

OFFICE USE ONLY		
☐ Original	☐ Amended	Date _____

16. List the floor(s) of the building that the establishment is located on: GROUND FLOOR (1ST FLOOR) AND CELLAR
17. List the room number(s) the establishment is located in within the building, if appropriate: N/A
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: 214 E. 9 ST LLC C/O FLATIRON GRAMERCY REALTY LLC
23. Building Owner's Street Address: 552 SEVENTH AV SUITE 201
24. City, Town or Village: NEW YORK State: NY Zip Code: 10018
25. Business Telephone Number of Building Owner: 917 532 6895

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: NICOLAS CALIA 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: _____

Nicolas Calia

09/04/2026