		OFFICE		
Original	$\bigcirc$	Amended	Date	



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

1. Date Notice Sent: 8/	/18/2022	1a. Delivered by	v: FedEX				
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:							
For premises outside the	For premises outside the City of New York:						
Sex America in the City	and and an an area						
For premises in the City							
New Application    New Application and Temporary Retail Permit    Renewal							
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.							
			g Local Municipality or Community Board:				
3. Name of Municipality or Community Board: Manhattan Community Board No 3							
Applicant/Licensee Info	ormation:						
4. Licensee Serial Number (if	if applicable): 1304089	Ex	xpiration Date (if applicable): 9/30/2023				
5. Applicant or Licensee Name: Shake Shack Astor Place LLC							
6. Trade Name (if any): Sha	ake Shack						
7. Street Address of Establish	hment: 20 Third Ave						
8. City, Town or Village: Nev	w York		, NY Zip Code: 10003				
9. Business Telephone Numb	ber of applicant/ Licensee:	46-813-2189	7.00				
10. Business E-mail of Applicant/Licensee: alcohollicensing@shakeshack.com							
,,	alconomicensing	<u>gw</u> snakesnack	c.com				
11. Type(s) of alcohol sold or t	to be sold:	• Wine, Beer & Cid	der Diquor, Wine, Beer & Cider				
12. Extent of Food Service: C	Full Food menu; full kitchen run by a	a chef/cook O Menu	meets legal minimum food requirements; food prep area required				
13. Type of Establishment:	Restaurant (full kitchen a						
	Seasonal Establishment Juk	e Box Disc Jock	rey Recorded Music Karaoke				
14. Method of Operation: (check all that apply)	Live Music (give details i.e., rock ba	nds, acoustic, jazz, etc.	AUG 29 2022				
	Patron Dancing Employee Da	ancing Exotic Da	ancing Topless Entertainment				
	☐ Video/Arcade Games ☐ Third	_	Security Personnel				
	Other (specify):		Production of the second				
15. Licensed Outdoor Area: (check all that apply)	None Patio or Deck Z		Garden/Grounds Freestanding Covered Structure				

Original Amende	d Date
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16. List the floor(s) of the building that the establishment is located on:	Ground Floor
17. List the room number(s) the establishment is located in within the b	uilding if appropriate: Not Applicable
	TTOT Applicable
18. Is the premises located within 500 feet of three or more on-premise	
19. Will the license holder or a manager be physically present within the	establishment during all hours of operation?
20. If this is a transfer application (an existing licensed business is being	purchased) provide the name and serial number of the licensee:
None	
Name 21. Does the applicant or licensee own the building in which the establis	Serial Number
21. Does the applicant of incensee own the building in which the establis	hment is located?
Owner of the Building in Whi	ch the Licensed Establishment is Located
22. Building Owner's Full Name: JSM Associated LLC c/o Edwa	rd J. Minskoff, Inc.
23. Building Owner's Street Address: 163 West 1325 Ave of the	Americas
24. City, Town or Village: New York	State: NY Zip Code: 10019
25. Business Telephone Number of Building Owner:	
25. Sasmess receptione Number of Building Owner.	
Representative or Attorney Representative or Attorney Representative at License to Traffic in Alcohological Patrick Dowd	senting the Applicant in Connection with the ohol at the Establishment Identified in this Notice
27. Representative/Attorney's Street Address: C/O Shake Shack - 2	225 Varick St, STE 301
28. City, Town or Village: New York	
	State: NY Zip Code: 10014
29. Business Telephone Number of Representative/Attorney: 646-74	7-3092
30. Business E-mail Address of Representative/Attorney: alcohollicer	sing@shakeshack.com
the Authority when granting the license. I understal upon, and that false representations may result in	of the legal entity that holds or is applying for the license. epresentations made in submitted documents relied upon by and that representations made in this form will also be relied disapproval of the application or revocation of the license.
31. Printed Principal Name: Randall Garutti	Title: CEO
Principal Signature:	

OFFICE USE ONLY



August 19, 2022

To Whom It May Concern,

Per the instructions on the 30-Day Notice to Local Municipality of Community Board, every SLA licensed entity looking to apply to make changes to their corporate officers must attach a list of current and proposed corporate principals as part of their notice to the local municipality of community board.

As such, see blow for the list of current and proposed principals for the attached notice.

## **Current Principals**

- Randall Garutti
- Daniel Meyer
- Shake Shack Enterprises, LLC
- Tara Comonte
- Zachary Koff

## **Proposed Principals**

- Randall Garutti
- Daniel Meyer
- Shake Shack Enterprises, LLC
- Katherine Fogertey
- Zachary Koff

Very best wishes,

Patrick Dowd

Alcohol Compliance & Licensing Manager

225 Varick Street, Suite 301 New York, New York 10014

(646) 747-3092

pdowd@shakeshack.com















