

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

1. Date Notice was Sent: 10/13/2021 1a. Delivered by: U.S.P.S. Priority Mail

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: Manhattan Community Board 3

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable): 1156178 Expiration Date (if applicable): 09/30/2023

5. Applicant or Licensee Name: Orchid Street Enterprises LLC

6. Trade Name (if any): The Skinny Bar Lounge

7. Street Address of Establishment: 174 Orchard Street

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

9. Business Telephone Number of Applicant/Licensee: 212-228-3668

10. Business E-mail of Applicant/Licensee: james.carrano@gmail.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: Restaurant, Bar and Lounge

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):

**Rec'd By Community Board 3, Ma**

**OCT 14 2021**

15. Licensed Outdoor Area: (check all that apply)

None Patio or Deck Rooftop Garden/Grounds  Freestanding Covered Structure

Sidewalk Cafe  Other (specify): street seating

16. List the floor(s) of the building that the establishment is located on: **Ground Floor**
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   | Serial Number   |
|--|---|
| 21. Does the applicant or licensee own the building in which the establishment is located? | Yes (if YES, SKIP 23-26) <input checked="" type="checkbox"/> No |

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

22. Building Owner's Full Name: **DSL Realty Group Inc.**
23. Building Owner's Street Address: **40 West 39th Street, Suite #1**
24. City, Town or Village: **New York**    State: **New York**    Zip Code: **10018**
25. Business Telephone Number of Building Owner: **2212-435-9000**

**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: **Thomas J. McCallen, Esq. - Carreras & McCallen PLLC**
27. Representative/Attorney's Street Address: **11 Park Place, Suite 1210**
28. City, Town or Village: **New York**    State: **New York**    Zip Code: **10019**
29. Business Telephone Number of Representative/Attorney: **212-732-3640**
30. Business E-mail Address of Representative/Attorney: **sla@carrerasmccallen.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: **James E. Carrano**    Title: **Member/Manager**

Principal Signature: \_\_\_\_\_



LAW OFFICES  
**CARRERAS & McCALLEN PLLC**

**CHARLES J. CARRERAS**  
Deceased – 2012

11 PARK PLACE – SUITE 1210  
NEW YORK, NY 10007-2801  
Tel. 212-732-3640  
Fax 212-732-3670  
E-mail: [sla@carrerasmccallen.com](mailto:sla@carrerasmccallen.com)

**THOMAS J. McCALLEN**

October 13, 2021

**Priority Mail**

Community Board 3 - Manhattan  
59 East 4<sup>th</sup> Street  
New York, NY 10003-8963

Re: **Orchid Street Enterprises LLC**  
**d/b/a The Skinny Bar and Lounge**  
**174 Orchard Street**  
**New York, NY 10002**

Dear Sir/Madam:

This is to advise you that my client will be filing an application with the New York State Liquor Authority for an application for permission to make alterations to the above premises. The licensee intends to convert its existing service bar into an additional bar adding it to its currently active on-premises liquor license of its restaurant, bar and lounge at the above location.

I am enclosing the required standardized license application notice form.

Very truly yours,

  
Thomas J. McCallen

TJMcC:mr  
Enclosure