

APR 15 2025 30

Liquor
Authority

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

1. Date Notice Was Sent: 04/11/2025 1a. Delivered by: Certified mail, return receipt requested
2. This form must be submitted to the clerk or Local Municipality when filing to alter contiguous and/or non-contiguous municipal space

This Notice is Being Provided to the Clerk of the following Local Municipality

3. Name of Municipality: Manhattan Community Board 3

Licensee Information

4. License ID Number: 0340-23-137059
6. License name: The Headless Widow LLC
7. Trade Name (if any): Headless Widow
8. Street Address of Establishment: 99 1st Avenue
9. City, Town or Village: New York, NY Zip Code: 10003
10. Business Telephone Number of Applicant/Licensee: (917) 409-0446
11. Business E-mail of Applicant/Licensee: azracanovic123@gmail.com
12. Describe municipal space to be added: Sidewalk Cafe
- 12a. What date did you apply for a municipal permit? 8/1/24

Representative or Attorney representing the licensee

13. Representative/Attorney's Full Name: Kimberly A. Summers c/o DiPasquale & Summers LLP
14. Street Address: 555 Fifth Avenue, 14th Floor
15. City, Town or Village: New York State: NY Zip Code: 10017
16. Business Telephone Number of Representative/Attorney: 646-383-4607
17. Business Email Address: Kimberly@DS-LawOffices.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 **Penalty of Perjury** - that the representations made in this form are true.

18. Printed Name: Kimberly A. Summers Title: Attorney for Applicant

Signature: X Kimberly A. Summers

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**