		OFFICI	USE ONLY	
Orig	inal (	) Amended	Date	

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

1. Date Notice Sent: May 2P 2024 1a. Delivered by: CMRKR
Chileton
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 MAY 31 2024
For premises in the City of New York:
New Application New Application and Temporary Retail Permit Renewal Alteration Removal
O Class Change O Method of Operation O 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 #3 Manhattan
Applicant/Licensee Information:
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):
5. Applicant or Licensee Name: White Horse Concepts LLC
6. Trade Name (if any):
7. Street Address of Establishment: 167 East Broodway
8. City, Town or Village: New York , NY Zip Code: 10002
9. Business Telephone Number of applicant/ Licensee: (204 435-0957
10. Business E-mail of Applicant/Licensee: nicholesallen@pust.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 requirements
13. Type of Establishment:
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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Original	<ul> <li>Amended</li> </ul>	Date	

16. List the floor(s) of the	building that the establishment is located on:	irst floor : basem	ent
17. List the room number	(s) the establishment is located in within the building, if a	appropriate:	
18. Is the premises located	d within 500 feet of three or more on-premises liquor es	tablishments? OTes O No	
19. Will the license holder	or a manager be physically present within the establish	ment during all hours of operation?	Yes O No
20. If this is a transfer app	lication (an existing licensed business is being purchased	I) provide the name and serial number o	f the licensee:
	Name	Serial Nun	nber
21. Does the applicant or I	licensee own the building in which the establishment is l	ocated?	<b>○</b> No
	Owner of the Building in Which the Lic	ensed Establishment is Located	
22. Building Owner's Full N	Name: Nillenium Dragon	Real of Inc	
23. Building Owner's Street	et Address: 167 East Brown	Dway Hy	
24. City, Town or Village:	New York	State: Ny	Zip Code: /oca2
25. Business Telephone No	umber of Building Owner:		
26. Representative/Attorn	Representative or Attorney Representing t Application for a License to Traffic in Alcohol at to	the Applicant in Connection with the he Establishment Identified in this f	e Votice
27. Representative/Attorn	ney's Street Address: Sixty Broad Street, Suite 3504	4	
28. City, Town or Village:	New York	State: NY	Zip Code: 10004
29. Business Telephone Nu	Imber of Representative/Attorney: (212) 227-1640		
30. Business E-mail Addres	s of Representative/Attorney: Fwpalillo@gmail.con	n	
Represent the Autho upon, ai	e applicant or licensee holder or a principal of the lations in this form are in conformity with represently when granting the license. I understand that and that false representations may result in disapprosignature, I affirm - under <b>Penalty of Perjury</b> - that	tations made in submitted documer representations made in this form w oval of the application or revocation	nts relied upon by will also be relied not the license.
31. Printed Principal Na	me: Nicholes Allen	Title: Manesing	Mem ber
Principal Signatu	ire: × Nich		

	OFFICE		
Original	Amended	Date	

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

1. Date Notice Sent: May 3P 2034 1a. Delivered by: CMRKR
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:  Class Change
For premises in the City of New York:
O New Application New Application and Temporary Retail Permit O Renewal O Alteration O Remova 3 2024
O Class Change O Method of Operation O 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 #3 Manhaffan
Applicant/Licensee Information:
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):
5. Applicant or Licensee Name: White Horse Concepts LLC
6. Trade Name (if any):
7. Street Address of Establishment: 167 East Broadway
8. City, Town or Village: New York , NY Zip Code: 10002
9. Business Telephone Number of applicant/ Licensee: (202 435-0957
10. Business E-mail of Applicant/Licensee: nicholasallen@pust. con
11. Type(s) of alcohol sold or to be sold:
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 require
13. Type of Establishment:
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 Gooftop Garden/Grounds Freestanding Covered Structure (check all that apply) Sidewalk Cafe Other (specify):

	Original Amended	Date	
6. List the floor(s) of the building that the	e establishment is located on:	First floor:	basement
7. List the room number(s) the establish	ment is located in within the build	ing, if appropriate:	
3. Is the premises located within 500 fee	t of three or more on-premises liq	uor establishments? OTes	( No
). Will the license holder or a manager b	e physically present within the est	ablishment during all hours of op	eration?
. If this is a transfer application (an exist	ting licensed business is being pur	chased) provide the name and se	rial number of the licensee:
	Name		Serial Number
L. Does the applicant or licensee own the	e building in which the establishm	ent is located?	SKIP 23-26) ØNo
8			
Ov	wner of the Building in Which	the Licensed Establishment is	Located
. Building Owner's Full Name:	Millenium Dras	on Real Inc	
Building Owner's Street Address:	167 East 3	roedway Hy	
. City, Town or Village:	you.	State: Ny	Zip Code: /ooa2
. Business Telephone Number of Buildir	ng Owner:		
Repres Application f  5. Representative/Attorney's Full Name:	entative or Attorney Represe for a License to Traffic in Alcoh	nting the Applicant in Conne ool at the Establishment Ident	ction with the ified in this Notice
7. Representative/Attorney's Street Add	ress: Sixty Broad Street, Suit	te 3504	,
,			1-0.
City, Town or Village: New York		State: NY	Zip Code: 10004
. Business Telephone Number of Repres	sentative/Attorney: (212) 227	7-1640	
. Business E-mail Address of Representa	ative/Attorney: Fwpalillo@gm	nail.com	
Representations in this	licensee holder or a principal of form are in conformity with re anting the license. I understan	presentations made in submit	tted documents relied upon by
	epresentations may result in o		
By my signature, I a	ffirm - under <b>Penalty of Perj</b> ur	ry - that the representations n	nade in this form are true.
			<u> </u>
1. Printed Principal Name:	Vicholes Allen	Title: Ma	nesing Member
	1/-1		

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