

	OFFICE	USE ONLY	
Original	○ Amended	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:	1/03/2022	1a. Delivered by:	Certified Mail	Return Receipt Requested
Select the type of Applica For premises outside the	cation that will be filed with the Autho e City of New York:	rity for an On-Premises Ak	coholic Beverage Lice	ense:
O New Application	Removal Class Change			
For premises in the City	of New York:			
New Application	New Application and Temporary Ret	ail Permit 🔘 Temporary	Retail Permit	O Removal
O Class Change O M	Method of Operation O Corporate	Change ORenewal (O Alteration	
For Renewal applicants, a For Alteration applicants, For Corporate Change apport Removal applicants, a For Class Change applicants For Method of Operation Please include all docu	Retail Permit applicants, answer each answer all questions answer all questions answer all questions attach a complete written description opplicants, attach a list of the current a attach a statement of your current ants, attach a statement detailing you need to the currents as noted above. Failure to the Court of	on and diagrams depicting and proposed corporate pi nd proposed addresses wi r current license type and quired, if you choose to su to do so may result in d	the proposed alteration rincipals th the reason(s) for your proposed licen bmit, attach an expl	ation(s) the relocation se type lanation detailing those changes application.
				or community board.
3. Name of Municipality or C	Community Board: MANHATT	AN COMMUNITY	BOARD 3	
Applicant/Licensee Info	ormation:			
4. Licensee Serial Number (if	f applicable): N/A	Expir	ation Date (if application	able): N/A
5. Applicant or Licensee Nam	me: ONLY LOVE STRANGERS	SLLC		
6. Trade Name (if any): PEI	NDING			
7. Street Address of Establish	hment: 175 E HOUSTON STE	REET		
8. City, Town or Village: NE	W YORK	,	NY Zip Code: 1	10002
9. Business Telephone Numb	ber of applicant/ Licensee:	PENDING		
10. Business E-mail of Applica	int/Licensee: c/o RILEY.MAUD	@HELBRAUNLEVE	Y.COM	(1)
11. Type(s) of alcohol sold or t	to be sold: O Beer & cider	Wine, Beer & Cider	• © Liqu	uor, Wine, Beer & Cider
12. Extent of Food Service: C	O Full Food menu; full kitchen run by	a chef/cook O Menu me	ets legal minimum f	food requirements; food prep area required
13. Type of Establishment:	Bar/Tavern			
14 14-44-4 - 6 0	Seasonal Establishment Ju	ke Box Disc Jockey	Recorded Mi	usic Karaoke
14. Method of Operation: (check all that apply)	Live Music (give details i.e., rock b	ands, acoustic, jazz, etc.):	LIVE JAZZ M	F. C.
	Patron Dancing Employee [Entertainment Board 3, Man
		d Party Promoters	Security Personnel	ADD 4 2 2020
	Other (specify): N/A			NUV () / ZUZZ
15. Licensed Outdoor Area: (check all that apply)	✓ None	·	den/Grounds	Freestanding Covered Structure

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	Original Amended	Date	49
16. List the floor(s) of the building tha	t the establishment is located on:	OUND FLOOR + BASEMENT/ CEL	LAR
17. List the room number(s) the estab	olishment 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 O No	
19. Will the license holder or a manag	er be physically present within the establi	shment during all hours of operation?	• Yes • No
20. If this is a transfer application (an	existing licensed business is being purchas	sed) provide the name and serial number o	of the licensee:
N/A		N/A	
	Name	Serial Nu	
21. Does the applicant or licensee owr	n the building in which the establishment	is located? Yes (if YES, SKIP 23-26)	⊙ No
	Owner of the Building in Which the	Licensed Establishment is Located	
22. Building Owner's Full Name:	AGE OSSA, 175-177 EAST HOUS	TON ASSOCIATES c/o S&H EQU	ITIES NY INC.
23. Building Owner's Street Address:	98 CUTTER MILL ROAD, SUITI	∃ 390	
24. City, Town or Village: GREAT I	NECK	State: NY	Zip Code: 11021
	ilding Owner: 516-487-4900		
25. Business Telephone Number of Bui	1310-407-4300		
25. Business Telephone Number of Bui	310-407-4300		
25. Business Telephone Number of Bui	310-407-4300		
Repr	resentative or Attorney Representing	g the Applicant in Connection with th	ne
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Repr Applicatio 26. Representative/Attorney's Full Nar	resentative or Attorney Representing in for a License to Traffic in Alcohol at me: JOSEPH LEVEY; HELBRAU address: 40 FULTON STREET, FL	t the Establishment Identified in this	ne Notice Zip Code: 10038
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