New York State Liquor Authority

○ Original ○ Amended Date

49

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

3

Date Notice Sent: July 14 2026 1a. Delivered by: CMRRR

Received
JUL 17 2026
By Community Board 3, Man.

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

License 2 Tables, + 4 seats on terrace area within building line

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:

Name of Municipality or Community Board: Community Board #3

Applicant/Licensee Information:

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

Applicant or Licensee Name: Cozy Cafe Corp

Trade Name (if any): Cozy Cafe

Street Address of Establishment: 43 East 1st Street

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

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

Business E-mail of Applicant/Licensee: djcozy_sheriff@hotmail.com

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

Extent of Food Service: ○ Full Food menu; full kitchen run by a chef/cook ◉ Menu meets legal minimum food requirements; food prep area required

Type of Establishment: Tavern

Method of Operation: (check all that apply)
☐ Seasonal Establishment ☐ Juke Box ☑ Disc Jockey (weekend) ☑ Recorded Music ☐ Karaoke
☐ 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):

Licensed Outdoor Area: (check all that apply)
☑ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
☐ Sidewalk Cafe ☐ Other (specify):

st the floor(s) of the building that the establishment is located on: Ground floor

ist the room number(s) the establishment is located in within the building, if appropriate:

the premises located within 500 feet of three or more on-premises liquor establishments? ○ Yes ◎ No N/A TW

Will the license holder or a manager be physically present within the establishment during all hours of operation? ◉ Yes ○ No

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

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

Building Owner's Full Name: 1800 Second Ave Co

Building Owner's Street Address: 43 East 1st Street

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

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

Representative/Attorney's Full Name: Frank Palillo

Representative/Attorney's Street Address: Sixty Broad Street, Suite 3504

City, Town or Village: New York State: NY Zip Code: 10004

Business Telephone Number of Representative/Attorney: (212) 227-1640

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.

Printed Principal Name: Sherif Beshir Title: President

Principal Signature: X

Date: January 12, 2026