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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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

16

1. Date Notice Sent: 04/16/2025 1a. Delivered by: Certified Mail Return Receipt Requested

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 ☐ Temporary Retail Permit ☐ Removal  
☐ Class Change ☐ Method of Operation ☒ Corporate Change ☐ Renewal ☐ Alteration

For **New** and Temporary Retail Permit applicants, answer each question below using all information known to date

For **Renewal** applicants, answer all questions

For **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 principals

For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation

For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type

For **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: Manhattan Community Board 3

### Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): 1340562 Expiration Date (if applicable): 7/31/2025

5. Applicant or Licensee Name: GAMA LOUNGE LLC

6. Trade Name (if any): JOEY BATS CAFE

7. Street Address of Establishment: 50 AVENUE B

8. City, Town or Village: NEW YORK, NY Zip Code: 10009

9. Business Telephone Number of applicant/ Licensee: 212-753-8813

10. Business E-mail of Applicant/Licensee: joey@joeybatscafe.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: ☒ Live Music (give details i.e., rock bands, acoustic, jazz, etc.): acoustic, music, comedy show, etc

☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment

☐ Video/Arcade Games ☐ Third Party Promoters ☒ Security Personnel

☐ Other (specify): \_\_\_\_\_

15. Licensed Outdoor Area: ☒ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure  
 (check all that apply) ☐ Sidewalk Cafe ☐ Other (specify): \_\_\_\_\_

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16. List the floor(s) of the building that the establishment is located on: ground floor and lower level
17. List the room number(s) the establishment is located in within the building, if appropriate: n/a
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:
- |       |               |
|-------|---------------|
| _____ | _____         |
| 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: 50 Avenue B, LLC
23. Building Owner's Street Address: 119 W 23rd Street, Suite 206
24. City, Town or Village: New York State: NY Zip Code: 1001
25. Business Telephone Number of Building Owner: 212-673-2300

**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**

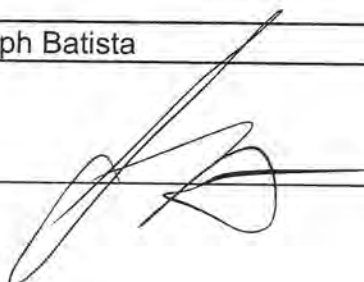
26. Representative/Attorney's Full Name: Rosa M. Ruiz (representative)
27. Representative/Attorney's Street Address: 1120 6th Avenue - 4th Fl
28. City, Town or Village: New York State: NY Zip Code: 10036
29. Business Telephone Number of Representative/Attorney: 212-484-2290
30. Business E-mail Address of Representative/Attorney: rosa@rosamruiz.com

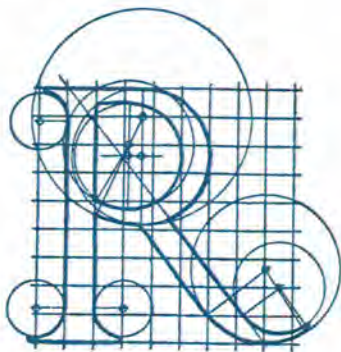
I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations 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: Joseph Batista Title: Managing Member

Principal Signature: \_\_\_\_\_





**Rosa M. Ruiz**  
1120 6<sup>th</sup> Avenue - 4<sup>th</sup> Floor  
New York, New York 10036  
212.484.2290 (o)  
646.365.8233 (f)  
[rosa@rosamruiz.com](mailto:rosa@rosamruiz.com)  
[www.rosamruiz.com](http://www.rosamruiz.com)

April 16, 2025

**Via USPS Certified Mail:**

Brooklyn Community Board 3  
59 E 4<sup>th</sup> Street  
New York, NY 10003

Re: Gama Lounge LLC  
50 Avenue B  
New York, NY 10009

To whom it may concern,

Please note that we had previously notified your community board on Wednesday, August 21, 2024 that the subject applicant was filing a corporate change application for the subject premises and your board administratively approved this corporate change as indicated in the attached letter dated November 27, 2024. Since a great deal of time has passed, we have attached an updated standardized notice for the same as we are now filing a corporate change application with the NYS Liquor Authority. Please Feel free to contact me with any questions.

Thank you.

Yours truly,

A handwritten signature in black ink, appearing to read 'Rosa M. Ruiz', written in a cursive style.

