State Liquor Authority

| _ | OFFICE | USE ONLY | |
|----------|-----------|----------|--|
| Original | ○ Amended | Date | |

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

| to a <u>Local Municipality or Community Board</u> |
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| 1. Date Notice was Sent: 492019 1a. Delivered by: CMRRR |
| 2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License: |
| O New Application O Renewal Alteration O Corporate Change O Removal O Class Change O 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: (B3 |
| Applicant/Licensee Information: |
| 4. Licensee Serial Number (if applicable): 1024 do2 Expiration Date (if applicable): 430209 |
| 5. Applicant or Licensee Name: Patty McCarthy'S Inc |
| 6. Trade Name (If any): Coney Island Para |
| 7. Street Address of Establishment: 169 AVEA |
| 8. City, Town or Village: New YUNK , NY Zip Code: 10009 |
| 9. Business Telephone Number of Applicant/Licensee: 212 4209392 |
| 10. Business E-mail of Applicant/Licensee: Laura O LJFMEROUP. COM |
| 11. Type(s) of alcohol sold or to be sold: O Beer & Cider O Wine, Beer & Cider Cider |
| 12. Extent of Food Service: |
| O 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: TAUERN |
| 14. Method of Operation: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke |
| Live Music (give details i.e., rock bands, acoustic, jazz, etc.): Band, ROCK, ACOUSTIC Jazz |
| 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 Gooftop Garden/Grounds Freestanding Covered Structure |
| ☐ Sidewalk Cafe ☐ Other (specify): |

| OFFICE USE ONLY |
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| Original O Amended Date |
| 4 |
| 16. List the floor(s) of the building that the establishment is located on: STORE FRONT |
| 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? ONO |
| 19. Will the license holder or a manager be physically present within the establishment during all hours of operation? |
| 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? OYes (if YES, SKIP 23-26) |
| Owner of the Building in Which the Licensed Establishment is Located |
| 22. Building Owner's Full Name: TIME EQUITIENS INC |
| 23. Building Owner's Street Address: 55 Fifth Avel, 15th Flour NY, NY 10003 |
| 24. City, Town or Village: New York State: NY Zip Code: 1000 3 |
| 25. Business Telephone Number of Building Owner: 212 206 6000 |
| 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: Frank W. Palillo |
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| 26. Representative/Attorney's Full Name: Frank W. Palillo |
| 26. Representative/Attorney's Full Name: Frank W. Palillo 27. Representative/Attorney's Street Address: Sixty Broad Street, Suite 3504 |
| 26. Representative/Attorney's Full Name: Frank W. Palillo 27. Representative/Attorney's Street Address: Sixty Broad Street, Suite 3504 28. City, Town or Village: New York Zip Code: 10004 |
| 26. Representative/Attorney's Full Name: Frank W. Palillo 27. Representative/Attorney's Street Address: Sixty Broad Street, Suite 3504 28. City, Town or Village: New York 29. Business Telephone Number of Representative/Attorney: (212) 227-1640 |

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I attach herewith present and proposed plans:

The changes are as follows:

- 1. Remove platform, and add door
- 2. Add a return to one banquette
- 3. Remove photo booth, add wall and banquette
- 4 Install movable platform (not noted on plan)



