

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

1. Date Notice Sent: 02/17/2022

1a. Delivered by: Certified Mail Return Receipt Requested

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: BLACK ROSE MANAGEMENT LLC

6. Trade Name (if any): THE LATE LATE

7. Street Address of Establishment: 159 E HOUSTON STREET

8. City, Town or Village: NEW YORK, NY Zip Code: 10002

9. Business Telephone Number of applicant/ Licensee: _____

10. Business E-mail of Applicant/Licensee: JAKE@BLACKROSEMGMT.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: BAR + RESTAURANT
 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.): ACOUSTIC
 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): _____

Rec'd by Community Board 3, Man
FEB 14 2022

- 16. List the floor(s) of the building that the establishment is located on: 1st + Cellar
- 17. List the room number(s) the establishment is located in within the building, if appropriate: _____
- 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:

<u>159 HUNTINGTON HOLLOMAN</u> Name	<u>1274965</u> 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: Allen House LLC.
- 23. Building Owner's Street Address: 98 Cattermill Rd. #494N
- 24. City, Town or Village: GREAT NECK State: NY Zip Code: 11021
- 25. Business Telephone Number of Building Owner: 516-829-9600

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: Terrence R. Flynn, Jr
- 27. Representative/Attorney's Street Address: 444 Beach 129th Street, 2nd Floor
- 28. City, Town or Village: Belle Harbor State: New York Zip Code: 11694
- 29. Business Telephone Number of Representative/Attorney: 718-945-1000
- 30. Business E-mail Address of Representative/Attorney: trflynnjr@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: ANDREW MOKKISSEY Title: MEMBER

Principal Signature: *Andrew Mokkisey*

Flynn & Flynn, P.L.L.C.

ATTORNEYS AT LAW

TERRENCE R. FLYNN, JR.

MARY P. FLYNN

444 BEACH 129TH STREET
2ND FLOOR
BELLE HARBOR, NEW YORK 11694
TEL: 718-945-1000
FAX: 718-318-6162

February 17, 2022

CERTIFIED MAIL
NO.7016 1370 0002 0552 6650
RETURN RECEIPT REQUESTED

Susan Stetzer, District Manager
Manhattan Community Board No. 3
59 East 4th Street
New York, NY 10003

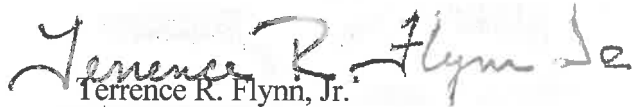
Re: Black Rose Management LLC – On Premise Liquor License Application

Dear Ms. Stetzer:

Please be advised that I am the attorney for Black Rose Management LLC that is applying for a transfer of an on premise liquor license application for the premises located at 159 E. Houston Street, New York, NY 10002. This notification is given pursuant to Section 64, Subdivision 2A of the Alcoholic Beverage Control Law.

If you have any questions, please do not hesitate to call my office. Thank you for your cooperation in this matter.

Very truly yours,


Terrence R. Flynn, Jr.

TRFJ/ph