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



Received

JUN 03 2025

by Community Board 3, Man.

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

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1. Date Notice Sent: 05/29/2025 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 ☐ Renewal ☐ Alteration ☐ Removal

☒ Class Change ☐ Method of Operation ☐ Corporate Change
Change in class from RW to OP

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): 6058216 Expiration Date (if applicable): 03/31/2027

5. Applicant or Licensee Name: Disfruting Two LLC

6. Trade Name (if any): Alison St Marks

7. Street Address of Establishment: 110 St. Marks Place

8. City, Town or Village: New York, NY Zip Code: 10009

9. Business Telephone Number of applicant/ Licensee: (917) 280 0678

10. Business E-mail of Applicant/Licensee: elerma@alisonny.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: Restaurant (full kitchen and full menu required)

☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☒ Recorded Music ☐ Karaoke

14. Method of Operation: (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

☐ 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: 1st Floor and basement
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:
- | | |
|------------|---------------|
| <u>N/A</u> | <u>N/A</u> |
| 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: 110-112 St Marks Place Associates, L.P. c/o Kinsey Equities LLC
23. Building Owner's Street Address: 8 Haven Avenue, Suite 224
24. City, Town or Village: Port Washington State: NY Zip Code: 11050
25. Business Telephone Number of Building Owner: (212) 468-5894

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: Anthony L. Caraballo
27. Representative/Attorney's Street Address: 111 Atlantic Avenue
28. City, Town or Village: Brooklyn State: NY Zip Code: 11201
29. Business Telephone Number of Representative/Attorney: (718) 875-2929
30. Business E-mail Address of Representative/Attorney: anthony@cblservices.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: Enrique Lerma Title: LLC Member

Principal Signature: X 