FEB 2 4 2025



## Standardized NOTICE FORM for Providing Notice to a Local Municipality for Adding or Removing Contiguous and for the contiguous and for th for Adding or Removing Contiguous and/or Non-Contiguous Municipal Space

| Date Notice Was Sent:  | : 2/18/2025 1a. Delivered by: CMRR   |
|--|--|
|  | omitted to the clerk or Local Municipality when filing for a Sunday On-Premises Sales Permit |
|  | : Notice is Being Provided to the Clerk of the following Local Municipality                  |
|  |  |
| 3. Name of Municipality:   | CB3  |
|  | Licensee Information   |
| 4. License ID Number:  | 0423-22-106887   |
| 6. License name:   | Tozzer Ltd   |
| 7. Trade Name (if any):  | Niggered Levered 06 Topre  |
| 7. Trade Name (ii ariy):   | Niagara/ Lovers/ 96 Tears  |
| 8. Street Address of Esta  | blishment: 112 Avenue A  |
| 9. City, Town or Village:  | New York ,NY Zip Code : 10009  |
| 10. Business Telephone Number of Applicant/Licensee: office 631 8761090  |  |
| 11. Business E-mail of Applicant/Licensee: Laura@Ifmoffice.com   |  |
| 12. Describe municipal space to be added: Street Shed / Side Walk Cafe   |  |
| 12a. What date did you apply for a municipal permit? 7/28/24   |  |
| Representative or Attorney representing the licensee   |  |
| 13. Representative/Atto  | rney's Full Name: Frank Palillo  |
| 14. Street Address: 60 Broad Street Suite 3504   |  |
| The Street Address. Of Broad On Street Ones  |  |
| 15. City, Town or Village  | :: New York  |
| 16. Business Telephone Number of Representative/Attorney: 212 2271640  |  |
| 17. Business Email Addr  | ress: FWPalillo@gmail.com  |
| I am the licensee that is applying for the permit and I certify that I know the contents of the above application and the statements and answers therein; that the same are true to my knowledge; that I have been authorized, by order of the Board of Directors of said licensee to make the statements and answers in this application on behalf of said licensee with the same force and effect as if said licensee made such statements and answers itself. |  |
| By my signature, I affirm - under <b>Penalty of Perjury</b> - that the representations made in this form are true.   |  |
| 18. Printed Name: Laura Flauto McCarthy Title President  |  |
| Signature: X Saw MCary   |  |
| The above captioned on-premises licensee is applying for an alteration to their existing license with the State Liquor Authority to sell alcoholic beverages on municipal space.   |  |

Please forward any concerns regarding the issuance of the alteration to the attention of The New York State Liquor Authority by e-mail community@sla.ny.gov

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