

OFFICE USE ONLY

Original Amended Date _____

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

1 Date Notice was Sent: 9/18/21 1a. Delivered by: Email & Certified Mail / Return Receipt Requested

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: Community Board # 3

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): 1336151 Expiration Date (if applicable): Pending

5. Applicant or Licensee Name: Orchard Flavor Partners

6. Trade Name (if any): Mother Duck

7. Street Address of Establishment: 167 Orchard Street

8. City, Town or Village: New York, NY Zip Code: 10002

9. Business Telephone Number of Applicant/Licensee: 917-664-6873

10. Business E-mail of Applicant/Licensee: jonathanmorrison@aol.com

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: Japanese / Asian Fusion Restaurant

- 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): _____

Rec'd By Community Board #3, Man

SEP 22 2021

Original Amended Date _____

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

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: 167 Orchard Prime LLC

23. Building Owner's Street Address: 167 Orchard Street

24. City, Town or Village: New York State: NY Zip Code: 10002

25. Business Telephone Number of Building Owner: 212-234-3355

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: Terrence R. Flynn, Jr

27. Representative/Attorney's Street Address: 444 Beach 129th Street, 2nd Floor

28. City, Town or Village: Belle Harbor State: New York Zip Code: 11694

29. Business Telephone Number of Representative/Attorney: (718) 945-1000

30. Business E-mail Address of Representative/Attorney: trflynnjr@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: Jonathan Marr Title: Owner

Principal Signature: _____

Flynn & Flynn, P.L.L.C.

ATTORNEYS AT LAW

TERRENCE R. FLYNN, JR.

MARY P. FLYNN

444 Beach 129th Street, 2nd Floor
Belle Harbor, New York 11694
Tel: 718-945-1000
Fax: 718-318-6162

September 20, 2021

CERTIFIED MAIL
NO. 7020 1810 0000 2338 6593
RETURN RECEIPT REQUESTED

Susan Stetzer, District Manager
Community Board No. 3
59 East 4th Street
New York, NY 10003

Re: Orchard Flavor Partners – Method of Operation Change

Dear Ms. Stetzer:

Please be advised that I am the attorney for Orchard Flavor Partners that is applying for a Method of Operation Change for new closing hours for the premises located at 167 Orchard Street, New York, NY 10002. The new closing hours would be for Sunday through Wednesday until 2:00am, Thursday, Friday, Saturday until 3am. This notification is given pursuant to Section 64 Subdivision 2A of the Alcoholic Beverage Control Law.

If you have any questions, please do not hesitate to call my office. Thank you for your cooperation in this matter.

Very truly yours,



Terrence R. Flynn, Jr.

TRFJ/ph
Enc.