

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

1. Date Notice Sent: 3/4/22 1a. Delivered by: CMRR

2. 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  New Application and Temporary Retail Permit  Renewal  Alteration  Removal
- Class Change  Method of Operation  Corporate 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: Community Board 3

**Applicant/Licensee Information:**

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

5. Applicant or Licensee Name: OT AT LLC

6. Trade Name (if any): OFFSide

7. Street Address of Establishment: 94 Avenue A

8. City, Town or Village: New York, NY Zip Code: 10009

9. Business Telephone Number of applicant/ Licensee: \_\_\_\_\_

10. Business E-mail of Applicant/Licensee: OFFSIDENYC@GMAIL.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:  Full Food menu; full kitchen run by a chef/cook  Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Restaurant MAR 07 2022

- Seasonal Establishment  Juke Box  Disc Jockey  Recorded Music  Karaoke

14. Method of Operation: (check all that apply)  Live Music (give details i.e., rock bands, acoustic, jazz, etc.): Man

- Patron Dancing  Employee Dancing  Exotic Dancing  Topless Entertainment

- Video/Arcade Games  Third Party Promoters  Security Personnel

Other (specify): \_\_\_\_\_

15. Licensed Outdoor Area: (check all that apply)  None  Patio or Deck  Rooftop  Garden/Grounds  Freestanding Covered Structure  Sidewalk Cafe  Other (specify): could curbside structure

16. List the floor(s) of the building that the establishment is located on: Ground Floor, Basement

17. List the room number(s) the establishment is located in within the building, if appropriate: Four

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: PSC Avenue A LLC

23. Building Owner's Street Address: 41 Madison Ave. 31<sup>st</sup> Fl.

24. City, Town or Village: New York State: NY Zip Code: 10010

25. Business Telephone Number of Building Owner: \_\_\_\_\_

**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: FRANK W. Palillo

27. Representative/Attorney's Street Address: Sixty Broad Street, Suite 3504

28. City, Town or Village: New York State: New York Zip Code: 10004

29. Business Telephone Number of Representative/Attorney: 212-227-1640

30. Business E-mail Address of Representative/Attorney: Fwpalillo@gmail.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: Thomas Fischetti Title: Owner

Principal Signature: Thomas Fischetti