rev02282020

NEW YORK STATE OF OPPORTUNITY.	State Liquor Authority

OFFICE USE ONLY			
Original	Amended	Date	

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

1. Date Notice was Sent: 5/13/20 1a. Delivered by:			
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:			
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			
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: CB3			
Applicant/Licensee Information:			
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):			
5. Applicant or Licensee Name: Down & Out Brooklyn, LLC			
6. Trade Name (if any): Down & Out			
7. Street Address of Establishment: 503 E. 6th Street			
8. City, Town or Village: New York , NY Zip Code: 10009			
9. Business Telephone Number of Applicant/Licensee:			
10. Business E-mail of Applicant/Licensee: joshua@downandoutnyc.com			
11. Type(s) of alcohol sold or to be sold:			
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: Bar/Tavern			
14. Method of Operation: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke (check all that apply)			
Live Music (give details i.e., rock bands, acoustic, jazz, etc.): small jazz and acoustic acts			
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment			
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel			
Other (specify):			
L5. Licensed Outdoor Area: Value Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure			
Sidewalk Cafe Other (specify):			

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L6. List the floor(s) of the building that the establishment is located on: First	floor and basement	
17. List the room number(s) the establishment is located in within the building, i	f appropriate:	
18. Is the premises located within 500 feet of three or more on-premises liquor of	establishments?	
19. Will the license holder or a manager be physically present within the establis	shment during all hours of operation?	⊙ Yes ○ No
20. If this is a transfer application (an existing licensed business is being purchase	ed) provide the name and serial number o	of the licensee:
Name	Serial Nur	mber
21. Does the applicant or licensee own the building in which the establishment is	s located? Yes (if YES, SKIP 23-26)	⊙ No
Owner of the Building in Which the L	icensed Establishment is Located	
22. Building Owner's Full Name: Campos Properties		
23. Building Owner's Street Address: P.O Box 7121		
24. City, Town or Village: New York	State: NY	Zip Code: 10023
25. Business Telephone Number of Building Owner: (212) 580-0674		
Representative or Attorney Representing Application for a License to Traffic in Alcohol at 26. Representative/Attorney's Full Name: Frank Palillo		
27. Representative/Attorney's Street Address: 60 Broad Street, Suite	<u>∍ 3504</u>	
28. City, Town or Village: New York	State: NY	Zip Code: 10004
29. Business Telephone Number of Representative/Attorney: (212) 227-1	1640	
30. Business E-mail Address of Representative/Attorney: dmbonventre@	⊉gmail.com	
I am the applicant or licensee holder or a principal of the Representations in this form are in conformity with represe the Authority when granting the license. I understand that upon, and that false representations may result in disapport By my signature, I affirm - under Penalty of Perjury - the Boundary of Penalty of Perjury - the Boundary of Perjury - the Boundary of Perjury - the Boundary of Penalty of Perjury - the Boundary of Penalty o	entations made in submitted docume at representations made in this form v proval of the application or revocation	nts relied upon by vill also be relied n of the license. orm are true.
Principal Signature:		