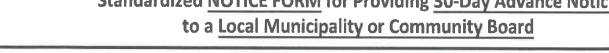
| | OFFICE | USE ONLY | |
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| Original | ○ Amended | Date | |

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;

State Liquor

Renewal XAlteration

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

10002 Zip Code:

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

XLiquor, 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

XJuke Box

XDisc Jockey

XRecorded 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

Other (specify):

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

None

Patio or Deck

Rooftop

Garden/Grounds

★Freestanding Covered Structure

Sidewalk Cafe

XOther (specify):

street seating

The state of the state of the state of

| OFFICE USE ONLY | | | | | |
|-----------------|-----------------------------|------|--|--|--|
| Original | Amended | Date | | | |

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?

X Yes

No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation?

XYes

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)

∠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 THOMAS J. McCALLEN

E-mail: sla@carrerasmccallen.com

October 13, 2021

Priority Mail

Community Board 3 - Manhattan 59 East 4th 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:mrv Enclosure