



Received

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☐ Original ☐ Amended Date Aug 19 2026

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: 08/17/2026 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: (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: Community Board # 3 59 E 4th St., New York, NY 10003

Applicant/Licensee Information:

4. Licensee License ID (if applicable): 0370-24--11603 Expiration Date (if applicable): 05/31/2028

5. Applicant or Licensee Name: Oscura 247 LLC

6. Trade Name (if any): San Antonios

7. Street Address of Establishment: 247 Elridge St.

8. City, Town or Village: New York, NY Zip Code: 10002

9. Business Telephone Number of applicant/ Licensee: 347-618-0399

10. Business E-mail of Applicant/Licensee: vsmcorp28@gmail.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: Bar/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.):

☐ 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:
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:
- | | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| 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:

☒ By checking this box I agree, and it is my intent, to electronically sign this document. By submitting this e-document to the New York State Liquor Authority in this way, I understand that my electronic signature I added to the signature line below is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document and I am affirming the truth of the information contained therein.

Principal Signature:

Date:

OSCURA 247 LLC

247 Eldridge Street
New York, NY 10002

STATEMENT IN SUPPORT OF METHOD OF OPERATION CHANGE

Re: Request to Modify Hours of Operation from 3:00 P.M.–2:00 A.M. to 3:00 P.M.–4:00 A.M.

To Manhattan Community Board 3:

Oscura 247 LLC respectfully requests a modification of its approved Method of Operation to permit operating hours from 3:00 P.M. until 4:00 A.M.

The requested extension will allow the establishment to better serve its customers while continuing to operate responsibly and with consideration for the surrounding community.

Oscura 247 LLC also respectfully notes that certain noise concerns associated with the premises arose during the period of prior management. Following the approved corporate change and the assumption of new management on January 26, 2026, current management took affirmative steps to address those concerns.

In particular, management improved the premises with soundproofing and sound-insulating materials designed to substantially reduce the transmission of music and other sound to the residential portions of the building and surrounding properties. Since these sound-mitigation improvements were completed, management has not received any further noise complaints.

Current management takes its relationship with neighboring residents seriously and remains committed to minimizing any impact from the establishment. Management will continue to monitor sound levels, supervise patrons entering and leaving the premises, discourage customers from congregating or creating excessive noise outside, maintain orderly conditions around the premises, and promptly address legitimate neighborhood concerns.

Management is also prepared to provide a direct contact so that residents can communicate any concerns promptly and directly to the establishment.

The requested modification concerns an extension of the hours of operation and is not intended to change the responsible manner in which the establishment is operated. The change in management, investment in soundproofing, and absence of further noise complaints received by management demonstrate Oscura 247 LLC's commitment to responsible operation.

For these reasons, Oscura 247 LLC respectfully requests that Manhattan Community Board 3 support the proposed modification of its approved closing time from 2:00 A.M. to 4:00 A.M., resulting in operating hours of 3:00 P.M. to 4:00 A.M.

Respectfully submitted,

OSCURA 247 LLC

By: Ahmad F Abuallan

Name: Ahmad F Abuallan

Title: Managing Member

Date: 08/17/26

