

☐ Original☐ Amended

Date _____

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

1. Date Notice Sent:

04/08/2024

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 ☐ Temporary Retail Permit ☐ Removal

☐ Class Change ☐ Method of Operation ☐ Corporate Change ☐ Renewal ☐ Alteration

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):

Expiration Date (if applicable):

5. Applicant or Licensee Name:

Mountain House NY LLC

6. Trade Name (if any):

7. Street Address of Establishment:

19 - 23 Saint Marks Place, Upper Level

8. City, Town or Village:

New York

, NY

Zip Code:

10003

9. Business Telephone Number of applicant/ Licensee:

(212)995-1888

10. Business E-mail of Applicant/Licensee:

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

☐ Beer & cider☒ Wine, Beer & Cider☐ Liquor, Wine, Beer & Cider12. 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☐ Karaoke14. 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: Upper Level
17. List the room number(s) the establishment is located in within the building, if appropriate: N/A
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:
- | | |
|---------|---------------|
| <u></u> | <u></u> |
| 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: 19-23 St. Marks Associates LLC c/o Captirx Development Associates LLC
23. Building Owner's Street Address: 486 Broadway, 6th Floor
24. City, Town or Village: New York State: NY Zip Code: 10013
25. Business Telephone Number of Building Owner: (609)435-4306

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: James Wang
27. Representative/Attorney's Street Address: 146-14 24th Avenue
28. City, Town or Village: Whitestone State: NY Zip Code: 11357
29. Business Telephone Number of Representative/Attorney: (212)2193070
30. Business E-mail Address of Representative/Attorney: j.y.wang.ny@gmail.com

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: Ming Lin Title: Member

Principal Signature: 