rev1	230	120	2



	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:	03/04/2022	1a. Delivered by:	Certified Mail Return Receipt Requested		
ı	00/04/2022	1	Certified Wall Neturn Necelpt Nequested		
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 Applciation	Removal O Class Change				
For premises in the C	City of New York:				
New Application	New Application and Temporary Re	etail Permit 🔘 Renewal	O Alteration O Removal		
O Class Change	Method of Operation O Corporate	e Change			
For Renewal applicar For Alteration applica For Corporate Chang For Removal applicar For Class Change app	ary Retail Permit applicants, answer eants, answer all questions ants, attach a complete written descripe applicants, attach a list of the current ats, attach a statement of your current licants, attach a statement detailing yout on the control of the course of the co	tion and diagrams depictin and proposed corporate p and proposed addresses w ur current license type and	g the proposed alteration(s) principals ith the reason(s) for the relocation		
Please include all d	locuments as noted above. Failure	to do so may result in	disapproval of the application.		
This 30-Day Advance	ce Notice is Being Provided to the	Clerk of the Following L	ocal Municipality or Community Board:		
3. Name of Municipality or Community Board: Manhattan Community Board 3					
Applicant/Licensee	Information:				
4. Licensee Serial Number	er (if applicable): 1321098	Expi	ration Date (if applicable): 3/31/2023		
5. Applicant or Licensee	Name: Book Club Bar LLC				
6. Trade Name (if any):	N/A				
7. Street Address of Esta	blishment: 197 East 3rd Street				
8. City, Town or Village:	New York		NY Zip Code: 10009		
9. Business Telephone Number of applicant/ Licensee: (646) 678-4160					
10. Business E-mail of App	plicant/Licensee: nat@bookclu	bbar.com			
11. Type(s) of alcohol solo	d or to be sold:	Wine, Beer & Cide	Liquor, Wine, Beer & Cider		
12. Extent of Food Service	e: O Full Food menu; full kitchen run b	oy a chef/cook 🧿 Menu m	eets legal minimum food requirements; food prep area required		
13. Type of Establishment	Bar/Tavern				
		uke Box Disc Jocke	Recorded Music Karaoke		
14. Method of Operation: (check all that apply)	Live Music (give details i.e., rock	bands, acoustic, jazz, etc.)	Acoustic solo musician		
Patron Pancing T -					
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel					
	Other (specify): Book sign	ings/book related	events 4.0 9022		
15. Licensed Outdoor Are	ea: None Patio or Deck	Rooftop Ga	rden/Grounds Freestanding Covered Structure		
(check all that appl			and NYC DOT Open Restaurants Program		

	OFFICE US Original Amended	E ONLY Date			
			4		
16. List the floor(s) of the building that the establishment is located on: Ground floor and basement					
17. List the room number(s) the estab	lishment is located in within the building, i	f appropriate: N/A			
18. Is the premises located within 500	feet of three or more on-premises liquor e	establishments?			
19. Will the license holder or a manage	er be physically present within the establis	hment during all hours of operation?	Yes No		
20. If this is a transfer application (an	existing licensed business is being purchase	ed) provide the name and serial number	of the licensee:		
	Name	Serial N	umber		
21. Does the applicant or licensee owr	n the building in which the establishment is	s located? Q Yes (if YES, SKIP 23-26)	⊙ No		
	Owner of the Building in Which the L	icensed Establishment is Located			
22. Building Owner's Full Name: NF	PE3 LLC				
23. Building Owner's Street Address:	150 East 58th Street, Suite 2001				
24. City, Town or Village: New Yor	'k	State: New York	Zip Code: 10155		
25. Business Telephone Number of Building Owner: 212-371-5300					
					
	resentative or Attorney Representing on for a License to Traffic in Alcohol at				
26. Representative/Attorney's Full Nar	me: Kimberly A. Summers				
27. Representative/Attorney's Street A	Address: 555 Fifth Avenue, 14th Flo	oor			
28. City, Town or Village: New York	k	State: NY	Zip Code: 10017		
29. Business Telephone Number of Rep	presentative/Attorney: 646-383-460	7			
30. Business E-mail Address of Representative/Attorney: Kimberly@DS-LawOffices.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.					
by thy signature, I anith - under Penaity of Perjury - that the representations made in this form are true.					
31. Printed Principal Name: Kimberly A. Summers Title: Attorney for Applicant					
Principal Signature: Kumberly & Summer 5					
C					



555 5TH AVENUE, 14TH FLOOR NEW YORK, NEW YORK 10017 TEL: (646) 383-4607

FAX: (646) 606-2388

March 4, 2022

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

RE:

30-Day Advance Notice- Class Change Application

Applicant: Book Club Bar LLC

Premises: 197 East 3rd Street, New York, NY 10009

Serial #: 1321098

Dear Board Members:

I am the attorney for Book Club Bar LLC. Please note the enclosed 30-Day Advance Notice of my client's intention to seek to upgrade from an Eating Place Beer license to a full On-Premises Liquor license.

Should you have any questions or concerns regarding the foregoing, please do not hesitate to call.

Cordially,

DIPASQUALE & SUMMERS, LLP

Kimberly A. Summers

kimberly@ds-lawoffices.com