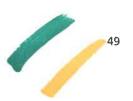
State Liquor Authority

	OFFICE USE ONLY						
$\underline{\circ}$	Original	0	Amended	Date	-11-11		



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

1. Date Notice Sent:	08/14/2024	1a. Delivered by:	Certified Mail Return Receipt Requested							
	pplication that will be filed with the Authori e the City of New York:	ty for an On-Premises A	lcoholic Beverage License:							
O New Application	O New Application O Removal O Class Change									
	For premises in the City of New York:									
O New Application	O New Application									
	O Class Change O Method of Operation O Corporate Change									
For Renewal applica For Alteration applica For Corporate Chan For Removal applica For Class Change ap For Method of Oper Please include all	documents as noted above. Failure to	n and diagrams depictin of proposed corporate p d proposed addresses w current license type and uired, if you choose to s o do so may result in	g the proposed alteration(s) principals rith the reason(s) for the relocation I your proposed license type ubmit, attach an explanation detailing those changes							
3. Name of Municipalit	ty or Community Board: Manhattan Co	ommunity Board :	3							
Applicant/Licensed										
4. Licensee Serial Num	ber (if applicable): N/A	Ехр	iration Date (if applicable): N/A							
	ee Name: NY Harbor Sights LLC		1401							
6. Trade Name (if any): Same										
7. Street Address of Es										
8. City, Town or Village: New York , NY Zip Code: 10002										
9. Business Telephone	Number of applicant/ Licensee: (3	347) 472-7596	1002							
10. Business E-mail of A	pplicant/Licensee: nyharborsights	@gmail.com								
11. Type(s) of alcohol sc	Vesse	Wine, Beer & Cid	- DOCKS Pier 36							
12. Extent of Food Servi	ice: O Full Food menu; full kitchen run by	a chef/cook 🍎 Menu n	neets legal minimum food requirements; food prep area require							
13. Type of Establishme										
14. Method of Operation	Seasonal Establishment Juk									
(check all that apply	Live Music (give details i.e., rock bands, acoustic, jazz, etc.): Occasional (Depending on event)									
	Patron Dancing Employee D	_								
	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel									
	Other (specify):									
15. Licensed Outdoor A (check all that app	rea: None Patio or Deck [ply) Sidewalk Cafe Other (s		arden/Grounds Freestanding Covered Structure							

opla-rev12302021		OFFICE USE	ONLY	144			
	Original O		Date				
		and the second s	- waste		49		
16. List the floor(s) of the building that	the establishment is lo	cated on: 2 Deck	s on Ve	ssel			
17. List the room number(s) the establ	ishmant is located in wi	thin the building if	nonronei	ata: Tura	THE THE PARTY OF AN ADMINISTRAL COMMISSION OF THE PARTY O		
27 List the room number (s) the establishment	istanticite is located in Mi	ann are bonoing, n	ahtirohti	ate: N/A			
18. Is the premises located within 500	feet of three or more or	n-premises liquor e	stablishm	ents? O Yes (© No			
19. Will the license holder or a manage	er be physically present	within the establish	ment du	ring all hours of operation?	O Yes O No		
20. If this is a transfer application (an e	xisting licensed busines	s is being purchase	d) provid	e the name and serial number o	f the licensee:		
N/A			N/A				
	Name			Serial Nur	nber		
21. Does the applicant or licensee own	the building in which t	he establishment is	located?	CyYes (if YES, SKIP 23-26)	⊙ No		
	_						
	Owner of the Buildin	e in Which the I	censed I	Establishment is Located			
	Owner or the building	ig iii varneti tite z	ceriseu	LSCADIISIIII EIJC IS LOCATED			
22. Building Owner's Full Name: Do	ck NYC 299 South S	treet					
32 Pull-fit O 1 C 1 C 1 C 1							
23. Building Owner's Street Address;	299 South Street						
24. City, Town or Village: New York			State:	NY	Zip Code: 10002		
35 Puda a Til I i i i i i i i i i i i i i i i i i i			.1				
25. Business Telephone Number of Bu	ilding Owner: (201) 7	751-8108					
Pon	racantativa ar Attarr	ou Poprosentina	tha Ana	licant in Connection with th			
Application	on for a License to Tra	iffic in Alcohol at	the Esta	blishment Identified in this I	Notice		
26. Representative/Attorney's Full Na	me: Anthony L. Ca	raballo					
27. Representative/Attorney's Street	Address: 111 Atlant	ic Avenue					
28. City, Town or Village: Brooklyn	141		State:	NV	7-6-1-44004		
28. City, rown of vinage. Brooklyn			State:	INY	Zip Code: 11201		
29. Business Telephone Number of Rep	presentative/Attorney:	(718) 875-292	29				
30. Business E-mail Address of Representative/Attorney: anthony@cblservices.com							
	:•						
				tity that holds or is applying			
the Authority when	granting the license	Tunderstand that	rences	made in submitted docume entations made in this form	nts relied upon by		
				the application or revocation			
		,			in or the heerige.		
By my signature,	I affirm - under Pena	lty of Perjury - th	at the re	presentations made in this f	orm are true.		
74 P.44 - 1P.44 - 1P.4							
31. Printed Principal Name: Keith							
	Apman			Title: LLC Member			
	Apman	,		Title: LLC Member			
	Apman	4		Title: LLC Member			