Authority

_		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:	10/30/2024 1a. Delivered by: Certified Mail Return Receipt Requested
<ol><li>Select the type of Ap For premises outside</li></ol>	oplication that will be filed with the Authority for an On-Premises Alcoholic Beverage License:
	Removal O Class Change
For premises in the	City of New York: NOV 0 1 2024
O New Application	O New Application and Temporary Retail Permit
O Class Change C	Method of Operation   O Corporate Change   ORenewal   O Alteration
For Alteration application For Corporate Change For Removal application For Class Change application For Method of Operation Please include all data.  This 30-Day Advances	rary Retail Permit applicants, answer each question below using all information known to date onts, answer all questions anns, attach a complete written description and diagrams depicting the proposed alteration(s) anns, attach a list of the current and proposed corporate principals onts, attach a statement of your current and proposed addresses with the reason(s) for the relocation discants, attach a statement detailing your current license type and your proposed license type atton Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes locuments as noted above. Failure to do so may result in disapproval of the application.
	or Community Board: MANHATTAN COMMUNITY BOARD 3
Applicant/Licensee	
4. Licensee Serial Numbe	er (if applicable): 0340-24-113841
5. Applicant or Licensee	Name: 201 EV LLC
6. Trade Name (if any):	NAKS
7. Street Address of Estal	blishment: 201 1ST AVE
8. City, Town or Village:	NEW YORK , NY Zip Code: 10003
9. Business Telephone Nu	Imber of applicant/ Licensee:
10. Business E-mail of App	licant/Licensee: RONI@UAFOODS.NYC
11. Type(s) of alcohol sold	or to be sold: O Beer & cider O Wine, Beer & Cider O Liquor, Wine, Beer & Cider
12. Extent of Food Service:	• Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area require
13. Type of Establishment:	Restaurant (full kitchen and full menu required)
14. Method of Operation:	Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
(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
de maio	Other (specify):
15. Licensed Outdoor Area (check all that apply)	None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure  Sidewalk Cafe Other (specify):

OFFICE USE ONLY Original Amended Date		
O Afficiated Bate		
16. List the floor(s) of the building that the establishment is located on: GROUND FLOOR & CELLAR		
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 promises liques and the		
19. Will the license holder or a manager be physically present within the establishment during all hours of operation?		
20. If this is a transfer application (an existing licensed by	• Yes	O No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number	of the licens	see:
Name Serial No	ımher	
21. Does the applicant or licensee own the building in which the establishment is located? Yes (If YES, SKIP 23-26)	<b>⊙</b> No	
3 , , 22 23,	0110	
Owner of the Building in Which the Licensed Establishment is Located		
22. Building Owner's Full Name: 12TH & 1ST LLC		
22 Pullity on the		
24.00		
24. City, Town or Village: NEW YORK State: NY	Zip Code:	10128
25. Business Telephone Number of Building Owner: (212) 534-3131		
Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this 26. Representative/Attorney's Full Name:	ne Notice	
26. Representative/Attorney's Full Name: MICHAEL KELLY/LEGAL WITH MAYAN PLLC		
27. Representative/Attorney's Street Address: 228 PARK AVE SOUTH, SUITE 14322		
27 0	Zin Code:	10003
27. Representative/Attorney's Street Address:  228 PARK AVE SOUTH, SUITE 14322  28. City, Town or Village:  NEW YORK  State: NY	Zip Code:	10003
27. Representative/Attorney's Street Address:  228 PARK AVE SOUTH, SUITE 14322  28. City, Town or Village:  NEW YORK  State: NY  29. Business Telephone Number of Representative/Attorney:  (201) 528-5080	Zip Code:	10003
27. Representative/Attorney's Street Address:  228 PARK AVE SOUTH, SUITE 14322  28. City, Town or Village:  NEW YORK  State: NY  29. Business Telephone Number of Representative/Attorney: (201) 528-5080	Zip Code:	10003
27. Representative/Attorney's Street Address:  28. City, Town or Village:  NEW YORK  State: NY  29. Business Telephone Number of Representative/Attorney:  (201) 528-5080  30. Business E-mail Address of Representative/Attorney:  LICENSING@LEGALWITHMAYAN.COM  I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for Representations in this form are in conformity with representations made in submitted document the Authority when granting the license. I understand that representations made in this form we upon, and that false representations may result in disapproval of the application or revocation.	or the licen ts relied up ill also be r of the licer	se. son by elied sse.
27. Representative/Attorney's Street Address:  228 PARK AVE SOUTH, SUITE 14322  28. City, Town or Village:  NEW YORK  State: NY  29. Business Telephone Number of Representative/Attorney:  (201) 528-5080  30. Business E-mail Address of Representative/Attorney:  LICENSING@LEGALWITHMAYAN.COM  I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for Representations in this form are in conformity with representations made in submitted document the Authority when granting the license. Lunderstand that representations	or the licen ts relied up ill also be r of the licer	se. son by elied sse.
27. Representative/Attorney's Street Address:  28. City, Town or Village:  NEW YORK  State: NY  29. Business Telephone Number of Representative/Attorney:  (201) 528-5080  30. Business E-mail Address of Representative/Attorney:  LICENSING@LEGALWITHMAYAN.COM  I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for Representations in this form are in conformity with representations made in submitted document the Authority when granting the license. I understand that representations made in this form we upon, and that false representations may result in disapproval of the application or revocation.	or the licen ts relied up ill also be r of the licer rm are true	se. con by elied nse.

October 30, 2024

Manhattan Community Board 3 59 East 4th Street New York, NY 10003

BY CERTIFIED MAIL RETURN RECEIPT REQUESTED

Re: Corporate Change for 201 EV LLC DBA Naks at 201 1st Ave New York 10003

Dear Community Board 3 Personnel:

We represent 201 EV LLC DBA Naks (the "Applicant"). The Applicant intends to submit a corporate change application to the New York State Liquor Authority to add a principal to their Restaurant License ID 0340-24-113841. The proposed principals are as follows:

- Chintan Pandya; and
- Debabrata Roni Mazumdar.

In compliance with statutory requirements, please find enclosed the 30-Day Advance Notice related to this application. This letter serves as formal notice of the Applicant's intent to file the application.

Should you have any questions or require additional information, please do not hesitate to contact us at licensing@legalwithmayan.com or (201) 528-5080.

Thank you for your attention to this matter.

Sincerely,

Legal with Mayan PLLC

Michael Kell