

State Liquor
Authority

OFFICE USE ONLY		
☐ Original	☐ Amended	Date _____

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

1. Date Notice Sent:

9/4/2024

1a. Delivered by:

CMRRR

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

Received

SEP 09 2024

Extend hours
to 4:00am dailyFor **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:

CB3 Manhattan

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable):

6370-24-108012

Expiration Date (if applicable):

3/31/2026

5. Applicant or Licensee Name:

Bar Clark LLC

6. Trade Name (if any):

The River

7. Street Address of Establishment:

102 Bayard Street

8. City, Town or Village:

New York

, NY

Zip Code:

10013

9. Business Telephone Number of applicant/ Licensee:

(646) 598-6685

10. Business E-mail of Applicant/Licensee:

barclark102@gmail.com

11. Type(s) of alcohol sold or to be sold:



Beer & cider



Wine, Beer & Cider



Liquor, Wine, Beer & Cider

12. Extent of Food Service:



Full Food menu; full kitchen run by a chef/cook



Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment:

Bar/Tavern



Seasonal Establishment



Juke Box



Disc Jockey



Recorded Music



Karaoke

14. 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:

(check all that apply)



None



Patio or Deck



Rooftop



Garden/Grounds



Freestanding Covered Structure



Sidewalk Cafe



Other (specify):

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16. List the floor(s) of the building that the establishment is located on:
17. List the room number(s) the establishment is located in within the building, if appropriate:
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:
- | | |
|----------------------------------|----------------------|
| <input type="text" value="N/A"/> | <input type="text"/> |
| 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:
23. Building Owner's Street Address:
24. City, Town or Village: State: Zip Code:
25. Business Telephone Number of Building Owner:

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:
27. Representative/Attorney's Street Address:
28. City, Town or Village: State: Zip Code:
29. Business Telephone Number of Representative/Attorney:
30. Business E-mail Address of Representative/Attorney:

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: Title:

Principal Signature: _____

