

OFFICE USE ONLY	
<input type="radio"/> Original	<input type="radio"/> Amended
Date _____	

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

Date Notice was Sent: MANHATTAN C.B. # 3

1a. Delivered by: _____

Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

☒ New Application
 ☐ Renewal
 ☐ Alteration
 ☐ Corporate Change
 ☐ Removal
 ☐ Class Change
 ☐ Method of Operation Change

Rec'd By Community Board 3, Man

AUG 05 2024

For New 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

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

Name of Municipality or Community Board: MANHATTAN COMMUNITY BOARD # 3

Applicant/Licensee Information:

Licensee Serial Number (if applicable): _____

Expiration Date (if applicable): _____

Applicant or Licensee Name: NEW COPPER + OAK LLCTrade Name (if any): COPPER + OAKStreet Address of Establishment: 157 Allen StreetCity, Town or Village: NEW YORK, NYZip Code: 10002Business Telephone Number of Applicant/Licensee: (212) 460-5546Business E-mail of Applicant/Licensee: info@copperandOak.com1. Type(s) of alcohol sold or to be sold: ☐ Beer & Cider ☐ Wine, Beer & Cider ☒ Liquor, Wine, Beer & Cider

2. Extent of Food Service:

☐ Full food menu; full kitchen run by a chef or cook
 ☒ Menu meets legal minimum food availability requirements; food prep area at minimum
3. Type of Establishment: TAVERN4. Method of Operation:
(check all that apply)

- | | | | | |
|--|--|---|--|----------------------------------|
| <input type="checkbox"/> Seasonal Establishment | <input type="checkbox"/> Juke Box | <input type="checkbox"/> Disc Jockey | <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Live Music (give details i.e., rock bands, acoustic, jazz, etc.): _____ | | | | |
| <input type="checkbox"/> Patron Dancing | <input type="checkbox"/> Employee Dancing | <input type="checkbox"/> Exotic Dancing | <input type="checkbox"/> Topless Entertainment | |
| <input type="checkbox"/> Video/Arcade Games | <input type="checkbox"/> Third Party Promoters | <input type="checkbox"/> Security Personnel | | |
| <input type="checkbox"/> Other (specify): _____ | | | | |

5. Licensed Outdoor Area:
(check all that apply)

- | | | | | |
|--|--|----------------------------------|---|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Patio or Deck | <input type="checkbox"/> Rooftop | <input type="checkbox"/> Garden/Grounds | <input type="checkbox"/> Freestanding Covered Structure |
| <input type="checkbox"/> Sidewalk Cafe <input type="checkbox"/> Other (specify): _____ | | | | |

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i. List the floor(s) of the building that the establishment is located on:

GROUND

j. List the room number(s) the establishment is located in within the building, if appropriate:

k. Is the premises located within 500 feet of three or more on-premises liquor establishments?

☐ Yes☒ No

l. Will the license holder or a manager be physically present within the establishment during all hours of operation?

☒ Yes☐ No

m. 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

n. 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

2. Building Owner's Full Name:

TREASURE TOWER CORP

3. Building Owner's Street Address:

P.O. BOX 605

4. City, Town or Village:

COMACK

State:

NEW YORK

Zip Code:

11725

5. Business Telephone Number of Building Owner:

(516) 241-9772

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

6. Representative/Attorney's Full Name:

Guy Parisi

7. Representative/Attorney's Street Address:

4 MARINE AVE. Suite 502

8. City, Town or Village:

White Plains

State:

NEW YORK

Zip Code:

10606

9. Business Telephone Number of Representative/Attorney:

(914) 484-2006

10. Business E-mail Address of Representative/Attorney:

guy@parisi

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:

TOMONORI MATSUSHITA

Title:

MEMBER

Principal Signature: