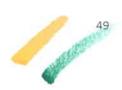


OFFICE USE ONLY				
Original	Amended	Date		

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



1. Date Notice Sent:	02/07/2022	1a. Delivered by:	Overnight Mail, Tracking Number and Pro	
	pplication that will be filed with the Autho e the City of New York:	ority for an On-Premises A	Alcoholic Beverage License:	
New Application	Removal O Class Change	-		
For premises in the	City of New York:			
New Application	New Application and Temporary Re	tail Permit	ry Retail Permit Removal	
O Class Change	Method of Operation O Corporate	Change ORenewal	• Alteration	
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				
	documents as noted above. Failure			
This 30-Day Adva	nce Notice is Being Provided to the C	lerk of the Following	Local Municipality or Community Board:	
3. Name of Municipalit	y or Community Board: Manhattan (Community Board	3	
Applicant/Licenses	e Information:		<u>, </u>	
4. Licensee Serial Numl	per (if applicable):	Exp	oiration Date (if applicable):	
5. Applicant or License	e Name: Dua Byrek Inc			
6. Trade Name (if any):	Dua Kafe			
7. Street Address of Est	ablishment: 520 East 14th St.			
8. City, Town or Village	New York		, NY Zip Code: 10009	
9. Business Telephone	Number of applicant/ Licensee:	(917) 207-8759		
10. Business E-mail of Ap	oplicant/Licensee: duakafe@gma	ail.com		
11. Type(s) of alcohol so	ld or to be sold:	⊙ Wine, Beer & Cid	er	
12. Extent of Food Service	e: O Full Food menu; full kitchen run by	a chef/cook O Menu n	neets legal minimum food requirements; food prep area required	
13. Type of Establishmen				
	Seasonal Establishment Ju	ke Box Disc Jocke	y Recorded Music Karaoke	
14. Method of Operation (check all that apply)	I live Music (aire detelle i e ecolule	ands, acoustic, jazz, etc.)	d By Community @osrd ३, Man	
(Patron Dancing Employee	Dancing Exotic Da	ncing Topless Entertainment	
	☐ Video/Arcade Games ☐ Third	d Party Promoters	FFD 4.4 2022	
	Other (specify):			
15. Licensed Outdoor Ar (check all that app	ea: None Patio or Deck ly) Sidewalk Cafe		arden/Grounds Freestanding Covered Structure seating per NYC DOT program	

opla-rev12312021	Opinion (OFFICE USE				
	Original ()	Amended [Pate			49
16. List the floor(s) of the building th	at the establishment is	located on: 1				
17. List the room number(s) the esta	blishment is located in v	within the building, if	appropriate: n/a			
18. Is the premises located within 50	O feet of three or more	on-premises liquor es	tablishments?	Yes (O No		
19. Will the license holder or a mana	ger be physically presen	it within the establish	ment during all hours	of operation?	O Yes	O No
20. If this is a transfer application (an					the licenses	
		oo is being parenase	a, provide the name at	ind sector fight better	the licensee	
,	Name			Serial Num	ber	
21. Does the applicant or licensee ow	n the building in which	the establishment is	located? • Yes (if	YES, SKIP 23-26)	⊙ No	
	Owner of the Build	ing in Which the Li	censed Establishme	nt is Located		
22. Building Owner's Full Name:	ast Village Property N					
l						
23. Building Owner's Street Address:	441 East 12 Stree	t				
24. City, Town or Village: New York	k		State: NY		Zip Code:	10009
25. Business Telephone Number of Bu	uilding Owner: (212)	505-2499				
	-		-			
Rep Applicatio	resentative or Attor on for a License to Tr	ney Representing t	he Applicant in Con	nnection with the) _#!	
Application	on for a cicense to II.	ame in Alconoi at t	ne Establishment Id	ientified in this N	otice	
26. Representative/Attorney's Full Na	me: John Springer					
27. Representative/Attorney's Street	Address: PO Box 49	97				
28. City, Town or Village: Port Jeffe	erson		State: NY		Zip Code: 1	1777
29. Business Telephone Number of Re	presentative/Attorney:	6313313334				
30. Business E-mail Address of Representative/Attorney: john@nybarguy.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,	l affirm - under Pena	l lty of Perjury - tha	the representation	s made in this for	m are true.	

31. Printed Principal Name:	John Springer	Title:	Representative

Principal Signature:

John Springer