

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

1. Date Notice was Sent: 11/23/2021 1a. Delivered by: Overnight Mail with Tracking Number

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 No. 3

Applicant/Licensee Information:

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

5. Applicant or Licensee Name: Civic Hall Labs, Inc.

6. Trade Name (if any): TBD

7. Street Address of Establishment: 124 East 14th Street

8. City, Town or Village: New York, NY Zip Code: 10003

9. Business Telephone Number of Applicant/Licensee: (212) 727-4219

10. Business E-mail of Applicant/Licensee: KBrezenoff@fedcap.org

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: Catering Facility (private events only)

14. Method of Operation: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
Live Music (give details i.e., rock bands, acoustic, jazz, etc.): Varies per event
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment
Video/Arcade Games Third Party Promoters Security Personnel
Other (specify): Conference Center

15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
Sidewalk Cafe Other (specify):

Rec'd By Community Board
NOV 24 2021

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

16. List the floor(s) of the building that the establishment is located on: **First Floor, Second Floor and Third Floor**

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: **14th at Irving LLC (c/o Property Management Affiliates LLC)**

23. Building Owner's Street Address: **55 Broadway, 25th Floor**

24. City, Town or Village: **New York** State: **NY** Zip Code: **10006**

25. Business Telephone Number of Building Owner: **(212) 748-8900**

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: **Max Bookman, Esq. - Pesetsky and Bookman, P.C.**

27. Representative/Attorney's Street Address: **325 Broadway - Suite 501**

28. City, Town or Village: **New York** State: **NY** Zip Code: **10007**

29. Business Telephone Number of Representative/Attorney: **(212) 513-1988**

30. Business E-mail Address of Representative/Attorney: **max@pb.law; sorraya@pb.law**

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: **Kenneth Brezenoff** Title: **General Counsel**

Principal Signature: 



Pesetsky & Bookman, PC

Attorneys at Law

325 Broadway, Suite 501

New York, NY 10007

(212) 513-1988 | www.PB.law

Max Bookman | Partner | max@pb.law

November 23, 2021

Via FedEx/RRR

Manhattan Community Board No. 3

59 East 4th Street

New York, NY 10003

Re: **Civic Hall Labs, Inc.**
d/b/a TBD
124 East 14th Street
New York, NY 10003

Dear Sir/Madam:

Please allow this correspondence and enclosure to serve as notification of the above-referenced licensee's intent to apply to the State Liquor Authority for an on-premises liquor license at the above referenced premises.

Thank you for your attention to this matter. Please do not hesitate to contact the undersigned should you have any questions.

Very truly yours,

PESETSKY & BOOKMAN, P.C.

A handwritten signature in black ink, appearing to read 'Max Bookman', written over a horizontal line.

By: Max Bookman, Esq.