

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

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1. Date Notice Sent: January 12, 2026 1a. Delivered by: CM RCR

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

Received

JAN 15 2026

by Community Board 3, Man.

For premises in the City of New York: (counties of Kings, New York, Bronx, Queens and Richmond): New Application New Application and Temporary Retail Permit Temporary Retail Permit Removal Class Change Method of Operation Corporate Change Renewal Alteration

License adjacent storefront

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

Applicant/Licensee Information:

4. Licensee License ID (if applicable): 0267-23-134366 Expiration Date (if applicable): 05-31-2027

5. Applicant or Licensee Name: Cozy Cafe Corp

6. Trade Name (if any): Cozy Cafe

7. Street Address of Establishment: 43 East 1st Street

8. City, Town or Village: New York, NY Zip Code: 10003

9. Business Telephone Number of applicant/ Licensee: (212) 475-0177

10. Business E-mail of Applicant/Licensee: rjcozy-sherif@hotmail.com

11. Type(s) of alcohol sold or to be sold: Beer & cider Wine, Beer & Cider Liquor, Wine, Beer & Cider

12. Extant 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: Tavern 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: (check all that apply) None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure Sidewalk Cafe Other (specify):

- 5. List the floor(s) of the building that the establishment is located on: Ground floor
- 7. List the room number(s) the establishment is located in within the building, if appropriate: _____
- 3. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No N/A TW
- 9. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No
- 0. If this is a transfer application (an existing licensed business is being purchased) provide the name and ID number of the licensee:

 Name License ID Number

- 1. 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

- 2. Building Owner's Full Name: 1800 Second Ave Co
- 3. Building Owner's Street Address: 43 East 1st Street
- 4. City, Town or Village: New York State: NY Zip Code: 10004
- 5. Business Telephone Number of Building Owner: (917) 416-6985


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

- 6. Representative/Attorney's Full Name: Frank Palillo
- 7. Representative/Attorney's Street Address: Sixty Broad Street, Suite 3504
- 8. City, Town or Village: New York State: NY Zip Code: 10004
- 9. Business Telephone Number of Representative/Attorney: (212) 227-1640
- 10. 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: Sherif Bashir Title: President

Principal Signature: X 

Date: January 12, 2026