rev05042018

NEW YORK STATE OF OPPORTUNITY.	State Liquor Authority
4	Authority

	OFFICI	USE ONLY	
Original	Amended	Date	

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

1. Date Notice was Sent: 08/04/2020 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:				
■ 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: Manhattan Community Board 3				
Applicant/Licensee Information:				
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):				
5. Applicant or Licensee Name: Double Shot TB East Village, LLC				
6. Trade Name (if any): Two Boots East Village				
7. Street Address of Establishment: 42 Avenue A				
8. City, Town or Village: New York , NY Zip Code: 10009				
9. Business Telephone Number of Applicant/Licensee: (212) 254-1919				
10. Business E-mail of Applicant/Licensee: chris@twoboots.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: Bar/Tavern				
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				

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16. List the floor(s) of the building that the establish	ment is located on: Ground Floor	,			
17. List the room number(s) the establishment is loc					
18. Is the premises located within 500 feet of three o	or more on-premises liquor establishm	nents? Yes No			
19. Will the license holder or a manager be physicall	y present within the establishment du	ring all hours of operation?	■Yes □ No		
20. If this is a transfer application (an existing license	ed business is being purchased) provide	e the name and serial number c	of the licensee:		
None		Carial No			
Name 21. Does the applicant or licensee own the building i	in which the establishment is located?	Serial Nur Yes (if YES, SKIP 23-26)	mber		
Owner of the Building in Which the Licensed Establishment is Located					
22. Building Owner's Full Name: East Village (Gardens Realty, LLC				
23. Building Owner's Street Address: 153 East	3rd Street				
24. City, Town or Village: New York	State:	NY	Zip Code: 10009		
25. Business Telephone Number of Building Owner:	(516) 236-5317				
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					
	A. Hofmann, Esq.				
	1 John Street, Suite 2510				
28. City, Town or Village: New York	State:	NY	Zip Code: 10038		
29. Business Telephone Number of Representative/					
30. Business E-mail Address of Representative/Attor	ney: elke@eahlaw.com				
Representations in this form are in the Authority when granting the upon, and that false representa	nolder or a principal of the legal entropy n conformity with representations elicense. I understand that represe ations may result in disapproval of der Penalty of Perjury - that the re	made in submitted docume ntations made in this form v the application or revocation	nts relied upon by vill also be relied n of the license.		
31. Printed Principal Name: Elke A. Hofmar	nn, Esq.	Title: Attorney-in-fact			
Principal Signature:					