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MAR 02 2026



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

12

1. Date Notice Sent: 1a. Delivered by:

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: (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

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:

Applicant/Licensee Information:

4. Licensee License ID (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

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:

- 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):

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16. List the floor(s) of the building that the establishment is located on:

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 ID number of the licensee:

Name

License ID 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:

23. Building Owner's Street Address:

24. City, Town or Village: State: Zip Code:

25. Business Telephone Number of Building Owner:

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:

27. Representative/Attorney's Street Address:

28. City, Town or Village: State: Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

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: Title:

Principal Signature:

Date:

FRANK W. PALILLO
COUNSELLOR AT LAW

SIXTY BROAD STREET
SUITE 3504
NEW YORK, NEW YORK 10004
(212) 921-1640
FAX: (212) 649-1724
E-mail: fwpalillo@gmail.com

ED / Susan -

This applicant's temporary permit to serve alcohol was revoked by the Authority, because of a church on the block.

Enclosed is a 30 day notice for a restaurant wine license application.

The inability of the applicant to serve any alcohol at all is seriously threatening this ladie's ability to conduct business.

I have attached the strips agreed to in June of last year; the applicant will continue, of course, to abide by the existing strips.

I am requesting a 30 day waiver, because of my client's dire circumstances (I realize this is an out of ordinary request, but this is an extreme situation); I also don't think that a committee appearance is necessary, but I will leave that to Clint

Thank you,





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

Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations

I, Pragati Pandey, as a qualified representative of PDS Dreams, LLC
located at 162 Avenue A, New York, NY agree to the following stipulations:

- 1. My license type is: [] beer & cider [] wine, beer & cider [x] liquor, wine, beer & cider
2. [x] I will operate a full-service restaurant, specifically a (type of restaurant) American restaurant, or
[] I will operate a
[x] 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 Sun-Weds: 11AM-12AM; Thurs-Sat: 11AM-1AM

(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 (Including Open Restaurants) OR
[x] I will close all outdoor dining allowed under the temporary Open Restaurants program and any other outdoor uses by 10:00
P.M. all days and not have any speakers or TV monitors outdoors.
5. [] I will employ a doorman/security personnel:
6. [] I will install soundproofing,
7. [x] I will close any front or rear facade 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 facade 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 [x] DJs, [x] live music, [x] third-party promoted events, [x] any event at which a cover fee is charged, [x] scheduled
performances, [] more than ___ DJs per ___, [] more than ___ private parties per ___
9. [x] I will play ambient recorded background music only.
10. [x] 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. [x] I will not participate in pub crawls or have party buses come to my establishment.
13. [x] 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 [x] I will have happy hour and it will
end by 8PM
15. [x] I will not have wait lines outside. [x] I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
16. [x] I will conspicuously post this stipulation form beside my liquor license inside of my business.
17. [x] 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: Pragati Pandey Phone Number: 917-678-2245

18. [] I will:
I hereby certify that the information provided above is truthful and accurate based upon my personal belief

Signed P. Pandey Dated 6/17/25
Sworn to this 17th day of June, 2025 Kathleen E. Negri
Notary Public

