

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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

1. Date Notice was Sent: 4/27/2021

1a. Delivered by: Email + Certified Mail Return Receipt

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: Community Board # 3

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable): Pending      Expiration Date (if applicable): N/A

5. Applicant or Licensee Name: HILMAR LLC

6. Trade Name (if any): SMASHED

7. Street Address of Establishment: 177 ORCHARD ST

8. City, Town or Village: NEWYORK, NY      Zip Code: 10002

9. Business Telephone Number of Applicant/Licensee: 212-945-8008

10. Business E-mail of Applicant/Licensee: mark@smashednyc.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: RESTAURANT

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.): \_\_\_\_\_

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     Other (specify): \_\_\_\_\_

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16. List the floor(s) of the building that the establishment is located on: 1ST FLOOR

17. List the room number(s) the establishment is located in within the building, if appropriate: N/A

18. Is the premises located within 500 feet of three or more on-premises liquor establishments?     Yes     No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation?     Yes     No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

<u>N/A</u>	
Name	Serial Number

21. Does the applicant or licensee own the building in which the establishment 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: MORRIS PLATT,

23. Building Owner's Street Address: 241 WEST 37th ST

24. City, Town or Village: NEW YORK    State: NY    Zip Code: 10002

25. Business Telephone Number of Building Owner: 212-704-4332

**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: Terrence R. Flynn, Jr.

27. Representative/Attorney's Street Address: 444 Beach 129th Street, 2nd Floor

28. City, Town or Village: Belle Harbor    State: New York    Zip Code: 11694

29. Business Telephone Number of Representative/Attorney: (718) 945-1000

30. Business E-mail Address of Representative/Attorney: trflynnjr@gmail.com

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.

31. Printed Principal Name: MARK MENDAROS    Title: OWNER

**Principal Signature:**

# Flynn & Flynn, P.L.L.C.

ATTORNEYS AT LAW

TERRENCE R. FLYNN, JR.

MARY P. FLYNN

444 BEACH 129TH STREET  
2<sup>ND</sup> FLOOR  
BELLE HARBOR, NEW YORK 11694  
TEL: 718-945-1000  
FAX: 718-318-6162

April 27, 2021

CERTIFIED MAIL  
NO.7016 1370 0002 0553 1081  
RETURN RECEIPT REQUESTED

Susan Stetzer, District Manager  
Manhattan Community Board No. 3  
59 East 4th Street  
New York, NY 10003


Re: Hilmar LLC – On Premise Liquor License Application

Dear Ms. Stetzer:

Please be advised that I am the attorney for Hilmar LLC that is applying for an on premise liquor license application for the premises located at 177 Orchard Street, New York, NY 10002. This notification is given pursuant to Section 64, Subdivision 2A of the Alcoholic Beverage Control Law.

If you have any questions, please do not hesitate to call my office. Thank you for your cooperation in this matter.

Very truly yours,



Terrence R. Flynn, Jr.

TRFJ/ph