

☐ Original

☐ Amended

Date

OFFICE USE ONLY

 Received
SEP 02 2026

49

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

by Community Board 3, Man.

14

1. Date Notice Sent: 08/20/2026

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 dateFor **Renewal** applicants, answer all questionsFor **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 principalsFor **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocationFor **Class Change** applicants, attach a statement detailing your current license type and your proposed license typeFor **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): 0370-23-131154

Expiration Date (if applicable): 07/31/2027

5. Applicant or Licensee Name: SAFF, INC.

6. Trade Name (if any): RUMPUS ROOM

7. Street Address of Establishment: 249 ELDRIDGE STREET

8. City, Town or Village: NEW YORK

, NY

Zip Code:

10002

9. Business Telephone Number of applicant/ Licensee: (650)776-5672

10. Business E-mail of Applicant/Licensee: ALEXNEU@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.):
☒ 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):

OFFICE USE ONLY		
☐ Original	☐ Amended	Date _____

16. List the floor(s) of the building that the establishment is located on: 1ST 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 ID number of the licensee:
- | | |
|--|--|
| SAFF INC. | 0370-23-13154 |
| 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: PREMIER 249 ELDRIDGE, LLC
23. Building Owner's Street Address: 151 BROADWAY SUITE 2S
24. City, Town or Village: NEW YORK State: NEW YORK Zip Code: 10001
25. Business Telephone Number of Building Owner: (212)421-3634

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: MICHAEL KELLY
27. Representative/Attorney's Street Address: 136 WAVERLY ROAD
28. City, Town or Village: SCARSDALE State: NEW YORK Zip Code: 10583
29. Business Telephone Number of Representative/Attorney: (914)740-3580
30. Business E-mail Address of Representative/Attorney: KELLYMLK136@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: MICHAEL KELLY Title: AUTHORIZED REPRESENTATIVE

☐ 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:

Section C**Identification of Individuals****Part 1. Current Approved Corporate Set-Up**

List below the names of all LLC members/managers, officers, directors and individual stockholders that are currently licensed to hold an interest in the subject license. *Attach additional sheets if necessary.*

Name	Current Title(s)	Current % of Interest	Current Number of Shares
JAHANGIR SALARIMATIN			150
GABRIEL LEVY			150

Part 2. Proposed Corporate Set-Up

List below the names of all LLC members/managers, officers, directors and individual stockholders who will own 10% or more in the subject license upon approval of this corporate change. You must account for 100% of the ownership and you must disclose any percentage of ownership not held by the individuals on this form, confirming no individual owns 10% or more of the remaining interest. *Attach additional sheets if necessary.*

Name	Proposed Title(s)	Proposed % of Interest	Proposed # of Shares	Check if New
ALEXANDER NEUHAUSEN	PRESIDENT		300	☐
				☐
				☐
				☐
				☐
				☐
				☐

All parties listed in Part 2 and are NEW to the corporation/LLC must complete a Personal Questionnaire as well as submit an Applicant Statement, an original color photo, and a photo ID for themselves. The forms are available for download on our web site at: www.sla.ny.gov

ALL NEW APPLICANT PRINCIPALS WILL BE REQUIRED TO BE FINGERPRINTED ELECTRONICALLY

NOTE: Persons CURRENTLY licensed by the State Liquor Authority do not have to be fingerprinted. Each applicant principal that is required to be fingerprinted will be instructed to do so on the application Filing Receipt once the application is received by the Authority. Fingerprinting instructions are available on the Filing Receipt or on our website, www.sla.ny.gov.