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- I	Authority

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) Original	Amended	Date		

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

Notice to a Local Maintipanty of Community Board
1. Date Notice Sent: JANUARY 12, 2022 1a. Delivered by: Certified Mail Return Receipt Requested
 Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License: For premises outside the City of New York:
New Application Removal Class Change
For premises in the City of New York:
New Application
Class Change
For New and Temporary Retail Permit 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): Expiration Date (if applicable):
5. Applicant or Licensee Name: COBART INC
6. Trade Name (if any): MILK BURGER
7. Street Address of Establishment: 321 EAST HOUSTON STREET
8. City, Town or Village: NEW YORK , NY Zip Code: 10002
9. Business Telephone Number of applicant/ Licensee: 646-335-6612
10. Business E-mail of Applicant/Licensee: erik@milkburger.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: O Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area require
13. Type of Establishment: Restaurant (full kitchen and full menu required)
Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke 14. Method of Operation:
(check all that apply)
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
☐ Other (specify): 7707 8 1 N♥
15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (check all that apply) Sidewalk Cafe Other (specify):

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16. List the floor(s) of the building that	the establishment is l	located on: GROU	ND FLOOR & B	ASEMENT		
17. List the room number(s) the establi	ishment is located in v	within the building, if	appropriate: N	/A		
18. Is the premises located within 500 f	feet of three or more	on-premises liquor es	tablishments?	⊙ Yes		
19. Will the license holder or a manage	r be physically presen	t within the establish	ment during all h	ours of operation?	• Yes •	No
20. If this is a transfer application (an ex	xisting licensed busine	ess is being purchase	d) provide the na	me and serial number	of the licensee:	
N/A	Name			Serial Nu	ımher	
		Alice of the latest and the			_	
21. Does the applicant or licensee own	the building in which	the establishment is	ocateur Or	es (if YES, SKIP 23-26)	⊙ No	
	Owner of the Build	ing in Which tha Li	concod Establis	hmont is located		
	Owner of the bullu	ing in winch the ti	eliseu Establis	ilinent is Located		
22. Building Owner's Full Name: MO	UNESS GHATAN					
23. Building Owner's Street Address:	41 TARA DRIVE					
24. City, Town or Village: ROSLYN			State: NY		Zip Code: 11	576
25. Business Telephone Number of Buil	Iding Owner: 516-6					
				n Connection with t		
Application	n for a License to Tr	raffic in Alcohol at t	he Establishme	ent Identified in this	Notice	
26. Representative/Attorney's Full Nam	ne: STACY L WE	ISS, ESQ				
27. Representative/Attorney's Street A	ddress: 110 EAST	59TH STREET				
28. City, Town or Village: NEW YOR	K		State: NY		Zip Code: 100)22
29. Business Telephone Number of Rep	resentative/Attorney	212-521-0828				
30. Business E-mail Address of Represer	ntative/Attorney:	SLWEISSATTORNI	EY@AOL.COM			
	_					
Representations in the Authority when a	is form are in confor granting the license	rmity with represer . I understand that	tations made i representation		ents relied upon will also be relie	by ed
By my signature, I	l affirm - under Pen :	alty of Perjury - tha	t the represent	ations made in this	form are true.	
31. Printed Principal Name: ERIK	MAYER		Title: [PRESIDENT		
Principal Signature:	Ent Mayor	1	=			

The Law Office of Stacy L. Weiss, PLLC.

110 East 59th Street, 23rd Floor New York, NY 10022 Toll Free: 1 877 LIQ-LAW1 Tel: 212·521·0828

Fax: 212.521.0826

STACY L. WEISS, ESQ. slweissattorney@aol.com www.stacyweisslaw.com THE RICHARD L. ROSEN LAW FIRM, PLLC. Of Counsel

January 11, 2022

Community Board 3, Manhattan 59 East 4th Street New York, NY 10003

To Whom It May Concern:

Please be advised that **COBART INC** is applying for an On-Premises Liquor License for a premises to be located at 321 East Houston Street, New York, NY 10002.

I have enclosed an original Standardized Notice Form from the New York State Liquor Authority.

Please contact this office with any questions.

Thank you for your attention to this matter.

Stay Lucin

Stacy L. Weiss