	OFFICE USE ONLY				
0	Original	0	Amended	Date	

49

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

1. Date Notice Sent: September 7, 2023 1a. Delivered by:
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:  For premises outside the City of New York:  Application 1. Application 2. Applica
New Application    Removal    Class Change
For premises in the City of New York: SEP 11 2023
New Application
O Class Change O Method of Operation O 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.
This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:
3. Name of Municipality or Community Board: Manhattan Community Board #3
Applicant/Licensee Information:
4. Licensee Serial Number (if applicable): N/A Expiration Date (if applicable): N/A
5. Applicant or Licensee Name: RJM Hospitality, LLC
6. Trade Name (if any): Sunflower
7. Street Address of Establishment: 88 2nd Avenue
8. City, Town or Village: New York , NY Zip Code: 10003
9. Business Telephone Number of applicant/ Licensee: (917)262-0804
10. Business E-mail of Applicant/Licensee: Ross@sunflowergramercy.com
11. Type(s) of alcohol sold or to be sold:    Beer & cider    Wine, Beer & Cider    Liquor, Wine, Beer & Cider
12. Extent of Food Service:  Full 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)  Live Music (give details i.e., rock bands, acoustic, jazz, etc.):
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
Other (specify):
15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (check all that apply) Sidewalk Cafe Other (specify):

	OFFICE USE ONLY nded Date	
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 t		
18. Is the premises located within 500 feet of three or more on-premises	nises liquor establishments? 🔞 Yes 🧠 No	
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 application (an existing licensed business is be		-fat-1
N/A	N/A	or the licensee:
Name	Serial Nu	mber
21. Does the applicant or licensee own the building in which the esta	iblishment is located? (Yes (If YES, SKIP 23-26)	<b>⊙</b> No
Owner of the Building in W	Which the Licensed Establishment is Located	
22 Building Council C. Bar	The state of the s	
ornaria ribary ELO		
23. Building Owner's Street Address: PO Box 3545		
24. City, Town or Village: New Hyde Park	State: NY	Zip Code: 11040
25. Business Telephone Number of Building Owner: (917)902-03		11040
(017/002-03	10	
Representative or Attorney Rep	resenting the Applicant in Connection with the	9
Application for a License to Traffic in A	Icohol at the Establishment Islamitted in Alice	
	and as the Establishment identified in this h	lotice
26. Representative/Attorney's Full Name: Michael Collegano		lotice
23.0		lotice
27. Representative/Attorney's Street Address: 155 East 34th Str	eet	lotice
27. Representative/Attorney's Street Address: 155 East 34th Str 28. City, Town or Village: New York		Zip Code: 10016
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