rev1	231	120	2



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: 11/10/2022		1a. Delivered b	Overnight Mail,	Tracking Number and Proof of Delivery
Select the type of Application that v For premises outside the City of Ne New Application	w York:	ority for an On-Premise	es Alcoholic Beverage L	icense:
New Application Removal	_			
For premises in the City of New You	_			
New Application New Appli				○ Removal
O Class Change O Method of C	peration Corporate	Change ORenew	al O Alteration	
For New and Temporary Retail Perr For Renewal applicants, answer all For Alteration applicants, attach a c For Corporate Change applicants, a For Removal applicants, attach a st For Class Change applicants, attach For Method of Operation Change a	questions omplete written descripti ttach a list of the current atement of your current a a statement detailing you	ion and diagrams depi and proposed corpora and proposed addresso ar current license type	cting the proposed alto ate principals es with the reason(s) fo and your proposed lice	eration(s) or the relocation ense type
Please include all documents as	noted above. Failure	to do so may result	in disapproval of th	e application.
This 30-Day Advance Notice is E	Being Provided to the C	lerk of the Followin	ng Local Municipality	or Community Board:
3. Name of Municipality or Community	^{Board:} Manhattan C	ommunity Board	3	
Applicant/Licensee Information:				
4. Licensee Serial Number (if applicable	e): n/a		Expiration Date (if appl	icable): n/a
5. Applicant or Licensee Name: An Er	tity to be formed by Pat	rick Joseph Cremin		
6. Trade Name (if any): TBA				
7. Street Address of Establishment:	99 2nd Avenue			
8. City, Town or Village: New York			, NY Zip Code:	10003
9. Business Telephone Number of appl	icant/ Licensee:	(347) 494-9719		
10. Business E-mail of Applicant/License	e: joe@theseftor	n.com		
11. Type(s) of alcohol sold or to be sold:	O Beer & cider	O Wine, Beer & (Cider ec d Byo CQ	quor, wine, Beer & cider 3, Wan
12. Extent of Food Service: • Full Food	l menu; full kitchen run by	y a chef/cook O Men	u meets legal minimur	n food requirements; food prep area require
	urant (full kitchen			Musta Norsalia
14 Method of Operation: —	sic (give details i.e., rock b	oands, acoustic, jazz, e	tc.):	Music
☐ Video/A	rcade Games 🔲 Thir	d Party Promoters	Security Personne	
Other (s	pecify):			
15. Licensed Outdoor Area: None (check all that apply) Sidewal	Patio or Deck	Rooftop Specify):	Garden/Grounds	☐ Freestanding Covered Structure

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16. List the floor(s) of the building tha	t the establishment is located on: Basem	ent and Ground Floor	
17. List the room number(s) the estab	lishment 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 e	stablishments? • Yes • No	0
19. Will the license holder or a manag	er be physically present within the establish	nment during all hours of operation?	• Yes • No
20. If this is a transfer application (an	existing licensed business is being purchase	d) provide the name and serial numbe	r of the licensee:
CALEXICO	O CINCO LLC	1316	3429
-	Name	Serial N	lumber
22. Building Owner's Full Name: Ge 23. Building Owner's Street Address:	Owner of the Building in Which the Leorge Lavian MGM Management, 377 Park Avenue		
24. City, Town or Village: New York	ζ	State: NY	Zip Code: 10003
25. Business Telephone Number of Bu			
Rep Applicatio	resentative or Attorney Representing on for a License to Traffic in Alcohol at	the Applicant in Connection with the Establishment Identified in th	the is Notice
26. Representative/Attorney's Full Na	me: Michael J. Paleudis, Esq.		
27. Representative/Attorney's Street	Address: 100 Canal Pointe Boulevard,	Suite 125	
		1	
28. City, Town or Village: Princeton		State: NJ	Zip Code: 08540

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.

30. Business E-mail Address of Representative/Attorney: mjp@kplawyers.com

By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.

31. Printed Principal Name:	Patrick Joseph Cremin	Title:	Principal
	cles Coppe		
Principal Signature:	O CREPA, X		