

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: July 5th 2022      1a. Delivered by: CMRRA

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: Community Board 3M

**Applicant/Licensee Information:**

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

5. Applicant or Licensee Name: LLC to be formed by Mike Droney

6. Trade Name (if any): TBD

7. Street Address of Establishment: 23 Avenue A

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

9. Business Telephone Number of applicant/ Licensee: (212) 673-5550

10. Business E-mail of Applicant/Licensee: mdroney@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

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): COVID SEATING

Rec'd By Community Board 3, Man  
JUL 08 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:

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:

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:

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:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

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:  Title:

Principal Signature: x Michael Droney.

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



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

1. Date Notice Sent: JULY 11, 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 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: ENTITY TO BE FORMED BY NATHAN ADLER

6. Trade Name (if any): PENDING

7. Street Address of Establishment: 42 MARKET ST

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

9. Business Telephone Number of applicant/ Licensee: Pending

10. Business E-mail of Applicant/Licensee: c/o HEATHER@HELBRAUNLEVEY.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.): REC'D BY COMMUNITY BOARD 3, 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): DOT outdoor seating

REC'D BY COMMUNITY BOARD 3, MAN  
 JUL 14 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:

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 23-26)  No

**Owner of the Building in Which the Licensed Establishment is Located**

22. Building Owner's Full Name:

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:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

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:  Title:

Principal Signature: 

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

1. Date Notice Sent:       1a. Delivered by:

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:

**Applicant/Licensee Information:**

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

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village:  , NY      Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

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:

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): \_\_\_\_\_

Rec'd By Community Board 3, Man  
 JUL 18 2022

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

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

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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:

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:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

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:  Title:

Principal Signature: 



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

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



1. Date Notice Sent:  1a. Delivered by:

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:

**Applicant/Licensee Information:**

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

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

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:

- 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   **JUN 02 2022**

Other (specify):

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

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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:

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:

<input type="text"/>	<input type="text"/>
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:

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:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:

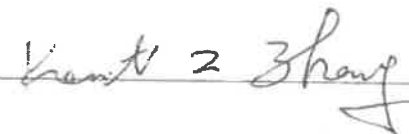
29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

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:  Title:

Principal Signature: 



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



1. Date Notice Sent:  1a. Delivered by:

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:

**Applicant/Licensee Information:**

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

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village:  , NY Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

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:

- 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):

Rec'd By Community Board 3, Man  
JUL 07 2022  
Rec'd By Community Board 3, Ma.

JUL 07 2022





THE CITY OF NEW YORK  
 MANHATTAN COMMUNITY BOARD 3  
 59 East 4th Street - New York, NY 10003  
 Phone (212) 533-5300  
 www.cb3manhattan.org - mn03@cb.nyc.gov

Paul Rangel, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations for Administrative Approval

I, Joshua Pinsky, as a qualified representative of Sabo Sp LLC, located at 90 East 10th Street, New York, NY agree to the following stipulations:

- I will operate a full-service restaurant, specifically a (type of restaurant) Bistro  
 Kitchen open and serving food every night during all hours of operation.
- My hours of operation will be:  
 Mon 5-12; Tue 5-12; Wed 5-12  
 Thu 5-12; Fri 5-12; Sat 5-12; Sun 5-12

(I understand opening is no later than specified opening hour & all patrons are to be cleared from business at specified closing hour)

- I may apply for sidewalk and/or roadbed dining as allowed by the temporary Open Restaurants program but will close all outdoor dining by 10:00pm all days and not have any music, speakers or tv monitors. I will not have commercial use of backyard, sideyard, or rooftop. Any approved outdoor space will close no later than 10:00 p.m.
- I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances.  I will have a closed fixed façade with no open doors or windows except my entrance door will close by 10:00 P.M. or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances.
- I will not have  DJs,  live music,  promoted events,  any event at which a cover fee is charged,  scheduled performances,  more than \_\_\_\_\_ private parties per \_\_\_\_\_.
- I will play ambient recorded background music only. \_\_\_\_\_ number of TVs
- I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first coming before CB 3.
- I will not seek a change in class to a full on-premises liquor license without first obtaining approval from CB 3.
- I will not participate in pub crawls or have party buses come to my establishment.
- I will not have unlimited drink specials, including boozy brunches, with food.
- I will not have a happy hour or drink specials with or without time limitations OR  I will have happy hour and it will end by \_\_\_\_\_. -Please indicate one of the above -
- I will not have wait lines outside.  I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- I will conspicuously post this stipulation form beside my liquor license inside of my business.
- Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: Joshua Pinsky Phone Number: 973-902-5011

15.  I will: \_\_\_\_\_

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed: Joshua Pinsky Dated: 12/21/21

