Newyork State Liquor

Original O Amended

Date

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

1. Date Notice Sent: 3 15 2024 1a. Delivered by: CMCRR				
 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				
Class 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: Community Board # 3 Manhattan				
Applicant/Licensee Information:				
4. Licensee Serial Number (if applicable): 0267-23-128179 Expiration Date (if applicable): 2/38/2025				
5. Applicant or Licensee Name: Dulce Ranger LLC				
6. Trade Name (if any): Carlota				
7. Street Address of Establishment: 14 A Orchard Street				
8. City, Town or Village: New York , NY Zip Code: 10002				
9. Business Telephone Number of applicant/ Licensee: Z12 Y64 - 8031				
10. Business E-mail of Applicant/Licensee: tommy@barbc/lynyc.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 requi				
13. Type of Establishment: Lesteurant				
Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke 14. Method of Operation:				
(check all that apply)				
☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment				
Video/Arcade Games				
Other (specify):				
15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (check all that apply) Sidewalk Cafe Other (specify): Open Restaurents Sidewalk				

***	OFFICE USS	E ONLY Date		
16. List the floor(s) of the building	that the establishment is located on:	2- grand flor :	basement 49	
17. List the room number(s) the es	stablishment is located in within the building, in	,	Sec (may 1	
18. Is the premises located within !	500 feet of three or more on-premises liquor e	establishments? 🔊 🗸 🗘 No		
19. Will the license holder or a mar	nager be physically present within the establis	hment during all hours of operation?	Ø Yes ○ No	
20. If this is a transfer application ((an existing licensed business is being purchase	ed) provide the name and serial number o	f the licensee:	
	Name ·	Serial Nu	mber	
21. Does the applicant or licensee	own the building in which the establishment i	s located?	⊠ No	
	Owner of the Building in Which the I	Licensed Establishment is Located		
22. Building Owner's Full Name:	Sim Land I	AC		
23. Building Owner's Street Addres	ss: 37 Victor L	ene		
24. City, Town or Village:	Woodburg	State: NY	Zip Code: 11797	
25. Business Telephone Number of Building Owner: (5/6) >87-3628				
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: Frank W. Palillo				
27. Representative/Attorney's Street Address: Sixty Broad Street, Suite 3504				
28. City, Town or Village: New \	York	State: NY	Zip Code: 10004	
29. Business Telephone Number of Representative/Attorney: (212) 227-1640				
30. Business E-mail Address of Representative/Attorney: Fwpalillo@gmail.com				
Representations the Authority w upon, and that	cant or licensee holder or a principal of the in this form are in conformity with representations. I understand the false representations may result in disappress to a fifteen and or Republications.	sentations made in submitted docum eat representations made in this form pproval of the application or revocati	ents relied upon by n will also be relied on of the license.	
ъy my signat	cure, I affirm - under Penalty of Perjury - t	that the representations made in this	rorm are true.	
31. Printed Principal Name:	Thomas Mendes	Title: Maneg	ing Member	
Principal Signature:	* //			