NEW YORK STATE OF OPPORTUNITY. Authority Original

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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:			1a. Deli	vered by:							
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 C	ommunity Boa	rd:									
Applicant/Licensee Inform	nation:										
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):											
5. Applicant or Licensee Nam	ne:										
6. Trade Name (if any):											
7. Street Address of Establish	nment:										
8. City, Town or Village:				<i>,</i> NY	Zip Code:						
9. Business Telephone Numb	er of Applican	t/Licensee:									
10. Business E-mail of Applic	ant/Licensee:										
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 leg	al minimum food	availability require	ements; food prep area at minimum					
13. Type of Establishment:											
14. Method of Operation: (check all that apply)	Live Music Patron Da	ncing Em ade Games	Juke Box ., rock bands, acousti ployee Dancing Third Party Prome	Exotic Dancing	Recorded Music Topless En rity Personnel	c Karaoke tertainment					
15. Licensed Outdoor Area: (check all that apply)	None Sidewalk (Patio or Decl Cafe Othe	k Rooftop er (specify):	Garden/Grou	inds Freesta	anding Covered Structure					

16. List the floor(s) of the building that the establishment is located on:											
17. List the room number(s) the establishment is located in within the buil	ding, if appropriate:										
18. Is the premises located within 500 feet of three or more on-premises li	iquor establishments?	Yes	No								
19. Will the license holder or a manager be physically present within the end	stablishment during al	I hours of operat	ion?	Yes	No						
20. If this is a transfer application (an existing licensed business is being pu	irchased) provide the r	name and serial n	number of	the licensee:							
Name		Serial Number									
21. Does the applicant or licensee own the building in which the establishr	nent 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:											
23. Building Owner's Street Address:											
24. City, Town or Village:	State:			Zip Code:							
25. Business Telephone Number of Building Owner:											
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:											
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 Representations in this form are in conformity with re the Authority when granting the license. I understan upon, and that false representations may result in o By my signature, I affirm - under Penalty of Perju	epresentations made nd that representation disapproval of the approval of the	e in submitted c ons made in this oplication or re	locumen s form wi vocation	ts relied upo ill also be reli of the license	n by ied						
31. Printed Principal Name:	Title:										

Principal Signature:

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