	OFFICE	USE ONLY	
) Original	<ul> <li>Amended</li> </ul>	Date	

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



1. Date Notice Sent:	October 24, 2024	1a. Delivered by: Overnight Mail, Tracking Number and Pro
		e vernight than, tracking hamber and the
	Application that will be filed with the Auth de the City of New York:	nority for an On-Premises Alcoholic Beverage License:
New Applciation	n Removal O Class Change	Received
For premises in the	e City of New York:	OCT 2 8 2024
New Application	n <b>O</b> New Application and Temporary R	etail Permit O Removal Consumer South Consumer States Patien O Removal Consumer Board 3, Mon
C Class Change	Method of Operation C Corporati	e Change
For Renewal applic For Alteration appl For Corporate Char For Removal applic For Class Change ap For Method of Ope Please include all	ants, answer all questions icants, attach a complete written descripnge applicants, attach a list of the currentants, attach a statement of your current pplicants, attach a statement detailing your attach a statement detailing your attach a statement detailing your attach as a tatement detailing your attach as a tatement detailing your attach as a statement detail in the statement detail	ach question below using all information known to date  stion and diagrams depicting the proposed alteration(s) t and proposed corporate principals and proposed addresses with the reason(s) for the relocation our current license type and your proposed license type required, if you choose to submit, attach an explanation detailing those changes the to do so may result in disapproval of the application.  Clerk of the Following Local Municipality or Community Board:
3. Name of Municipali	ity or Community Board: Manhattar	Community Board 3
Applicant/License		
4. Licensee Serial Num	nber (if applicable): N/A	Expiration Date (if applicable):
5. Applicant or License	ee Name: Bagel Cafe & Ray's Pi.	zza Corp.
6. Trade Name (if any)	Bagel Cafe & Ray's Pizza	
7. Street Address of Es		ce
8. City, Town or Village	e: New York	, NY Zip Code: 10003
	Number of applicant/ Licensee:	212-533-6656
LO. Business E-mail of A	Applicant/Licensee: jeanvillavice	ncio177@gmail.com 917-600-3237
1. Type(s) of alcohol so	old or to be sold:       Beer & cider	Wine, Beer & Cider     Liquor, Wine, Beer & Cider
2. Extent of Food Serv	rice: OFull Food menu; full kitchen run l	by a chef/cook 🛇 Menu meets legal minimum food requirements; food prep area required
13. Type of Establishme	Restaurant (full kitcher	n and full menu required)
14. Method of Operatio		Juke Box Disc Jockey Recorded Music Karaoke
(check all that apply	\$ \$ 1 to a \$ \$ \$ a to \$ \$ . \$ \$ \$ \$	bands, acoustic, jazz, etc.):
1200	Patron Dancing Employe	e Dancing
	☐ Video/Arcade Games ☐ Th	ird Party Promoters
	Other (specify):	
15. Licensed Outdoor A (check all that ap	— —	Rooftop Garden/Grounds Freestanding Covered Structure r (specify):

Original	Amended Date	
5. List the floor(s) of the building that the establishment	t is located on: Ground floor and basemen	†
7. List the room number(s) the establishment is located	eve dividing in the paper in the	
3. Is the premises located within 500 feet of three or mo		C No
. Will the license holder or a manager be physically pre	sent within the establishment during all hours of ope	ration?
If this is a transfer application (an existing licensed but	siness is being purchased) provide the name and seri	al number of the licensee:
Agoriani Inc. d/b/a Ray's Pizza & Bag	gel Cafe 1272817	
. Does the applicant or licensee own the building in whi	ich the establishment is located?	Serial Number  KIP 23-26)
Owner of the Bu  Building Owner's Full Name: St. Marks Hotel (	ilding in Which the Licensed Establishment is L	ocated
Building Owner's Street Address: 13 Third Ave		
City, Town or Village: New York  Business Telephone Number of Building Owner: 21	State: NY	Zip Code: 10003
Application for a License to	corney Representing the Applicant in Connection Traffic in Alcohol at the Establishment Identific Marinis, LLP	ed in this Notice
	7th Avenue, Third Floor	
City, Town or Village: Long Island City	State: NY	Zip Code: 11101
Business Telephone Number of Representative/Attorne	ey: 929-514-026	
Business E-mail Address of Representative/Attorney:	peter.marinis@kandmlaw.com	
the Authority when granting the licens	for a principal of the legal entity that holds or is formity with representations made in submitted se. I understand that representations made in the may result in disapproval of the application or result in disapproval.	documents relied upon by his form will also be relied
Representations in this form are in conf the Authority when granting the licens upon, and that false representations	formity with representations made in submitted se. I understand that representations made in t	I documents relied upon by his form will also be relied evocation of the license.
Representations in this form are in conf the Authority when granting the licens upon, and that false representations	formity with representations made in submitted se. I understand that representations made in t may result in disapproval of the application or r malty of Perjury - that the representations made	I documents relied upon by his form will also be relied evocation of the license.  e in this form are true.
Representations in this form are in conf the Authority when granting the licens upon, and that false representations  By my signature, I affirm - under Pe	formity with representations made in submitted se. I understand that representations made in to may result in disapproval of the application or r	I documents relied upon by his form will also be relied evocation of the license.  e in this form are true.
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