MEW YORK State Liquor Authority

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

1. Date Notice Sent: 06/16/2022 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:				
O New Application O Removal O Class Change				
For premises in the City of New York:				
O New Application   O New Application and Temporary Retail Permit   O Removal				
O Class Change O Method of Operation O Corporate Change O Renewal O 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: BOROUGH OF 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: J&J 4U LLC				
6. Trade Name (if any): 75 DEGREES COFFEEHOUSE & BAKERY				
7. Street Address of Establishment: 93 ½ EAST 7TH STREET				
8. City, Town or Village: NEW YORK , NY Zip Code: 10009				
9. Business Telephone Number of applicant/ Licensee: (347) 323 C747				
10. Business E-mail of Applicant/Licensee: ASHE75DEGREE@GMAIL.COM				
11. Type(s) of alcohol sold or to be sold:				
12. Extent of Food Service: O Full Food menu; full kitchen run by a chef/cook O Menu Resident minimum food requirements; food prep area require				
13. Type of Establishment: Bar/Tavern 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): ONE (1) TV				
15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (check all that apply) Sidewalk Cafe Other (specify):				

	OFFICE US			
	Original Amended	Date		4
16. List the floor(s) of the building that	t the establishment is located on: GROU	JND FLOOR & CELLAR		
17. List the room number(s) the estab	lishment is located in within the building, i	f appropriate: N/A		
18. Is the premises located within 500	feet of three or more on-premises liquor e	establishments? Yes O No		
19. Will the license holder or a manage	er be physically present within the establis	hment during all hours of operation?	Yes No	
20. If this is a transfer application (an e	existing licensed business is being purchase	ed) provide the name and serial number	of the licensee:	
	Marra	0-7-101		
21 Does the applicant or licenses our	Name  n the building in which the establishment is	Serial Nu		
21. Does the applicant of ficensee own	i die building in which the establishment is	s located?	<b>⊘</b> No	
	Owner of the Building in Which the L	icensed Establishment is Located		
22. Building Owner's Full Name:	MGE-6 LLC			
23. Building Owner's Street Address:	331 WEST 11TH STREET			
		] a., [	1	
24. City, Town or Village: New York		State: NY	Zip Code: 10014	
25. Business Telephone Number of Bu	ilding Owner: 212-929-3453			
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Rep	resentative or Attorney Representing	the Applicant in Connection with t	the i Notice	
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Repi Applicatio 26. Representative/Attorney's Full Nar	resentative or Attorney Representing on for a License to Traffic in Alcohol at me: CITYWIDE LICENSING OF NY Address: 291 BROADWAY, SUITE 70	the Establishment Identified in this  / TEDDY GONZALEZ	the is Notice  Zip Code: 10007	
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