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Original	Amended	Date	

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

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1. Date Notice was Sent: January 5, 2022 1a. Delivered by: CERTIFIED 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
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: BRINDLE ROOM CATERING LLC
6. Trade Name (if any): PENDING
7. Street Address of Establishment: 647 EAST 11TH STREET
8. City, Town or Village: NEW YORK, NEW YORK 10009 , NY Zip Code: 10009
9. Business Telephone Number of Applicant/Licensee: PENDING
10. Business E-mail of Applicant/Licensee: heather@helbraunlevey.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:
S 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: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
Live Music (give details i.e., rock bands, acoustic, jazz, etc.): (N/A)
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
Other (specify): (N/A)
5. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds o' Freestanding Covered Structure 0.5, in
☑ Sidewalk Cafe ☑ Other (specify):
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16. List the floor(s) of the building	that the establishment	is located on: GROU	ND FLOOR AND BASI	EMENT/CELLAR			
17. List the room number(s) the es	stablishment is located i	n within the building, if	appropriate: (N/A)				
18. Is the premises located within	500 feet of three or mo	re on-premises liquor es	tablishments?	O No			
19. Will the license holder or a ma	nager be physically pres	ent within the establish	ment during all hours of op	oeration? 🚫 Yes	S O No		
20. If this is a transfer application (iness is being purchased	l) provide the name and se	rial number of the lice	ensee:		
21. Does the applicant or licensee	Name own the building in whic	ch the establishment is I	ocated? Yes (if YES,	Serial Number SKIP 23-26) 🔇 No			
	Owner of the Buil	lding in Which the Lic	ensed Establishment is	Located			
22. Building Owner's Full Name:	DAVID JACOBSON						
23. Building Owner's Street Addres	s: 441 EAST 12TH	I STREET					
24. City, Town or Village: NEW Y	YORK		State: NY	Zip Cod	de: 10009		
25. Business Telephone Number of	Building Owner: 1 (2)	12) 505-2499					
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: JOSEPH LEVEY C/O HELBRAUN & LEVEY LLP							
27. Representative/Attorney's Stree	et Address: 40 FULT	ON FLOOR 28					
28. City, Town or Village: NEW Y	ORK		State: NY	Zip Cod	e: 10038		
29. Business Telephone Number of I	Representative/Attorne	y: 212-219-1193					
30. Business E-mail Address of Repre	esentative/Attorney:	c/o heather@helbrau	nlevey.com.				
the Authority whe upon, and that fa By my signature	this form are in confo en granting the license alse representations m e, I affirm - under Pen	ormity with representa e. I understand that re nay result in disappro	gal entity that holds or instance in submitted presentations made in submitted presentations made in the application or the representations made the representations made in the representations in the representation in the representat	d documents relied this form will also be revocation of the lie	upon by e relied cense.		
31. Printed Principal Name: JOS Principal Signature:	SEPH LEVEY		Title: ATTORNE	3 Y			

HELBRAUN | LEVEY

January 5, 2022

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

> RE: BRINDLE ROOM CATERING LLC 647 EAST 11TH STREET NEW YORK, NEW YORK 10009

Dear Susan Stetzer

I am writing to you on behalf of my client in the subject of this letter. These applicants currently occupy space at the above address where they operate a restaurant.

Our client's intention is to apply to the New York State Liquor Authority for a/an on-premise liquor license.

As you are aware, part of the licensing process requires that the Local Municipality or Community Board be notified to be given an opportunity to comment on the application. Please consider this letter notification of our intent to apply to the New York State Liquor Authority for the above referenced license.

Please forward any meeting notification information and/or documentation requirements to Heather Kirk in our Licensing Department, at the address indicated in my letterhead below, or to heather@helbraunlevey.com.

Sincerely,