

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

1. Date Notice Sent

5/2/24

1a. Delivered by

Certified Mail Return Receipt

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

COMMUNITY BOARD THREE

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable)

Expiration Date (if applicable):

5. Applicant or Licensee Name:

WEST MARK LLC

6. Trade Name (if any):

PHIBES TAVOIN AND GRILL

7. Street Address of Establishment:

361 BOWERY

8. City, Town or Village:

New York

, NY Zip Code:

10013

9. Business Telephone Number of applicant/ Licensee:

212-358-1902

10. Business E-mail of Applicant/Licensee:

info@holzinc.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:

NEIGHBORHOOD PUB AND RESTAURANT

☐ 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
(check all that apply)☐ None☐ Patio or Deck☐ Rooftop☐ Garden/Grounds☐ Freestanding Covered Structure☐ Sidewalk Cafe☒ Other (specify):

Enclosed Sidewalk Cafe

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 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 |
|---------|---------------|
| <u></u> | <u></u> |
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: JANE ROSENBERG / WESTAME PROPERTIES
23. Building Owner's Street Address: 215 LEXINGTON AVE, 20TH FL
24. City, Town or Village: New York State: NY Zip Code: 10016
25. Business Telephone Number of Building Owner: 917-373-4133

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: Terrence R. Flynn, Jr
27. Representative/Attorney's Street Address: 444 Beach 129th Street, 2nd Floor
28. City, Town or Village: Belle Harbor State: New York Zip Code: 11694
29. Business Telephone Number of Representative/Attorney: 718-945-1000
30. Business E-mail Address of Representative/Attorney: trflynnjr@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: CARA COSGRAVE Title: OPERATING PARTNER

Principal Signature: Cara Cosgrave