

OFFICE USE ONLY		
<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**

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1. Date Notice Sent: 9/17/2025 1a. Delivered by: Email & CMRRR

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

Received

SEP 30 2025

by Community Board 3, Man

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: Community Board #3 M

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): _____ Expiration Date (if applicable): _____

5. Applicant or Licensee Name: At Cave LLC

6. Trade Name (if any): At Cave

7. Street Address of Establishment: 103 East 2nd Street

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

9. Business Telephone Number of applicant/ Licensee: (718) 340-9156

10. Business E-mail of Applicant/Licensee: admin@atcave.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

☐ 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: Ground Floor : basement
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-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: Heremah Inc
23. Building Owner's Street Address: 124-19 Metropolitan Ave
24. City, Town or Village: Kew Gardens State: NY Zip Code: 11415
25. Business Telephone Number of Building Owner: (718) 441-7100

Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

26. Representative/Attorney's Full Name: Frank W. Palillo
27. Representative/Attorney's Street Address: Sixty Broad Street, Suite 3604
28. City, Town or Village: New York State: NY Zip Code: 10004
29. Business Telephone Number of Representative/Attorney: (212) 227-1640
30. Business E-mail Address of Representative/Attorney: Fwpalillo@gmail.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: Frank Palillo Title: Attorney

Principal Signature: _____