15.

	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:	9/19/22	1a. Delivered by:	Personal Delivery with Proof of Receipt				
Select the type of Ap For premises outside	oplication that will be filed with the Autho	ority for an On-Premises Al	coholic Beverage License:				
New Application	Removal						
For premises in the							
New Application	O New Application and Temporary Ret	tail Permit	O Alteration O Removal				
	Method of Operation O Corporate		<u>G.i.a.iiou</u>				
For Alteration applicated For Corporate Change For Removal applicated For Class Change app	rary Retail Permit applicants, answer eachts, answer all questions ants, attach a complete written descriptie applicants, attach a list of the current ants, attach a statement of your current a dicants, attach a statement detailing you to the complete applicants, attach a statement detailing you to the complete applicants, although not restants.	on and diagrams depicting and proposed corporate p nd proposed addresses wi r current license type and	g the proposed alteration(s) rincipals ith the reason(s) for the relocation				
Please include all d	locuments as noted above. Failure	to do so may result in o	lisapproval of the application				
This 30-Day Advan	ce Notice is Being Provided to the C	erk of the Following Lo	ocal Municipality or Community Board:				
	or Community Board: community		, ,,				
Applicant/Licensee Information:							
4. Licensee Serial Numbe	er (if applicable): 1338873	Expir	ation Date (if applicable): 6/30/2024				
5. Applicant or Licensee	Name: henry street pretzels llc.						
6. Trade Name (if any):	betty						
7. Street Address of Esta	blishment: 193 henry street 1st flo	por					
8. City, Town or Village: new york , NY Zip Code: 10002							
9. Business Telephone No	umber of applicant/ Licensee:	9176777702					
10. Business E-mail of Applicant/Licensee: daniel@henrystreetpretzels.com							
11. Type(s) of alcohol sold or to be sold:							
12. Extent of Food Service: Pull Food menu; full kitchen run by a chef/cook O 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)	Operation: chat apply) Live Music (give details i.e., rock bands, acoustic, jazz, etc.): acoustic music						
	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)	a: 🗹 None 🔲 Patio or Deck 🗍) 🔲 Sidewalk Cafe 🔲 Other (sp	Rooftop Gard	en/Grounds Freestanding Covered Structure				

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16. List the floor(s) of the	building that	t the establishm	ent is locate	d on: first fl	oor						
17. List the room number	(s) the estab	lishment is locat	ed in within	the building, i	fapprop	riate: f	ront facin	ıg retail sp	ace		
18. Is the premises locate	d within 500	feet of three or	more on-pre	mises liquor e	stablishr	nents?	O Yes				
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? O Yes O No											
20. If this is a transfer app	lication (an e	xisting licensed	business is b	eing purchase	ed) provid	de the na	me and se	rial number o	of the licens	ee:	
		Name						Serial Nu	mber		
21. Does the applicant or	icensee own	the building in v	which the es	tablishment is	located) (Q)	es (if YES, :	SKIP 23-26)	⊙ No		
		Owner of the I	Building in	Which the Li	censed	Establis	hment is	Located			
22. Building Owner's Full N	lame: 193	henry street II	C.								
23. Building Owner's Stree	t Address:	78 ridge st.	1d								
24. City, Town or Village:	new york				State:	ny			Zip Code:	10002	
25. Business Telephone Nu	mber of Buil	ding Owner:	346220404	14					*11		
	Repre Application	esentative or A for a License	Attorney Re to Traffic in	epresenting to Alcohol at t	the App he Esta	licant ir blishme	n Connect ent Identif	ion with th ied in this I	e Votice		
26. Representative/Attorno	ey's Full Nam	e:									
27. Representative/Attorne	ey's Street Ac	Idress:									
28. City, Town or Village:					State:				7in Cada		\dashv
29. Business Telephone Nur	nber of Repr	esentative/Atto	nev:		Juic.				Zip Code:		=
30. Business E-mail Address of Representative/Attorney:											
The state of the s	or represent	tative/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. Laffirm sunder Papalty of Parity of											
By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.											

31. Printed Principal Name:	shannon wise	Title:	owner

Principal Signature: shannon wise Digitally signed by shannon wise Digitally signed by shannon wise

Henry Street Pretzels LLC 193 Henry Street !st Floor NY, NY 10002 646 220 4044

9/19/2022

30 Day Notice of Request for Change of Operation

The M

To Community Board 3:

Hi. We were granted our liquor license by the SLA and have been open for several months now. We are going to be filling a request for change in method of operation to SLA to extend our hours of service from 12-12 to 10am to 2 am each day.

All the best.

Shannon Wise

Henry Street Pretzels LLC