opla-rev03292018	OFFICE USE ONLY
NEW YORK SAVED AND A State Liquor Authority	Original Amended Date
Sta	andardized <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:	April 14, 2021 1a. Delivered by: CERTIFIED MAIL
2. Select the type of Applica	tion 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 Renewal applicant For Alteration applicant For Corporate Chang For Removal applicant For Class Change app For Method of Opera tion	answer each question below using all information known to date hts, answer all questions ants, attach a complete written description and diagrams depicting the proposed alteration(s) re applicants, attach a list of the current and proposed corporate principals hts, attach a statement of your current and proposed addresses with the reason(s) for the relocation plicants, attach a statement detailing your current license type and your proposed license type ation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes atice 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 Info	rmation:
4. Licensee Serial Number (if applicable): 1279774 Expiration Date (if applicable): 06/30/2021
5. Applicant or Licensee Na	me: NOREETUH RESTAURANT LLC
6. Trade Name (if any):	NOREETUH
7. Street Address of Establis	shment: 128 1ST AVENUE
8. City, Town or Village:	NEW YORK, NY 10009 , NY Zip Code: 10009
9. Business Telephone Num	ber of Applicant/Licensee: (646) 892-3050
10. Business E-mail of Appli	cant/Licensee: heather@helbraunlevey.com.
11. Type(s) of alcohol sold o	or to be sold: 🛛 🔘 Beer & Cider 🔘 Wine, Beer & Cider 🚫 Liquor, Wine, Beer & Cider
12. Extent of Food Service:	
🛞 Full food menu; ful	l kitchen run by a chef or cook O Menu meets legal minimum food availability requirements; food prep area at minimum
13. Type of Establishment:	RESTAURANT
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.): N/A Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Video/Arcade Games Third Party Promoters Security Personnel Other (specify): N/A
15. Licensed Outdoor Area: (check all that apply)	None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure Sidewalk Cafe Other (specify): N/A

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Original	Amended	Date				

16. List the floor(s) of the b	uilding that the establishment	is located on: GROUN	O FLOO	R AND BASEMENT		
17. List the room number(s	;) the establishment is located	in within the building, if ap	propriate	: N/A		
18. Is the premises located	within 500 feet of three or mo	ore on-premises liquor esta	blishmen	ts? 🕲 Yes 🔘 No		
19. Will the license holder (or a manager be physically pre	sent within the establishm	ent durin	g all hours of operation?	🚫 Yes	🔘 No
20. If this is a transfer appli	cation (an existing licensed bu	siness is being purchased)	orovide tl	ne name and serial number o	f the license	<u>م</u> و:
N/A			N/A			
	Name			Serial Nun	nber	
21. Does the applicant or li	censee own the building in wh	ich the establishment is lo	cated?	O Yes (if YES, SKIP 23-26)	🚫 No	
	Owner of the Bu	ilding in Which the Lice	nsed Est	ablishment is Located		
22. Building Owner's Full N	ame: 128-130 FIRST AV	ENUE LLC C/O HUBE	NYC P	ROPERTIES LLC		
23. Building Owner's Street	t Address: 579 FIFTH AV	VENUE, 4TH FLOOR				
24. City, Town or Village:	NEW YORK		State: N	Y	Zip Code:	10017
• 25. Business Telephone Nu	mber of Building Owner:				·	
26. Representative/Attorne	Application for a License to ey's Full Name: JOSEPH L	EVEY C/O HELBRAU				
27. Representative/Attorne	ey's Street Address: 110 W	ILLIAM STREET, SUI	TE 1410			
28. City, Town or Village:			State: N	Y	Zip Code:	10038
۔ 29. Business Telephone Nu	mber of Representative/Attor	ney: 212-219-1193				
30. Business E-mail Address	s of Representative/Attorney:	c/o heather@helbrau	levey.co	om.		
Representa the Autho	applicant or licensee holde ations in this form are in cor prity when granting the licen ad that false representation	nformity with represent nse. I understand that re	ations m present	ade in submitted documer ations made in this form w	nts relied u vill also be	ipon by relied
By my	signature, I affirm - under P	' enalty of Perjury - that	the repro	esentations made in this fo	orm are tru	Je.
31. Printed Principal Nar	me: JOSEPH LEVEY		Ti	tle: ATTORNEY		

Principal Signature: (

HELBRAUN LEVEY

April 14, 2021

Susan Stetzer Manhattan Community Board 3 59 East 4th Street, New York, NY 10003

RE: NOREETUH RESTAURANT LLC 128 1ST AVENUE NEW YORK, NY 10009

Dear Susan Stetzer

I am writing to you on behalf of my client in the subject of this letter. These applicants are currently occupying space at the above address where they operate a restaurant.

Our client's intention is to apply to the New York State Liquor Authority for a/an class change application.

As you are aware, part of the licensing process requires that the Local Municipality or Community Board be notified to be given an opportunity to comment on the application. Please consider this letter notification of our intent to apply to the New York State Liquor Authority for the above referenced license.

Please forward any meeting notification information and/or documentation requirements to Heather Kirk in our Licensing Department, at the address indicated in my letterhead below, or to heather@helbraunlevey.com.

Sincerely,

Joseph R. Levey

helbraunlevey.com 110 William Street, Suite 1410 New York, NY 10038 212-219-1193