_ / HEWYORK	State Liquor
Entering of the Control of the Contr	Authority

			OFFIC	E LICE CALL	
_		_		E USE ONLY	
$\mathcal{I}$	Original.	$\bigcirc$	Amended	Date	

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

L. Date Notice Sent:	[1] [0] [0] [1]					
Date Notice Sent:	6 9 2023 1a. Delivered by:					
Select the type of Ap     For premises outside	oplication that will be filed with the Authority for an On-Premises Alcoholic Beverage License:					
New Application	Removal Class Change JUN 12 2023					
For premises in the						
New Application	O New Application and Temporary Retail Permit O Temporary Retail Permit O Removal					
	Method of Operation O Corporate Change O Renewal O Alteration Add Live music					
For Alteration applica For Corporate Chang For Removal applica For Class Change applica For Method of Oper Please include all	r Alteration applicants, attach a complete written description and diagrams depicting the proposed alteration(s) or Corporate Change applicants, attach a list of the current and proposed corporate principals or Removal applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation or Class Change applicants, attach a statement detailing your current license type and your proposed license type or Method of Operation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes ease include all documents as noted above. Failure to do so may result in disapproval of the application.					
This 30-Day Advar	nce Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:					
3. Name of Municipalit	cy or Community Board: Community Board 3					
Applicant/Licenses	e Information:					
4. Licensee Serial Numb	ber (if applicable): 1349714 Expiration Date (if applicable):					
5. Applicant or Licensee	e Name: Darkhorse Concepts LLC					
6. Trade Name (if any):	Full Tank Moto Cafe					
7. Street Address of Est	tablishment: 49 Monroe Street					
8. City, Town or Village	New York , NY Zip Code: 10002					
9. Business Telephone	Number of applicant/ Licensee: (917) 355-7465					
10. Business E-mail of A	pplicant/Licensee: fulltankmotocafe@gmail.com					
d						
11. Type(s) of alcohol so	old or to be sold: O Beer & cider O Wine, Beer & Cider C Liquor, Wine, Beer & Cider					
12. Extent of Food Serv	ice: O Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area required					
13. Type of Establishme	ent: Bar/Tavern					
	☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ■ Recorded Music ☐ Karaoke					
14. Method of Operatio (check all that apply	00:					
(4	Patron Dancing					
	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel					
	Other (specify):					
15. Licensed Outdoor A						

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Origi		
16. List the floor(s) of the building that the establishment	shment is located on: Ground floor	
17. List the room number(s) the establishment is le	ocated in within the building, if appropriate:	
18. Is the premises located within 500 feet of three	e or more on-premises liquor establishments?	es © No
19. Will the license holder or a manager be physical	ally present within the establishment during all hours of o	operation? <b>©</b> Yes <b>©</b> No
	nsed business is being purchased) provide the name and	99
		orial name of the intensee:
Name 21 Does the applicant or licenses own the hullding		Serial Number
21. Does the applicant or licensee own the buildin	g in which the establishment is located?	S, SKIP 23-26) O No
	the Building in Which the Licensed Establishment	is Located
22. Building Owner's Full Name: Artists Hall Ll	LC ·	
23. Building Owner's Street Address: 49 Monr	roe Street	
24. City, Town or Village: New York	-State: New York	Zip Code: 10002
25. Business Telephone Number of Building Owne		10002
×	7 = 0. 3041	
Representativ Application for a Lic	re or Attorney Representing the Applicant in Conseense to Traffic in Alcohol at the Establishment Ide	nection with the entified in this Notice
26. Representative/Attorney's Full Name: Fran	nk W. Palillo	
27. Representative/Attorney's Street Address:	Sixty Broad Street, Suite 3504	
28. City, Town or Village: New York	State: New York	Zip Code: 10004
29. Business Telephone Number of Representative	e/Attorney: (212) 227-1640	1 30401 10004
30. Business E-mail Address of Representative/Att		
,		
the Authority when granting t upon, and that false represe	ee holder or a principal of the legal entity that hold re in conformity with representations made in sub the license. I understand that representations ma entations may result in disapproval of the applicati under <b>Penalty of Perjury</b> - that the representation	mitted documents relied upon by de in this form will also be relied on or revocation of the license.
24 24 4 124 4 4 4		
31. Printed Principal Name:   Jimmy Pairca	Titla	
31. Printed Principal Name: Jimmy Peirce	Title: Man	aging Member
31. Printed Principal Name: Jimmy Peirca	Title: Mana	aging Member
Principal Signature:	Title: Mana	aging Member

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