Sworn to this 21 day of December, 2021  
 Notary Public: JOE BOYAL  
 Commission Expires: 12/21/21



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> 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  
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 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

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

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

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:

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:

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:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:


29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

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:  Title:

Principal Signature: 





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:       1a. Delivered by:

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:

**Applicant/Licensee Information:**

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

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village:  , NY      Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

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:

Seasonal Establishment     Juke Box     Disc Jockey     Recorded Music     Karaoke

14. Method of Operation:     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:     None     Patio or Deck     Rooftop     Garden/Grounds     Freestanding Covered Structure  
 (check all that apply)     Sidewalk Cafe     Other (specify): \_\_\_\_\_



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

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

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:

<input type="text" value="N/A"/>	<input type="text"/>
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:

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:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

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:  Title:

Principal Signature:           /s/ Jessica Jie Shi

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: JUNE 9, 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 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

10. Business E-mail of Applicant/Licensee: c/o RILEY.MAUD@HELBRAUNLEVEY.COM

11. Type(s) of alcohol sold or to be sold: Beer & cider Wine, Beer & Cider Liquor with 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: 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: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure Sidewalk Cafe Other (specify): DOT outdoor seating

Rec'd by Community Board 3, M

JUN 13 2022

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

16. List the floor(s) of the building that the establishment is located on: **GROUND FLOOR + BASEMENT/CELLAR**

17. List the room number(s) the establishment is located in within the building, if appropriate: **N/A**

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:

<b>N/A</b>	
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: **RON GLAZER C/O AJ CLARKE ASSOCIATES**

23. Building Owner's Street Address: **250 WEST 57TH STREET, SUITE 720**

24. City, Town or Village: **NEW YORK** State: **NY** Zip Code: **10107**

25. Business Telephone Number of Building Owner: **917-686-5895**

**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: **JOSEPH LEVEY; HELBRAUN & LEVEY LLP**

27. Representative/Attorney's Street Address: **40 FULTON STREET, FLOOR 28**

28. City, Town or Village: **NEW YORK** State: **NEW YORK** Zip Code: **10038**

29. Business Telephone Number of Representative/Attorney: **212 219 1193**

30. Business E-mail Address of Representative/Attorney: **JOSEPH@HELBRAUNLEVEY.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: **JOSEPH LEVEY** Title: **ATTORNEY**

Principal Signature: \_\_\_\_\_



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

1. Date Notice Sent: 6/21/2022 1a. Delivered by: CMRPP

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: Card to be formed

6. Trade Name (if any): TBO

7. Street Address of Establishment: 141 Chrystie Street

8. City, Town or Village: New York, NY Zip Code: 10002

9. Business Telephone Number of applicant/ Licensee: 614 7742120

10. Business E-mail of Applicant/Licensee: Kyle@streetfc.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: Soccer 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.): \_\_\_\_\_

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  
JUN 27 2022



16. List the floor(s) of the building that the establishment is located on: Second Floor
17. List the room number(s) the establishment is located in within the building, if appropriate: 1
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: 141 Chrystie Street
23. Building Owner's Street Address: 141 Chrystie Street
24. City, Town or Village: New York State: New York Zip Code: 10002
25. Business Telephone Number of Building Owner: 718 701 8688

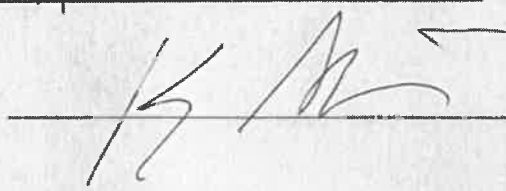
Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

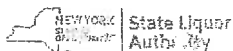
26. Representative/Attorney's Full Name: Frank W. Palillo
27. Representative/Attorney's Street Address: 60 Broad Street Suite 3504
28. City, Town or Village: New York State: NY Zip Code: 10004
29. Business Telephone Number of Representative/Attorney: (212) 227-1640
30. Business E-mail Address of Representative/Attorney: 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: Kyle Martino Title: OWNER

Principal Signature: 



OFFICE USE ONLY

Original     Amended    Date \_\_\_\_\_



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

SIXTY BROAD STREET

SUITE 3504

NEW YORK, NEW YORK 10004

(212) 227-1640

FAX: (212) 349-1724

E-mail: fwpalillo@gmail.com

1. Date Notice was Sent: 6/29/2022

1a. Delivered by: CM RER

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

- New Application     Renewal     Alteration     Corporate Change     Removal     Class Change     Method of Operation Change

For **New** 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: EL PRIMO RED TACOS NYC, LLC

