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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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

1. Date Notice Sent: **11/21/2023**      1a. Delivered by: **Overnight Mail, Tracking Number and Pro**

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:

☐ New Application   ☐ Removal   ☐ Class Change

For premises in the City of New York:

☐ New Application   ☒ New Application and Temporary Retail Permit   ☐ Renewal   ☐ Alteration   ☐ Removal

☐ 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.**

**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 No. 3**

### Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): \_\_\_\_\_ Expiration Date (if applicable): \_\_\_\_\_

5. Applicant or Licensee Name: **MT 121 Marks LLC**

6. Trade Name (if any): **TBD**

7. Street Address of Establishment: **123 Saint Marks Place**

8. City, Town or Village: **New York**, **NY** Zip Code: **10009-5137**

9. Business Telephone Number of applicant/ Licensee: **713-444-8359**

10. Business E-mail of Applicant/Licensee: **jeremy@moodytongue.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   ☐ 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): \_\_\_\_\_

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6. List the floor(s) of the building that the establishment is located on: First Floor and Basement
7. List the room number(s) the establishment is located in within the building, if appropriate: \_\_\_\_\_
8. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☒ Yes ☐ No
9. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No
10. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:
- |       |               |
|-------|---------------|
| _____ | _____         |
| Name  | Serial Number |
11. Does the applicant or licensee own 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**

- Building Owner's Full Name: Avenue A Schneider Associates, LLC and Avenue A at St. Marks Associates LLC
- Building Owner's Street Address: 6 Grace Avenue, Suite 400
- City, Town or Village: Great Neck State: NY Zip Code: 11021
- Business Telephone Number of Building Owner: 516-466-3588

**Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice**

- Representative/Attorney's Full Name: Max Bookman, Esq. - Pesetsky and Bookman, P.C.
- Representative/Attorney's Street Address: 325 Broadway - Suite 501
- City, Town or Village: New York State: NY Zip Code: 10007
- Business Telephone Number of Representative/Attorney: 212-513-1988
- Business E-mail Address of Representative/Attorney: max@pb.law; sofia@pb.law

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.

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

31. Printed Principal Name: Jeremy Corn Title: Manager

Principal Signature: \_\_\_\_\_