_		USE ONLY	
Original	Amended	Date	

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

1. Date Notice was Sent:	May 5, 2021 la. Delivered by: Electronically				
2. Select the type of Applica	tion 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 the search					
riease ilic	ude all documents as noted above. Failure to do so may result in disapproval of the analysis of				
This 30-Day Advance No	tice is Being Provided to the Clerk of the Following Local Municipality or Community Board:				
3. Name of Municipality or 0	Community Board #3				
Applicant/Licensee Information:					
4. Licensee Serial Number (i	f applicable): Expiration Date (if applicable):				
5. Applicant or Licensee Nan	ne: Cara to 1. Caral 1 11				
6. Trade Name (if any): De York					
7. Street Address of Establish					
8. City, Town or Village:	Aleca Such and Tin Code				
9. Business Telephone Numb	7000 g				
10. Business E-mail of Applic	ant/Licensee:				
11. Type(s) of alcohol sold or	to be sold: O name of the com				
12. Extent of Food Service:	to be sold:				
	itchen run by a chef or cook Menu meets legal minimum food availability requirements; food prep area at minimum				
13. Type of Establishment:					
L _	laren				
L4. Method of Operation: (check all that apply)	Seasonal Establishment				
(and an anat appsy)	Live Music (give details i.e., rock bands, acoustic, jazz, etc.):				
	Patron Dancing				
	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel				
1	Other (specify):				
-					
5. Licensed Outdoor Area: (check all that apply)	None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure				
1	Sidewalk Cafe Other (specify): TEMPORARY COVID SPACE				

49

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			7.			
16. List the floor(s) of the building tha	at the establishment is located on:	fround floor : besem	ent			
17. List the room number(s) the estab	blishment is located in within the building	/				
18. Is the premises located within 500	0 feet of three or more on-premises liquo	r establishments? OYES O No				
19. Will the license holder or a manag	ger be physically present within the estab	lishment during all hours of operation?	OYes O No			
20. If this is a transfer application (an	existing licensed business is being purcha	ased) provide the name and serial number o	of the licensee:			
	Name	Control No.				
21. Does the applicant or licensee ow	n the building in which the establishmen	Serial Nur t 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:	186 Are BNY	LIC				
23. Building Owner's Street Address:	186 Arenve B					
24. City, Town or Village:	NYC	State:	Zip Code: 1000			
25. Business Telephone Number of Bu	ullding Owner: /2:2) 9	12-3600	70004			
·		2,360				
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 Na	^{me:} Frank Palillo					
27. Representative/Attorney's Street /						
27. Representative/Attorney's Street	Address: 60 Broad Street, Sui	te 3504				
28. City, Town or Village: New Yo		te 3504 State: NY	Zip Code: 10004			
	ork	State: NY	Zip Code: 10004			
28. City, Town or Village: New Yo	ork epresentative/Attorney: (212) 227	State: NY -1640	Zip Code: 10004			
28. City, Town or Village: New Yo	ork epresentative/Attorney: (212) 227	State: NY -1640	Zip Code: 10004			
28. City, Town or Village: New Yo 29. Business Telephone Number of Re 30. Business E-mail Address of Repress I am the applicant Representations in the Authority when	epresentative/Attorney: (212) 227 sentative/Attorney: Fwpalillo@gr t or licensee holder or a principal of this form are in conformity with representations of the presentation of the pr	State: NY -1640	for the license. nts relied upon by vill also be relied			
28. City, Town or Village: New Yo 29. Business Telephone Number of Re 30. Business E-mail Address of Repress I am the applicant Representations in the Authority when upon, and that false	epresentative/Attorney: (212) 227 tentative/Attorney: Fwpalillo@gr t or licensee holder or a principal of this form are in conformity with representations may result in disa	State: NY -1640 nail.com he legal entity that holds or is applying sentations made in submitted docume hat representations made in this form we	for the license. nts relied upon by vill also be relied n of the license.			
28. City, Town or Village: New Yo 29. Business Telephone Number of Re 30. Business E-mail Address of Repress I am the applicant Representations in the Authority when upon, and that false	epresentative/Attorney: (212) 227 tentative/Attorney: Fwpalillo@gr t or licensee holder or a principal of this form are in conformity with representations may result in disa	State: NY -1640 nail.com he legal entity that holds or is applying sentations made in submitted docume nat representations made in this form was peroval of the application or revocation that the representations made in this form the sequence of the application of the application of the sequence of	for the license, nts relied upon by vill also be relied n of the license.			
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