



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: MAY 26, 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 Temporary Retail Permit Removal
 Class Change Method of Operation Corporate Change Renewal 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
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: MANHATTAN CB 3

Applicant/Licensee Information:

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

5. Applicant or Licensee Name: SOHOGOZO LLC

6. Trade Name (if any): TBD

7. Street Address of Establishment: 91-93 BAXTER STREET

8. City, Town or Village: NEW YORK, NY Zip Code: 10013

9. Business Telephone Number of applicant/ Licensee: 212 365-4527

10. Business E-mail of Applicant/Licensee: EMAIL.MCB@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 (full kitchen and full menu required)

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.):

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): OPEN RESTAURANT

Community Board 3, Man
MAY 31 2022

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

16. List the floor(s) of the building that the establishment is located on: **FIRST FLOOR DINING AND BASEMENT STORAGE**
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:

 Name Serial Number
21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-25) No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: **CANBAX REALTY CORP**
23. Building Owner's Street Address: _____
24. City, Town or Village: _____ State: _____ Zip Code: _____
25. Business Telephone Number of Building Owner: _____

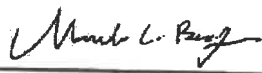
Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

26. Representative/Attorney's Full Name: **STACY L. WEISS, ESQ**
27. Representative/Attorney's Street Address: **110 EAST 59TH STREET, 23RD FLOOR**
28. City, Town or Village: **NEW YORK** State: **NY** Zip Code: **10022**
29. Business Telephone Number of Representative/Attorney: **212-521-0828**
30. Business E-mail Address of Representative/Attorney: **slweissattorney@aol.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: **MARCELO C.BAEZ** Title: **MANAGING/MEMBER**

Principal Signature: 

The Law Office of
Stacy L. Weiss, PLLC.

110 East 59th Street, 23rd Floor
New York, NY 10022
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THE RICHARD L. ROSEN
LAW FIRM, PLLC.
Of Counsel

NADIA CANTAVE
Legal Assistants

May 26, 2022

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

To Whom It May Concern:

Please be advised that, **SOHOGOZO LLC**, is applying for an On-Premises license for a premises to be located at 91-93 Baxter Street, New York, NY 10013

Enclosed please find an original Standardized Notice Form from the New York State Liquor Authority. Please contact this office with any questions.

Thank you for your attention to this matter.

Very Truly Yours,



Stacy L. Weiss