

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

 1. Date Notice was Sent: **06.27.19*** 1a. Delivered by: **Overnight Mail with Tracking Number**

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

- New Application
 Renewal
 Alteration
 Corporate Change
 Removal
 Class Change
 Method of Operation Change

 For **New** 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

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 Manhattan**
Applicant/Licensee Information:

 4. Licensee Serial Number (if applicable): **1101488** Expiration Date (if applicable): **06/30/2020**

 5. Applicant or Licensee Name: **120 Essex Market LLC**

 6. Trade Name (if any): **Essex**

 7. Street Address of Establishment: **120 Essex Street**

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

 9. Business Telephone Number of Applicant/Licensee: **(212) 533-9616**

 10. Business E-mail of Applicant/Licensee: **eat@essexnyc.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 or cook
 Menu meets legal minimum food availability requirements; food prep area at minimum

 13. Type of Establishment: **Restaurant (full kitchen and full menu required)**

 14. Method of Operation: (check all that apply)

Seasonal Establishment
 Juke Box
 Disc Jockey
 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): _____

 15. Licensed Outdoor Area: (check all that apply)

None
 Patio or Deck
 Rooftop
 Garden/Grounds
 Freestanding Covered Structure

Sidewalk Cafe
 Other (specify): _____

*** Applicant appeared on July 30, 2018. Its initial 30 Day Notice indicated that the premises would be located on the ground floor. However, the applicant's CB3 questionnaire (and the photos submitted with it) clearly indicate that the applicant would utilize the ground floor and mezzanine level. Because the mezzanine was inadvertently omitted from the initial 30 Day Notice, the SLA has requested that a second notice be given to CB3. Given the circumstance we ask that a waiver be provided.**

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

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 serial number of the licensee:

Name	Serial 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: **The City of New York, NYC Economic Development Corp.**

23. Building Owner's Street Address: **110 William Street**

24. City, Town or Village: **New York** State: **NY** Zip Code: **10038**

25. Business Telephone Number of Building Owner: **(212) 312-3600**

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: **NA**

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: **David Perlman** Title: **LLC Manager**

Principal Signature: 