

OFFICE USE ONLY

☐ Original☐ Amended

Date _____

State Liquor
Authority

49

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

1. Date Notice Sent: _____

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): **1268637**Expiration Date (if applicable): **4/30/25**5. Applicant or Licensee Name: **SC DELANCEY LLC & LPJ PRODUCTIONS**6. Trade Name (if any): **HOLIDAY INN NYC - LOWER EAST SIDE**7. Street Address of Establishment: **148-150 DELANCEY STREET**8. City, Town or Village: **NEW YORK****, NY**Zip Code: **10002**9. Business Telephone Number of applicant/ Licensee: **212 475-2500**10. Business E-mail of Applicant/Licensee: **MAGGIE@GANDHILAW.COM**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 required13. Type of Establishment: **Hotel (requires full on premises restaurant open to the public)**☐ 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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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

16. List the floor(s) of the building that the establishment is located on: **BASEMENT DINING**
17. List the room number(s) the establishment is located in within the building, if appropriate: **FIRST FLOOR CAFE**
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: **SC DELANCEY LLC**
23. Building Owner's Street Address: **148-150 DELANCEY STREET**
24. City, Town or Village: **NEW YORK** State: **NY** Zip Code: **10002**
25. Business Telephone Number of Building Owner: **212 475-2500**

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: **STACY L. WEISS, ESQ**
27. Representative/Attorney's Street Address: **110 EAST 59TH STREET, 23RD FLOOR**
28. City, Town or Village: **NEW YORK** State: **NY** Zip Code: **10022**
29. Business Telephone Number of Representative/Attorney: **212-521-0828**
30. Business E-mail Address of Representative/Attorney: **SLWEISSATTORNEY@AOL.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: **SAMIR GANDHI** Title: **MEMBER**

Principal Signature: _____


The Law Office of
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LAW FIRM, PLLC.
Of Counsel

NADIA CANTAVE
Legal Assistant

July 15, 2024

Manhattan Community Board 3
59 East 4th Street
New York, NY 10003

To Whom It May Concern:

Please be advised that, SC Delancey LLC & LPJ Productions LLC, located at 148-150 Delancey Street, NY NY is applying for a Corporate Change application for their hotel liquor license

The Corporate change will be a change to the ownership of SC Delancey whereby Sam Chang 40% owner has resigned and his shares returned to the company.

It will be distributed to the other 60% owners as well as 2 new members will also be added.

One member had died and will be removed.

No change to the method of operation at this time.

Enclosed please find an original Standardized Notice Form from the New York State Liquor Authority. Please contact this office with any questions.

Thank you for your attention to this matter.

Very Truly Yours,


Stacy L. Weiss