

OFFICE USE ONLY
Original Amended Date

16

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

1. Date Notice was Sent: August 5, 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:
[X] 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

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): -- Expiration Date (if applicable): --

5. Applicant or Licensee Name: RUFFIAN VENTURES LLC

6. Trade Name (if any): PENDING

7. Street Address of Establishment: 125 E 7TH STREET SOUTH STOREFRONT

8. City, Town or Village: NEW YORK, NEW YORK 10009, NY Zip Code: 10009

9. Business Telephone Number of Applicant/Licensee: PENDING

10. Business E-mail of Applicant/Licensee: heather@helbraunlevey.com

11. Type(s) of alcohol sold or to be sold: [] Beer & Cider [X] Wine, Beer & Cider [] Liquor, Wine, Beer & Cider

12. Extent of Food Service:
[X] 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

14. Method of Operation: (check all that apply)
[] Seasonal Establishment [] Juke Box [] Disc Jockey [X] Recorded Music [] Karaoke
[] 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: (check all that apply)
[] None [] Patio or Deck [] Rooftop [] Garden/Grounds [] Freestanding Covered Structure
[X] Sidewalk Cafe [] Other (specify): DOT OPEN RESTAURANTS SEATING

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

16

16. List the floor(s) of the building that the establishment is located on: **GROUND FLOOR ONLY**
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 **(N/A)** 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: **ERIC S MARGULES THOMPkins SQUARE PARTNERS**
23. Building Owner's Street Address: **381 PARK AVENUE SOUTH STE 1420**
24. City, Town or Village: **NEW YORK** State: **NEW YORK** Zip Code: **10016**
25. Business Telephone Number of Building Owner: **(212) 684-7079 EXT. 19**

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: **JOSEPH LEVEY C/O HELBRAUN & LEVEY LLP**
27. Representative/Attorney's Street Address: **110 WILLIAM STREET, SUITE 1410**
28. City, Town or Village: **NEW YORK** State: **NY** Zip Code: **10038**
29. Business Telephone Number of Representative/Attorney: **212-219-1193**
30. Business E-mail Address of Representative/Attorney: **c/o heather@helbraunlevey.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: **JOSEPH LEVEY** Title: **ATTORNEY**

Principal Signature: 