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NEW YORK	State Liquor Authority

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

	Notice to a Local Mi	unicipality or Community	Board
1. Date Notice Sent:	30/2024	1a. Delivered by: CMRRR	
Select the type of Appli For premises outside th		ority for an On-Premises Alcoholic Beverage L	by Community Board 3, Man.
O New Application	Removal Class Change		
For premises in the City	of New York:		UCT 3 1 2024
O New Application	New Application and Temporary Re	tail Permit O Renewal O Alteration	O Removal Extendo haves
O Class Change	Method of Operation O Corporate	Change	O Removal Extendonations to 4:00am daily
For Renewal applicants For Alteration applicant For Corporate Change a For Removal applicants For Class Change applic	, answer all questions is, attach a complete written descript applicants, attach a list of the current , attach a statement of your current a ants, attach a statement detailing you	ch question below using all information know ion and diagrams depicting the proposed all and proposed corporate principals and proposed addresses with the reason(s) for an current license type and your proposed like equired, if you choose to submit, attach an e	teration(s) for the relocation
Please include all do	cuments as noted above. Failure	to do so may result in disapproval of t	the application.
This 30-Day Advance	Notice is Being Provided to the (Clerk of the Following Local Municipali	
3. Name of Municipality o	r Community Board: CB3 Ma	nhattan	
Applicant/Licensee In			
4. Licensee Serial Number	(if applicable): 6370 -24-1080	Expiration Date (if ap	plicable): 3/31/2026
5. Applicant or Licensee N			370.72020
6. Trade Name (if any):	he River		
7. Street Address of Estab	lishment: 102 Bayard Street		
8. City, Town or Village:	lew York	, NY Zip Code:	10012
_	mber of applicant/ Licensee:	(646) 598-6685	10013
LO. Business E-mail of Appl	icant/Licensee: barclark102@	gmail.com	
11. Type(s) of alcohol sold	or to be sold: O Beer & cider	O Wine, Beer & Cider	Liquor, Wine, Beer & Cider
12. Extent of Food Service:	O Full Food menu; full kitchen run I	by a chef/cook © Menu meets legal minim	ium food requirements; food prep area require
13. Type of Establishment:	Bar/Tavern		, south of prop area require
ê#	Seasonal Establishment	Juke Box Disc Jockey Records	ed Music Karaoke
14. Method of Operation: (check all that apply)	Live Music (give details i.e., rock	bands, acoustic, jazz, etc.):	
	Patron Dancing Employe	e Dancing Exotic Dancing Top	pless Entertainment
	☐ Video/Arcade Games ☐ Th	ird Party Promoters Security Person	
	Other (specify):		
15. Licensed Outdoor Area (check all that apply)		Rooftop Garden/Grounds	Freestanding Covered Structure

16. List the floor(s) of the building that the establishment is located on: Street 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?	V = _ ▶	OFFI Original Amended	CE USE ONLY Date	
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18. Is the premises located within 500 feat of three or more on-premises liquor establishments?				
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? 10. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee: NVA	17. List the room number(s) the es	tablishment is located in within the bu	ilding, if appropriate:	
21. Does the application (an existing licensed business is being purchased) provide the name and serial number of the licensee: N/A Name	18. Is the premises located within !	500 feet of three or more on-premises	liquor establishments? • Yes	(C) No
N/A Name Serial Number 21. Does the applicant or licensee own the building in which the establishment is located? Owner of the Building in Which the Licensed Establishment is Located Owner of the Building in Which the Licensed Establishment is Located 22. Building Owner's Full Name: Tang Brothers Holdings Corp 23. Building Owner's Street Address: 13 Doyers Street 24. City, Town or Village: New York, NY State: NY State: NY Zip Code: 10013 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 25. Representative/Attorney's Full Name: Frank W. Pallillo 27. Representative/Attorney's Street Address: Sixty Broad Street, Suita 3504 28. City, Town or Village: New York State: NY Zip Code: 10004 29. Business Telephone Number of Representative/Attorney: [212] 227-1640 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 granking 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: David Komurek Title: Managing Member	19. Will the license holder or a mar	nager be physically present within the	establishment during all hours of operat	tion? O Yes O No
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