


☐ Original

☐ Amended

Date

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

1. Date Notice Sent:

12/6/2023

1a. Delivered by:

Certified Mail Return Receipt Requested

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 dateFor **Renewal** applicants, answer all questionsFor **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 principalsFor **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocationFor **Class Change** applicants, attach a statement detailing your current license type and your proposed license typeFor **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):

1303765

Expiration Date (if applicable):

2/29/24

5. Applicant or Licensee Name:

BIG LEE AND SASHA'S INC

6. Trade Name (if any):

The Big Swallow

7. Street Address of Establishment:

140 1st Avenue

8. City, Town or Village:

New York

, NY

Zip Code:

10009

9. Business Telephone Number of applicant/ Licensee:

212-256-0124

10. Business E-mail of Applicant/Licensee:

area140first@gmail.com

11. Type(s) of alcohol sold or to be sold:



Beer &amp; cider



Wine, Beer &amp; Cider



Liquor, Wine, Beer &amp; 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:

Bar/Tavern



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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16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☒ Yes ☐ No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No

20. 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

21. 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

22. Building Owner's Full Name:

23. Building Owner's Street Address:

24. City, Town or Village:  State:  Zip Code:

25. Business Telephone Number of Building Owner:

#### 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

26. Representative/Attorney's Full Name:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

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:  Title:

DocuSigned by:

*Michael Durgavich*

17F66E084481427

Principal Signature:

12/6/2023

**Section C****Identification of Individuals****Part 1. Current Approved Corporate Set-Up**

List below the names of all LLC members/managers, officers, directors and individual stockholders, that are currently licensed to hold an interest in the subject license, *attach additional sheets if necessary.*

| Name              | Current Title(s) | Current % of Interest | Current Number of Shares |
|-------------------|------------------|-----------------------|--------------------------|
| Leroy J. Lloyd    | CEO              | 51                    | 102                      |
| Maria Lloyd       | Member           | 1                     | 2                        |
| Michael Durgavich | Member           | 48                    | 96                       |
|                   |                  |                       |                          |
|                   |                  |                       |                          |
|                   |                  |                       |                          |
|                   |                  |                       |                          |

**Part 2. Proposed Corporate Set-Up**

List below the names of all LLC members/managers, officers, directors and individual stockholders, who will have an interest in the subject license upon approval of this corporate change. You must account for 100% of the ownership. *Attach additional sheets if necessary.*

| Name              | Proposed Title(s) | Proposed % of Interest | Proposed # of Shares | Check if New             |
|-------------------|-------------------|------------------------|----------------------|--------------------------|
| Michael Durgavich | CEO               | 100                    | 200                  | <input type="checkbox"/> |
|                   |                   |                        |                      | <input type="checkbox"/> |
|                   |                   |                        |                      | <input type="checkbox"/> |
|                   |                   |                        |                      | <input type="checkbox"/> |
|                   |                   |                        |                      | <input type="checkbox"/> |
|                   |                   |                        |                      | <input type="checkbox"/> |
|                   |                   |                        |                      | <input type="checkbox"/> |

*All parties listed in Part 2 and are NEW to the corporation/LLC must complete a Personal Questionnaire as well as submit an original color photo, photo ID and proof of citizenship for themselves. The forms are available for download on our web site at: [www.sla.ny.gov](http://www.sla.ny.gov)*

**ALL NEW APPLICANT PRINCIPALS WILL BE REQUIRED TO BE FINGERPRINTED ELECTRONICALLY**

**NOTE:** Persons CURRENTLY licensed by the State Liquor Authority do not have to be fingerprinted. Each applicant principal that is required to be fingerprinted will be instructed to do so on the application Filing Receipt once the application is received by the Authority. Fingerprinting instructions are available on the Filing Receipt or on our website, [www.sla.ny.gov](http://www.sla.ny.gov).