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NEW YORK	State Liquor Authority
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OFFICE USE ONLY					
Original	Amended	Date			

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

1. Date Notice Sent: JUNE 9, 2022 1a. Delivered by: Certified Mail Return Receipt Requested
<ol> <li>Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:         <ul> <li>For premises outside the City of New York:</li> <li>New Application</li> <li>Removal</li> <li>Class Change</li> </ul> </li> <li>For premises in the City of New York:</li> </ol>
New Application
Class 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: MANHATTAN COMMUNITY BOARD 3
Applicant/Licensee Information:
4. Licensee Serial Number (if applicable): N/A Expiration Date (if applicable): N/A
5. Applicant or Licensee Name: JESS GOLDFARB TBD ENTITY
6. Trade Name (if any): PENDING
7. Street Address of Establishment: 109 LUDLOW STREET
8. City, Town or Village: NEW YORK , NY Zip Code: 10002
9. Business Telephone Number of applicant/ Licensee: Pending
.0. Business E-mail of Applicant/Licensee: c/o RILEY.MAUD@HELBRAUNLEVEY.COM
J. Dustiness & Thair of Applicating Licensee. C/O RILE 1.IVIAOD@ HELBRAUNLE VE 1.COM
.1. Type(s) of alcohol sold or to be sold:
2. Extent of Food Service: OFull Food menu; full kitchen run by a chef/cook OMenu meets legal minimum food requirements; food prep area required
3. Type of Establishment: Restaurant (full kitchen and full menu required)  Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
4. Method of Operation: (check all that apply)    Dive Music (give details i.e., rock bands, acoustic, jazz, etc.):
Other (specify):
.5. Licensed Outdoor Area: ☐ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure (check all that apply) ☐ Sidewalk Cafe ☑ Other (specify): DOT outdoor seating

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16. List the floor(s) of the building that	the establishment is located on: GRO	UND FLOOR + BASEMENT/CELI	_AR		
17. List the room number(s) the establi	lishment is located in within the building, i	f appropriate: N/A			
18. Is the premises located within 500 f	feet of three or more on-premises liquor e	establishments? <b>O</b> Yes (C) No			
19. Will the license holder or a manage	er be physically present within the establish	hment during all hours of operation?	• Yes • No		
20. If this is a transfer application (an ex	xisting licensed business is being purchase	ed) provide the name and serial number o	of the licensee:		
N/A					
21. Does the applicant or licensee own	Name the building in which the establishment is	Serial Nur s located? Yes (if YES, SKIP 23-26)	mber ② No		
	Owner of the Building in Which the L	icensed Establishment is Located			
22. Building Owner's Full Name:	N GLAZER C/O AJ CLARKE ASS	OCIATES			
23. Building Owner's Street Address:	250 WEST 57TH STREET, SUIT	E 720			
24. City, Town or Village: NEW YORK	K	State: NY	Zip Code: 10107		
25. Business Telephone Number of Build	ding Owner: 917-686-5895				
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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					
27. Representative/Attorney's Street Ad	ddress: 40 FULTON STREET, FLO	OOR 28			
28. City, Town or Village: NEW YOR	RK	State: NEW YORK	Zip Code: 10038		
29. Business Telephone Number of Repre	resentative/Attorney: 212 219 1193				
30. Business E-mail Address of Represent	tative/Attorney: JOSEPH@HELBR	RAUNLEVEY.COM			
Representations in this the Authority when gr upon, and that false	or licensee holder or a principal of the s form are in conformity with represen ranting the license. I understand that representations may result in disappr affirm - under <b>Penalty of Perjury</b> - tha	ntations made in submitted documen representations made in this form w roval of the application or revocation	ts relied upon by ill also be relied of the license.		
31. Printed Principal Name: JOSEF	PH LEVEY	Title: ATTORNEY			
Principal Signature:	Ale	7			

## HELBRAUN LEVEY

June 9, 2022

Susan Stetzer District Manager Manhattan Community Board 3 59 East 4th Street, New York, NY 10003

RE: JESS GOLDFARB TBD ENTITY
109 LUDLOW STREET
NEW YORK, NEW YORK 10002

Dear District Manager,

I am writing to you on behalf of my client in the subject of this letter. These applicants currently occupy space at the above address where they intend to operate a restaurant.

Our client's intention is to apply to the New York State Liquor Authority for a/an on-premise liquor license.

As you are aware, part of the licensing process requires that the Local Municipality or Community Board be notified to be given an opportunity to comment on the application. Please consider this letter notification of our intent to apply to the New York State Liquor Authority for the above referenced license.

Please forward any meeting notification information and/or documentation requirements to Riley Maud in our Licensing Department, at the address indicated in my letterhead below, or to Riley.Maud@helbraunlevey.com.

Sincerely,