6. Trade Name (if any): EL PRIMO RED TACOS

7. Street Address of Establishment: 151 AVENUE A

8. City, Town or Village: NEW YORK, NY    Zip Code: 10009

9. Business Telephone Number of Applicant/Licensee: 2128639391

10. Business E-mail of Applicant/Licensee: TAQUERO@ELPRIMOREDTACOS.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 or cook     Menu meets legal minimum food availability requirements; food prep area at minimum

13. Type of Establishment: Restaurant (full kitchen and full menu required)

14. Method of Operation: (check all that apply)

Seasonal Establishment     Juke Box     Disc Jockey     Recorded Music     Karaoke

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): \_\_\_\_\_

Rec'd By Community Board 3, Man

JUL 01 2022

15. Licensed Outdoor Area: (check all that apply)

None     Patio or Deck     Rooftop     Garden/Grounds     Freestanding Covered Structure

Sidewalk Cafe     Other (specify): ENCLOSED BACKYARD WITHIN THE SPACE



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

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

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 23-26)  No

**Owner of the Building in Which the Licensed Establishment is Located**

22. Building Owner's Full Name:

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:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

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:  Title:

Principal Signature: 



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



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

1. Date Notice Sent:  1a. Delivered by:

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:

**Applicant/Licensee Information:**

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

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village:  , NY Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

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:

- 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:  None  Patio or Deck  Rooftop  Garden/Grounds  Freestanding Covered Structure  
 (check all that apply)  Sidewalk Cafe  Other (specify): \_\_\_\_\_

Rec'd By Community Board 3, Man  
JUL 15 2022

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

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

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:

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:

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:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

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:  Title:

Principal Signature: 



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

1. Date Notice was Sent:  1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

- New Application  Renewal  Alteration  Corporate Change  Removal  Class Change  Method of Operation Change

For New 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

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:

**Applicant/Licensee Information:**

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

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village:  , NY Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business E-mail of Applicant/Licensee:

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 or cook  Menu meets legal minimum food availability requirements; food prep area at minimum

13. Type of Establishment:

14. Method of Operation: (check all that apply)

- Seasonal Establishment  Juke Box  Disc Jockey  Recorded Music  Karaoke  
 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):

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

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:

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:

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:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

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:  Title:

Principal Signature: 





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: 07 / 15 / 2022      1a. Delivered by: Overnight Mail, Tracking Number and Pro

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: Manhattan Community Board No. 3

**Applicant/Licensee Information:**

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

5. Applicant or Licensee Name: Entity to be formed by Ronan Downs

6. Trade Name (if any): TBD

7. Street Address of Establishment: 210 Avenue A

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

9. Business Telephone Number of applicant/ Licensee: (646) 319-7333

10. Business E-mail of Applicant/Licensee: rd@beckettsnyc.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 Bar  
 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.): Jazz  
 Patron Dancing     Employee Dancing     Exotic Dancing     Topless Entertainment  
 Video/Arcade Games     Third Party Promoters     Security Personnel  
 Other (specify):  

Rec'd By Community Board 3, Man

JUL 18 2022

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



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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:

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 23-26)  No

**Owner of the Building in Which the Licensed Establishment is Located**

22. Building Owner's Full Name:

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:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

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:  Title:

**Principal Signature:** \_\_\_\_\_



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: July 7, 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: Manhattan Community Board 3

Applicant/Licensee Information:

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

5. Applicant or Licensee Name: Fat Social Club, LLC

6. Trade Name (if any): Cafe Joah

7. Street Address of Establishment: 212 Avenue A

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

9. Business Telephone Number of applicant/ Licensee: To be provided

10. Business E-mail of Applicant/Licensee: info@cafejoah.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

- Seasonal Establishment Juke Box Disc Jockey \* Recorded Music Karaoke

14. Method of Operation: 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: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
Sidewalk Cafe Other (specify):

Rec'd By Community Board 3, man

JUL 11 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:

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 23-26)  No

**Owner of the Building in Which the Licensed Establishment is Located**

22. Building Owner's Full Name:

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:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

<sup>attorney</sup>  
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:

Title:

Principal Signature: Arthur Goldstein

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



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

1. Date Notice Sent: JULY 11, 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

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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: TWO SNAKES LLC

6. Trade Name (if any): PENDING

7. Street Address of Establishment: 318 GRAND ST

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

9. Business Telephone Number of applicant/ Licensee: Pending

10. Business E-mail of Applicant/Licensee: c/o HEATHER@HELBRAUNLEVEY.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/Tavern

- 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): BOWLING LANES

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

Rec'd By Community Board 3, 1  
JUL 14 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:

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 23-26)  No

**Owner of the Building in Which the Licensed Establishment is Located**

22. Building Owner's Full Name:

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:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

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:  Title:

Principal Signature: 