

Original Amended Date _____



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

1. Date Notice was Sent: 12-17-2021 1a. Delivered by: US POSTAL SERVICE

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): _____ Expiration Date (if applicable): _____

5. Applicant or Licensee Name: THE CLOISTER EAST INC

6. Trade Name (if any): CLOISTER CAFE

7. Street Address of Establishment: 238 EAST 9TH STREET

8. City, Town or Village: NEW YORK, NY Zip Code: 10003

9. Business Telephone Number of Applicant/Licensee: 212 777-9128

10. Business E-mail of Applicant/Licensee: _____

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

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.): ACOUSTIC, JAZZ, PIANO

Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment

Video/Arcade Games Third Party Promoters Security Personnel

Other (specify): RESTAURANT, CAFE

15. Licensed Outdoor Area: (check all that apply) None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure

Sidewalk Cafe Other (specify): STREET

Rec'd By Community Board 3, man

DEC 20 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: 1ST FLOOR, COURTYARD, CELLAR
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 N/A 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: DROBENKO BROTHERS REALTY INC
23. Building Owner's Street Address: 238 EAST 9TH STREET
24. City, Town or Village: NEW YORK State: NY. Zip Code: 10003
25. Business Telephone Number of Building Owner: 212 505-7557

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: WALTER DROBENKO
27. Representative/Attorney's Street Address: 25-84 STAINWAY
28. City, Town or Village: ASTORIA State: N.Y. Zip Code: 11103
29. Business Telephone Number of Representative/Attorney: 718 721-2000
30. Business E-mail Address of Representative/Attorney: WDROBENKO@CS.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: NICHOLAS DROBENKO Title: SECRETARY-PRESIDENT

Principal Signature: 