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Date			



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

1. Date Notice Sent: 6	/29/2022	1a. Delivered by:	Overnight Ma	ail, Tracking Number and Pro
For premises outside the New Application	Removal Class Change	ority for an On-Premises A	Alcoholic Beverage Lic	ense:
For premises in the City	y of New York:			
New Application	New Application and Temporary Ref	tail Permit 🔘 Tempora	ry Retail Permit	O Removal
O Class Change	Method of Operation O Corporate	Change • Renewal	Alteration	
For Renewal applicants For Alteration applicant For Corporate Change a For Removal applicants For Class Change applic For Method of Operation Please include all doc	y Retail Permit applicants, answer each, answer all questions its, attach a complete written description applicants, attach a list of the current and attach a statement of your current and sants, attach a statement detailing you on Change applicants, although not recuments as noted above. Failure Notice is Being Provided to the Comments as noted above.	on and diagrams depiction and proposed corporate and proposed addresses were current license type an quired, if you choose to to do so may result in	ng the proposed alter principals with the reason(s) for d your proposed licen submit, attach an exp disapproval of the	ation(s) the relocation use type lanation detailing those changes application.
3. Name of Municipality or	r Community Board: THE CITY C	SE NEW YORK M		MANUALTY DOADD 2
		DE NEW TORK WI	ANHATTAN CO	WIWIUNITY BOARD 3
Applicant/Licensee In	1199			
	(if applicable): 1347606, 1347		piration Date (if applic	able):
5. Applicant or Licensee Na	ame: SINZER, CHASE & PINSKY	, JOSHUA		
6. Trade Name (if any): S	ABO SP. LLC			
7. Street Address of Establi	ishment: 90 EAST 10TH STREE	Т		
8. City, Town or Village: M	IANHATTAN		, NY Zip Code:	10003
9. Business Telephone Nun	mber of applicant/ Licensee:	973-902-5011	<u> </u>	
10. Business E-mail of Applic	cant/Licensee: chase@claud	nyc.com		
11. Type(s) of alcohol sold o		Wine, Beer & Cid	er 🧿 Liqu	uor, Wine, Beer & Cider
12. Extent of Food Service:	© Full Food menu; full kitchen run by	a chef/cook O Menu n	neets legal minimum i	food requirements; food prep area required
13. Type of Establishment:	Restaurant (full kitchen Seasonal Establishment	and full menu red	Prop. 17 March	ysiCanur Karanke Board 3, Man
14. Method of Operation: (check all that apply)	Live Music (give details i.e., rock by Patron Dancing Employee Video/Arcade Games Thirm Other (specify):	pands, acoustic, jazz, etc.	ncing Topless	Entertainment / 2022 By Community Board 3, Wish
15. Licensed Outdoor Area: (check all that apply)		Rooftop Ga	arden/Grounds	Freestanding Covered Structure

OFFICE USE ONLY Original Omended Date
16. List the floor(s) of the building that the establishment is located on: cellar & basement
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? O Yes No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? O 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? (C) Yes (if YES, SKIP 23-26)
Owner of the Building in Which the Licensed Establishment is Located
22. Building Owner's Full Name: ELK MAS 90 EAST 10TH LLC
23. Building Owner's Street Address: 489 FIFTH AVENUE, 7TH FLOOR
24. City, Town or Village: NEW YORK State: NEW YORK Zip Code: 10017
25. Business Telephone Number of Building Owner: 212-371-5050
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: MADISON ROSA, (CORNERSTONE) AUTHORIZED REPRESENTATIVE
27. Representative/Attorney's Street Address: 1153 UDALL ROAD
28. City, Town or Village: BAY SHORE State: NEW YORK Zip Code: 11706
29. Business Telephone Number of Representative/Attorney: 646-377-5369
30. Business E-mail Address of Representative/Attorney: MADISON@CORNERSTONEPERMIT.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: CHASE SINZER Title: PRINCIPAL
Principal Signature: Chase Sinzer Chase Sinzer



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

JOSE E. POJAS Motary Public, State of See Year

	Jos	shua Pinsky	***************************************		_, as a qualified	represent	ative of			Sabo Si	D LLC
ocate	d at_		90 Ea	st 10th	Street		_, New '	York, NY a	gree to t	he followi	ng stipulations:
. K] Iw] Kit	ill operate chen open	a full-servic	e restaura	int, specifically a ry night during a	a (type of i	restaura	nt)	Bistro	36	
. N	ly hou	irs of opera	tion will be	×	5-12 5-12					······································	5-12
											s at specified closing hou
. 12	I I m utdoo	ay apply for dining by	r sidewalk : 10:00pm al	and/or roa I days and	idbed dining as	allowed by	the ten	nporary O	pen Resti s. I will r	aurants proof	rogram but will close all ommercial use of
at pl	: 10:00 aying,	P.M. ever	y night or w out not limi	hen ampl	doors and wind ified sound is , live music and		windo or wh	ws except en amplifi	my entr	ance door	le with no open doors or r will close by 10:00 P.M. g, including but not limite ical performances.
. I v	vill no erform	t have IXI (nances, □ r	OJs, ISI live in nore than _	nusic, 🗷 pri	promoted event vate parties per	ts, 🗷 any	event at	which a c	over fee	is charged	l, 🛭 scheduled
X	1 I w	ill play amb	ient record	ed backgr	ound music only	yn	umber o	f TVs			
CO	I I wi	II not apply before CB	for an alte 3.	ration to t	the method of o	peration c	or for any	physical	alteration	ns of any I	nature without first
X	lwi	II not seek	a change in	class to a	full on-premise	s liquor lic	ense wit	hout first	obtaining	g approva	I from CB 3.
Œ	Iwi	ll not parti	cipate in pu	b crawls o	r have party bu	ses come i	o my es	tablishme	nt.		
). IX	l I wi	II not have	unlimited c	lrink speci	als, including bo	oozy brunc	hes, wit	h food.			
. 😡	1 wi	II not have	a happy ho	ur or drinl		or without	time lim	itations <u>O</u>	<u>R</u> □I will	l have hap	ppy hour and it will
										loitering.	noise or crowds outside.
					tion form beside						
. X	l Res visit tl	idents may	contact the	e manager	/owner at the n	number be	low. An	y complaii mize my e	nts will be stablishm	e addressi nent's imp	ed immediately. I will pact on my neighbors. 902-5011

Qualified in New York C. Y. Commission Example to Trail