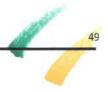


OFFICE USE ONLY					
Original	Amended	Date			



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

1. Date Notice was Sent: September 13, 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	n 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	H				
Applicant/Licensee Information:					
4. Licensee Serial Number (if applicable): PENDING Expiration Date (if applicable): PENDING					
5. Applicant or Licensee Name: GALA DINNERS LLC					
6. Trade Name (if any): PENDING					
7. Street Address of Establishment: 85 ORCHARD STREET					
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:	3,				
12. Extent of Food Service:					
S Full food menu; full kitchen run by a chef or cook Menu meets legal minimum food availability requirements; food prep are	at minimum				
13. Type of Establishment: 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.): N/A					
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment					
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel					
Other (specify): N/A	Other (specify): N/A				
15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structions (check all that apply)	ire				
☐ Sidewalk Cafe ☐ Other (specify): N/A					

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16. List the floor(s) of the building that the establi	ishment is located on: CPOI	ND EI	OOR ONLY	4		
	CALOR					
17. List the room number(s) the establishment is l	located in within the building, if	approp	riate: (N/A)			
18. Is the premises located within 500 feet of three	ee or more on-premises liquor e	stablish	ments? 🛇 Yes 🔘 No			
19. Will the license holder or a manager be physic	cally present within the establish	nment d	uring all hours of operation?	⊗ Yes		
20. If this is a transfer application (an existing lice	nsed business is being purchase	d) provi	de the name and serial number	of the licensee:		
SAIGONNYC LTD		125	5341			
Name			Serial Nu	mber		
21. Does the applicant or licensee own the building	ng in which the establishment is	located	? Yes (if YES, SKIP 23-26)	⊗ No		
Owner of	the Building in Which the Li	censed	Establishment is Located			
22. Building Owner's Full Name: 259 BROOM	IE LLC C/O HUGH KIRTLI	ΞΥ				
23. Building Owner's Street Address: 259 BR(OOME STREET					
	JOME STREET	,				
24. City, Town or Village: NEW YORK		State:	NY	Zip Code: 10002		
25. Business Telephone Number of Building Owner	er: C: 1 (914) 490-2111 O:	1 (914)	472-9120			
Application for a Lic	e or Attorney Representing ense to Traffic in Alcohol at EPH LEVEY C/O HELBRA	the Est	ablishment Identified in this			
27. Representative/Attorney's Street Address:	40 FULTON FLOOR 28					
<u>-</u>		1	NTV.	1		
28. City, Town or Village: NEW YORK		State:	IN I	Zip Code: 10038		
29. Business Telephone Number of Representative	e/Attorney: 212-219-1193					
30. Business E-mail Address of Representative/Attorney: c/o heather@helbraunlevey.com.						
I am the applicant or licensee Representations in this form are the Authority when granting the Authority when granting the upon, and that false represensing by my signature, I affirm - upon a signature of the principal Name: 31. Printed Principal Name: JOSEPH LEVE	e in conformity with represe he license. I understand that ntations may result in disapp ander Penalty of Perjury - tha	ntations represe roval of	s made in submitted docume entations made in this form v the application or revocatio	ents relied upon by will also be relied n of the license.		
Principal Signature:						