| | OFFICE | USE ONLY | |
|----------|-----------|----------|--|
| Original | O Amended | Date | |

40

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

| 1. Date Notice Sent: | 7/12/2024 | a. Delivered by: | Overnight M | ail, Tracking Number and Pro |
|--|---|--|--|--|
| Select the type of Appl For premises outside th | ication that will be filed with the Authority for a ne City of New York: | an On-Premises | Alcoholic Beverage Li | JUL 1 52024 |
| New Application For premises in the Cit | Removal Class Change y of New York: | | | |
| O New Application (| New Application and Temporary Retail Perm | nit O Renewa | () Alteration | O Removal |
| O Class Change | Method of Operation O Corporate Change | | | |
| For Renewal applicant For Alteration applicant For Corporate Change For Removal applicant For Class Change appli For Method of Operat | ry Retail Permit applicants, answer each quest s, answer all questions nts, attach a complete written description and applicants, attach a list of the current and pro is, attach a statement of your current and pro cants, attach a statement detailing your currer ion Change applicants, although not required, | diagrams depict posed corporate posed addresses nt license type a if you choose to | ng the proposed alter principals with the reason(s) for dyour proposed lice submit, attach an ex | eration(s) or the relocation ense type kplanation detailing those changes |
| Please include all do | ocuments as noted above. Failure to do s | so may result i | n disapproval of th | e application. |
| This 30-Day Advance | e Notice is Being Provided to the Clerk of | f the Following | Local Municipality | y or Community Board: |
| 3. Name of Municipality | or Community Board: Manhattan Com | munity Bo | ard 3 | |
| Applicant/Licensee i | A | | | |
| | er (if applicable): 6010304 | Ε. | piration Date (if app | licable): 12/31/2025 |
| | | | The Art State | |
| 5. Applicant or Licensee I | Name: 51 Avenue B LLC | | | |
| 5. Trade Name (If any): | Populares | | | |
| 7. Street Address of Esta | blishment: 51 Avenue B | | | |
| 8. City, Town or Village: | New York | - I | , NY Zip Code: | 10004 |
| 9. Business Telephone N | umber of applicant/ Licensee: (646) |) 643-3581 | | |
| 10. Business E-mail of App | olicant/Licensee: mina25846@gmai | il.com | | |
| 11, Type(s) of alcohol solo | d or to be sold: O Beer & cider O | Wine, Beer & C | ide. | Liquor, Wine, Beer & Cider |
| 12. Extent of Food Service | e: O Full Food menu; full kitchen run by a che | | | um food requirements; food prep area require |
| 13. Type of Establishment | Restaurant (full kitchen and Seasonal Establishment Juke Bo | | | Music Karaoke |
| Method of Operation (check all that apply) | Live Music (give details i.e., rock bands, | | | less Entertainment |
| | ☐ Video/Arcade Games ☐ Third Part | ty Promoters | Security Personn | nel |
| | Other (specify): | | | |
| 15. Licensed Outdoor An (check all that app | ea: None Patio or Deck | Rooftop fy): | Garden/Grounds | Freestanding Covered Structure |

| ppla-rev12302021 | Original | OFFICE USE | ONLY Date | | | | | 49 |
|---|--|--|-------------------------------------|-------------------------|--|------------------------------|-------------------|--------|
| 16. List the floor(s) of the building that | t the establishm | nent is located on: Grour | nd Floor | | | | | = |
| 17. List the room number(s) the estab | lishment is loca | ited in within the building, i | f appropri | ate: N/ | A | | | |
| 18. Is the premises located within 500 | feet of three or | r more on-premises liquor e | establishm | ents? | ⊙ Yes (○ No | | | |
| 19. Will the license holder or a manag | | | | | | Yes | O No | |
| 20. If this is a transfer application (an | existing licensed | d business is being purchase | ed) provid | e the nam | ne and serial number of | the license | e: | \neg |
| | | | | | Serial Num | ber | | |
| 21. Does the applicant or licensee ow | Name on the building in | n which the establishment i | s located? | ° ⊕Y€ | es (if YES, SKIP 23-26) | ⊙ No | | |
| | Owner of the | e Building in Which the | Licensed | Establish | nment is Located | | | |
| 22. Building Owner's Full Name: 4 | 5-51 Avenue | BLLC | | | | | | |
| 23. Building Owner's Street Address: | 47 Ave B, | Apt 2 | | | | | | |
| 24. City, Town or Village: New Yo | ork | | State: | NY | | Zip Code: | 10009 | |
| 25. Business Telephone Number of Bo | uilding Owner: | (646) 853-2325 | | | | | | |
| Re Applicat | presentative o ion for a Licen | or Attorney Representin se to Traffic in Alcohol a | g the Ap It the Est | plicant ii ablishme | n Connection with th ent Identified in this f | e Notice | | |
| 26. Representative/Attorney's Full N | ame: Mitche | ell Segal, Esq. | | | | | | , |
| 27. Representative/Attorney's Street | t Address: 11 | 29 Northern Boulevard | d, Suite | 404 | | | | |
| 28. City, Town or Village: Manhas | | | State | : NY | | Zip Code: | 11030 | |
| 29. Business Telephone Number of R | epresentative/ | Attorney: 516-415-01 | 00 | | | | | |
| 30. Business E-mail Address of Repre | | | rantesq. | com | | | | |
| I am the applicar Representations in the Authority whe upon, and that fa | nt or licensee l this form are i en granting the alse represent | holder or a principal of the in conformity with represe license. I understand the ations may result in disander Penalty of Perjury | sentation nat repre pproval o | sentation of the app | ns made in this form oplication or revocation | will also be n of the lic | e relied ense. | |
| 31. Printed Principal Name: Min | na Ibrahim | | | Title: | Member | | | |

Principal Signature: My

Dear Community Board 3 of Manhattan

To whom it may concern,

This letter is To inform you that we planing on changing the menu and the cuisine with no change of hours of operation or the method of operation. If you have any questions. Don't heritale to contact me cet 646-643-358-

Sincologi Mina Ibrahin 646-643-3581 Mina 25846@Gmail.com