		OFFI	CE USE ONLY	
Original	0	Amended	Date	

49

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

Date Notice was Sent: MAWHATTAU C.B # 3	1a. Delivered by:				
Select the type of Application that will be filed with the Author	ority for an On-Premises Alcoholic Beverage Community Board 3, Man				
New Application	prporate Change Removal Class Change Method of Operation Change				
For class Change applicants, attach a statement detailing	cription and diagrams depicting the proposed alteration(s) rent and proposed corporate principals ent and proposed addresses with the reason(s) for the relocation				
is 30-Day Advance Notice is Being Provided to the Cle	erk of the Following Local Municipality or Community Board:				
Name of Municipality or Community Board: MAN1	HATTAN COMMUNITY BOARD # 53				
aplicant/Licensee Information:					
Licensee Serial Number (if applicable): Expiration Date (if applicable):					
Applicant or Licensee Name: NEW COPP	PER + OAK LLC				
Trade Name (if any): COPPER JOAK					
Street Address of Establishment: 157 All	en Street				
City, Town or Village: NEW YORK	, NY Zip Code: 10002				
Business Telephone Number of Applicant/Licensee:	12) 460 - 5546				
). Business E-mail of Applicant/Licensee:	Copperand Oak. com				
L. Type(s) of alcohol sold or to be sold: O Beer & Cid	er O Wine, Beer & Cider ③ Liquor, Wine, Beer & Cider				
2. Extent of Food Service:					
O Full food menu; full kitchen run by a chef or cook (1)	Menu meets legal minimum food availability requirements; food prep area at minimum				
3. Type of Establishment: TAVERN					
4. Method of Operation: Seasonal Establishment	Juke Box Disc Jockey 🔀 Recorded Music 🔲 Karaoke				
(check all that apply) Live Music (give details i.e., ro					
	Toplace Entertainment				
☐ Video/Arcade Games	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel				
Other (specify):					
5. Licensed Outdoor Area: None Patio or Deck (check all that apply)	Rooftop Garden/Grounds Freestanding Covered Structure				
Sidewalk Cafe Other (specify):				

i. List the floor(s) of the building that the establishment is located on: GROTION . Ust the room number(s) the establishment is located in within the building, if appropriates: I. Is the premises located within 500 feet of three or more on-premises liquor establishments? O Yes No	-rev03292018	OFFICE USE ONLY Original Amended Date			
1. Is the premises located within 500 feet of three or more on-premises liquor establishments?	i. List the floor(s) of the building that the	ne establishment is located on: GRUIIIUN			
1. Will the license holder or a manager be physically present within the establishment during all hours of operation?	'. List the room number(s) the establish	ment is located in within the building, if appropriate:			
Name Serial Number 1. Does the applicant or licensee own the building in which the establishment is located? Oyes (if YES, SKIP 23-26) Owner of the Building in Which the Licensed Establishment is Located 2. Building Owner's Full Name: TREASURE TOWER CORD 3. Building Owner's Street Address: P. p. BOX LOS* 4. City, Town or Village: Com ACK 5. Business Telephone Number of Building Owner: (516) 241 - 977 2 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: The August Ave. Suite 500 8. City, Town or Village: White Plans State: New York Street Address: The August Ave. Suite 500 9. Business Telephone Number of Representative/Attorney: Gill Name: State: New York Street Address: The August Ave. Suite 500 9. Business Telephone Number of Representative/Attorney: Gill Name: State: New York Street Address: The August Ave. Suite 500 9. Business Telephone Number of Representative/Attorney: Gill National State: New York Street Address: The Code: 10006 1. The August Ave. State: New York Street Address: The Code: 10006 1. State: New York Street Address: State: New York State: New York Street Address: State: New York S	3. Is the premises located within 500 fe	et of three or more on-premises liquor establishments? O Yes O No			
Name Serial Number L. Does the applicant or licensee own the building in which the establishment is located? O'ves (if YES, SKIP 23-26) ONO 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. P. BOX CORP 4. City, Town or Village: Com Ack State: New York Zip Code: 11725* S. Business Telephone Number of Building Owner: (5 6) 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: PARIS 1 7. Representative/Attorney's Street Address: AWR State: New York Zip Code: 10606 8. City, Town or Village: White Plans State: New York Zip Code: 10606 9. Business Telephone Number of Representative/Attorney: (9)4 484 - 2006 1. 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. Lunderstand 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.					
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Does the applicant or licensee own the building in which the establishment is located? Over of the Building in Which the Licensed Establishment is Located Downer's Full Name: TREASURG: TOWER CORD Building Owner's Street Address: P. D. BOX LOS State: NEW YORK Zip Code: 11725 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 Representative/Attorney's Full Name: Gray PARLS: Representative/Attorney's Street Address: H. MARTINE AVE. State: New YORK Zip Code: 11725 State: New YORK Zip Code: 11725 State: New YORK Zip Code: 11725 Disciplines State: New YORK Line Code: Line C					
Owner of the Building in Which the Licensed Establishment is Located 2. Building Owner's Full Name: TREASURE TOWER CORD 3. Building Owner's Street Address: P. P. BOX LOS 4. City, Town or Village: Com ACK 5. Business Telephone Number of Building Owner: 5. Business Telephone Number of a License to Traffic in Alcohol at the Establishment Identified in this Notice 6. Representative/Attorney's Full Name: FARIS 1 7. Representative/Attorney's Street Address: HARLE AVE. SUITE 550 0 8. City, Town or Village: White Plans State: Www York 2 9. Business Telephone Number of Representative/Attorney: 614 484 - 2006 9. Business E-mail Address of Representative/Attorney: 614 484 - 2006 1 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.		Name Serial Number			
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3. Building Owner's Street Address: P. p. Box Les- 4. City, Town or Village: Com Ack 5. Business Telephone Number of Building Owner: (5 6) 24 1-9772 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: PARIS: 7. Representative/Attorney's Street Address: Haraf Ave. Suite 500 8. City, Town or Village: White Plans 9. Business Telephone Number of Representative/Attorney: (9 14) 484 - 200 6 9. Business E-mail Address of Representative/Attorney: GHY HARIS: 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 are lied upon, and that false representations may result in disapproval of the application or revocation of the license. By my signáture, I affirm - under Penalty of Perjury - that the representations made in this form are true.	0	wner of the Building in Which the Licensed Establishment is Located			
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S. 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: (52) PARIS 1 7. Representative/Attorney's Street Address: (4) MARTINE AVE. SWIFE 500 8. City, Town or Village: White Plans State: New YURK Zip Code: 10006 9. Business Telephone Number of Representative/Attorney: (914) 484 - 200 6 1. 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 signâture, I affirm - under Penalty of Perjury - that the representations made in this form are true.	3. Building Owner's Street Address:	P. p. Box 605			
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31. Printed Principal Name: TO MONDRI MATSUSHITA Title: MEMBER	By my signature, I a	ffirm - under Penalty of Perjury - that the representations made in this form are true.			
	31. Printed Principal Name: To r	MUNDRI MATSUSHITA Title: MEMBER			
Principal Signature:	985				