

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

State of New York  
 Executive Department  
 Division of Alcoholic Beverage Control  
 State Liquor Authority

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

(Page 1 of 2 of Form)

1. Date Notice was Sent: (mm/dd/yyyy) 09/17/2021

E-MAIL / CMRR

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

**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 CB3

**Applicant/Licensee Information**

4. License Serial Number, if not New Application:        Expiration Date, if not New Application:  

5. Applicant or Licensee Name: Corp to be formed By Brendan McElroy

6. Trade Name (if any): TBD

7. Street Address of Establishment: 125 Rivington St

8. City, Town or Village: New York , **NY**      Zip Code: 10009

9. Business Telephone Number of Applicant/Licensee: 9175440198

10. Business Fax Number of Applicant/Licensee:  

11. Business E-mail of Applicant/Licensee: Bpamac@gmail.com

**For New applicants, provide description below using all information known to date.  
 For Alteration applicants, attach complete description and diagram of proposed alteration(s).  
 For Current Licensees, set forth approved Method of Operation only.  
 Do Not Use This Form to Change Your Method of Operation.**

12. Type(s) of Alcohol sold or to be sold: ("X" One)    Beer Only    Wine & Beer Only    Liquor, Wine & Beer

13. Extent of Food Service: ("X" One)    Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)    Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all that apply)

<input checked="" type="checkbox"/> Recorded Music	<input checked="" type="checkbox"/> Live Music	<input checked="" type="checkbox"/> Disc Jockey	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Karaoke Bar	<input checked="" type="checkbox"/> Stage Shows
<input type="checkbox"/> Patron Dancing (small scale)	<input type="checkbox"/> Cabaret, Night Club (Large Scale Dance Club)	<input type="checkbox"/> Catering Facility			
<input type="checkbox"/> Capacity of 600 or more patrons	<input type="checkbox"/> Topless Entertainment	<input checked="" type="checkbox"/> Restaurant	<input type="checkbox"/> Hotel		
<input type="checkbox"/> Recreational Facility (Sports Facility/Vessel)	<input type="checkbox"/> Club (e.g. Golf Club/Fraternal Org.)	<input type="checkbox"/> Bed & Breakfast			
<input type="checkbox"/> Seasonal Establishment					

Rec'd By Community Board 3, Man  
 SEP 20 2021

15. Licensed Outdoor Area: ("X" all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Patio or Deck	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Garden/Grounds	<input type="checkbox"/> Freestanding Covered Structure
<input type="checkbox"/> Sidewalk Cafe	<input type="checkbox"/> Other (specify):			

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(Page 2 of 2 of Form)

16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located with 500 feet of three or more on-premises liquor establishments?  Yes  No

19. Will the license holder or a manger be physically present within the establishment during all hours of operation?  Yes  No

20. Does the applicant or licensee own the building in which the establishment is located? ("X" One)  Yes (If Yes SKIP 21-24)  No

**Owner of the Building in Which the Licensed Establishment is Located**

21. Building Owner's Full Name:

22. Building Owner's Street Address:

23. City, Town or Village:  State:  Zip Code:

**Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the  
 Establishment Identified in this Notice**

25. Attorney's Full Name:

26. Attorney's Street Address:

27. City, Town or Village:  State:  Zip Code:

28. Business Telephone Number of Attorney:

29. Business Email Address of Attorney:

I am the applicant or hold the license or am 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.

30. Printed Name:  Title

Signature: X \_\_\_\_\_