change from a bakery/cafe to a wine bar.
2. Change to closing hours as follows:

<b>Current Operating Hours:</b>	11AM-12AM, 7 days a week
<b>Proposed Operating Hours:</b>	11AM-2AM, 7 days a week

If you have any questions, please contact me.

Sincerely,



Michael Kelly  
Authorized Representative  
Tel: (914) 740-3580  
Email: [kellymlk136@gmail.com](mailto:kellymlk136@gmail.com)