Rosa M Ruiz



THE CITY OF NEW YORK  
MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003

Phone (212) 533-5300

[www.cb3manhattan.org](http://www.cb3manhattan.org) – [mn03@cb.nyc.gov](mailto:mn03@cb.nyc.gov)

Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

November 27, 2024

New York State Liquor Authority  
80 South Swan Street, Suite 900  
Albany, New York 12210-8002

Re: Gama Lounge LLC  
d/b/a Joey Bats Cafe  
50 Avenue B  
New York, NY 10009

Dear New York State Liquor Authority:

Community Board 3 has been informed of the corporate change for Gama Lounge LLC d/b/a Joey Bats Cafe located at 50 Avenue B, New York, NY 10009. Community Board 3 has no objection to the applicant's corporate change, so long as the attached stipulations agreed to in October 2021 are included in the license agreement.

Sincerely,

Andrea Gordillo, Chair  
Community Board 3

cc: Rosa Ruiz, Applicant's Representative



THE CITY OF NEW YORK  
MANHATTAN COMMUNITY BOARD 3  
59 East 4th Street - New York, NY 10003  
Phone (212) 533-5300  
www.cb3manhattan.org - mn03@cb.nyc.gov

Alysha Lewis-Coleman, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations

I, Joseph Batista, as a qualified representative of Gama Lounge LLC  
located at 50 Avenue B, New York, NY agree to the following stipulations:

1. My license type is: ☐ beer & cider ☐ wine, beer & cider ☒ liquor, wine, beer & cider
2. ☒ I will operate a full-service restaurant, specifically a (type of restaurant) Portuguese restaurant, or  
☐ I will operate a \_\_\_\_\_ restaurant, or  
☒ with a kitchen open and serving food during all hours of operation OR ☐ with less than a full-service kitchen but serving food during all hours of operation OR ☐ Other \_\_\_\_\_
3. My hours of operation will be 9:00 A.M to 12:00 A.M Sunday to Wednesday, 9:00 A.M to 1:00 A.M Thursday to Saturday  
(I understand opening is "no later than" specified opening hour, and all patrons are to be cleared from business at specified closing hour.)
4. ☐ I will not use outdoor space for commercial use OR ☐ My sidewalk café hours will be \_\_\_\_\_
5. ☒ I will employ a doorman/security personnel: \_\_\_\_\_
6. ☒ I will install soundproofing, as necessary, in conjunction with a sound engineer and ensure that no sound is audible in any surrounding residences
7. ☒ I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances, or during unamplified live performances or televised sports.  
☐ I will have a closed fixed façade with no open doors or windows except my entrance door will close by 10:00 P.M. or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances, or during unamplified live performances or televised sports.
8. I will not have ☒ DJs, ☐ live music, ☒ promoted events, ☒ any event at which a cover fee is charged, ☒ scheduled performances, ☐ more than \_\_\_\_\_ DJs per \_\_\_\_\_, ☐ more than \_\_\_\_\_ private parties per \_\_\_\_\_, \_\_\_\_\_ number of TVs, it may have live, acoustic, unamplified, incidental music at background levels in the cellar-level only
9. ☐ I will play ambient recorded background music only.
10. ☒ I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first coming before CB 3.
11. ☒ I will not seek a change in class to a full on-premises liquor license without first obtaining approval from CB 3.
12. ☒ I will not participate in pub crawls or have party buses come to my establishment.
13. ☒ I will not have unlimited drink specials, including boozy brunches, with food.
14. ☐ I will not have a happy hour or drink specials with or without time restrictions OR ☒ I will have happy hour and it will end by 8:00 P.M.
15. ☒ I will not have wait lines outside. ☒ I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
16. ☒ I will conspicuously post this stipulation form beside my liquor license inside of my business.
17. ☒ Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.  
Name: Joseph Batista Phone Number: (413) 374-8481
18. ☒ I will: close all outdoor dining allowed under the temporary Open Restaurants program and any other subsequent uses by 10:00 P.M. all days and not have any speakers or TV monitors,

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed

Sworn to this

day of

September 2021

9/27/21

Dated

Notary Public

Rosa M. Ruiz  
Notary Public State of New York  
No. 01RU6238308  
Qualified in New York County  
My Commission expires 04/04/2023