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	HEWYORK	State Liquor Authority
		A CONTRACTOR SERVICES

OFFICE USE ONLY					
Original	Amended	Date			

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

1. Date Notice was Sent: March 31, 2021 1a. Delivered by: CERTIFIED MAIL						
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:						
⊗ New Application						
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						
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): N/A Expiration Date (if applicable): N/A						
5. Applicant or Licensee Name: ENTITY TO BE FORMED BY JORGE ARIAS						
6. Trade Name (if any): PENDING						
7. Street Address of Establishment: 45 FIRST AVENUE						
8. City, Town or Village: NEW YORK, NY 10003 , NY Zip Code: 10003						
9. Business Telephone Number of Applicant/Licensee: PENDING						
10. Business E-mail of Applicant/Licensee: jake.trissler@helbraunlevey.com.						
11. Type(s) of alcohol sold or to be sold: O Beer & Cider O Liquor, Wine, Beer & Cider						
12. Extent of Food Service:						
O 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: WINE BAR WITH FOOD						
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.): N/A						
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment						
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel						
Other (specify): N/A						
15. Licensed Outdoor Area:						
☐ Sidewalk Cafe ☐ Other (specify):						

opla-rev03292018	OFFICE Original Amended	USE ONLY Date			
	O original O America		4		
16. List the floor(s) of the building that	t the establishment is located on: G	ROUND FLOOR			
17. List the room number(s) the estab	lishment is located in within the buildi	ng, if appropriate: N/A			
18. Is the premises located within 500	feet of three or more on-premises liq	uor establishments? 🛇 Yes 🔘 No)		
19. Will the license holder or a manage	er be physically present within the est	ablishment during all hours of operation?	⊗Yes O No		
20. If this is a transfer application (an e	existing licensed business is being pure	hased) provide the name and serial numbe	r of the licensee:		
N/A		N/A	and the state of t		
•	Name	Serial N	lumber		
21. Does the applicant or licensee own	n the building in which the establishme	ent is located? Yes (if YES, SKIP 23-26) ⊗ No		
	Owner of the Building in Which t	he Licensed Establishment is Located			
22. Building Owner's Full Name: JA	NET GIAIMO VITALE PRESIDI	ENT, EGA ASSOCIATES, INC. FIRST	Γ AVE, VILLAGE CORP		
23. Building Owner's Street Address:	1057 FIRST AVENUE				
24. City, Town or Village: NEW YO	RK	State: NY	Zip Code: 10022		
25. Business Telephone Number of Bu	ilding Owner: (212) 753-6666				
		ting the Applicant in Connection with			
Applicatio	on for a License to Traffic in Alcoho	ol at the Establishment Identified in th	is Notice		
26. Representative/Attorney's Full Nar	me: JOSEPH LEVEY C/O HELI	BRAUN & LEVEY LLP			
27. Representative/Attorney's Street A	Address: 110 WILLIAM STREE	Γ, SUITE 1410			
28. City, Town or Village: NEW YO	RK	State: NY	Zip Code: 10038		
29. Business Telephone Number of Rep	presentative/Attorney: 212-219-1	193			
30. Business E-mail Address of Representative/Attorney: c/o jake.trissler@helbraunlevey.com.					
Representations in th the Authority when upon, and that fals	is form are in conformity with rep granting the license. I understand e representations may result in dis	the legal entity that holds or is applying resentations made in submitted documenthat representations made in this form sapproval of the application or revocations that the representations made in this	nents relied upon by n will also be relied ion of the license.		
31. Printed Principal Name: JOSE	PH LEVEY	Title: ATTORNEY			
×	W/-				

Principal Signature: _____

HELBRAUN | LEVEY

March 31, 2021

Susan Stetzer Manhattan Community Board 3 59 East 4th Street, New York, NY 10003

RE: ENTITY TO BE FORMED BY JORGE ARIAS
45 FIRST AVENUE
NEW YORK, NY 10003

Dear Susan Stetzer

I am writing to you on behalf of my client in the subject of this letter. These applicants will be occupying space at the above address where they intend to operate a wine bar.

Our client's intention is to apply to the New York State Liquor Authority for a/an beer and wine license.

As you are aware, part of the licensing process requires that the Local Municipality or Community Board be notified to be given an opportunity to comment on the application. Please consider this letter notification of our intent to apply to the New York State Liquor Authority for the above referenced license.

Please forward any meeting notification information and/or documentation requirements to Jake Trissler in our Licensing Department, at the address indicated in my letterhead below, or to jake.trissler@helbraunlevey.com.

Sincerely,

bseph R. Levey