

Kec 5/26/22 HL

Community Board #11 1741 Colden Avenue Bronx, NY 10462 718-892-6262

May 24, 2022

Dear Community Board 11,

Please see the attached documents in support of our renewal of our on-premises retail beer/wine application. Enclosed is the following:

- Standardized Notice Form for Providing 30-Day Advanced Notice to a Local Municipality or Community Board
- Liquor License Application: Bronx Community Board 11 Questionnaire
- Menu
- Floor Plan, site plan
- Certificate of Occupancy
- Retail Renewal Application
- Copy of Renewal Advisory
- Original approval letter dated 6/18/2020

Should you require anything else or should you have further questions, please do not hesitate to ask.

Sincerely,

Niroopa Harpaul

President

Bronx Corral Group Inc. DBA Golden Corral

	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: May	y 24, 2022	1a. Delivered b	Overnight Mail with Tracking Number
2. Select the type of Application	n that will be filed with the Authorit	ty for an On-Premises	Alcoholic Beverage License:
New Application	Renewal Alteration Corp	oorate Change 🔘 Re	moval O Class Change O Method of Operation Change
For Renewal applicants, For Alteration applicant For Corporate Change a For Removal applicants, For Class Change applic For Method of Operation	es, attach a complete written descrippplicants, attach a list of the current, attach a statement of your current ants, attach a statement detailing you Change applicants, although not	ption and diagrams de nt and proposed corpo t and proposed addre your current license ty required, if you choo	epicting the proposed alteration(s) orate principals orate with the reason(s) for the relocation or one and your proposed license type or to submit, attach an explanation detailing those changes
This 30-Day Advance Notice	e is Being Provided to the Clerk	k of the Following L	ocal Municipality or Community Board:
3. Name of Municipality or Co	mmunity Board: Community	y Board 11	
Applicant/Licensee Inform	nation:		
4. Licensee Serial Number (if			Expiration Date (if applicable): 06/30/2022
5. Applicant or Licensee Name		nc.	
6. Trade Name (if any): Go	olden Corral		
7. Street Address of Establish	ment: 2375 E. Tremont	Avenue	
8. City, Town or Village:	ronx		, NY Zip Code: 10462
9. Business Telephone Numb	er of Applicant/Licensee: 718-8	892-5200 or 51	6-808-0216
10. Business E-mail of Applica	ant/Licensee: info@bronxg	goldencorral.co	n
11. Type(s) of alcohol sold or	to be sold: Beer & Cide	er 👩 Wine, Beer &	Cider Diquor, Wine, Beer & Cider
12. Extent of Food Service:			
Full food menu; full l	kitchen run by a chef or cook O	Menu meets legal mir	imum food availability requirements; food prep area at minimum
13. Type of Establishment:	Restaurant (full kitchen a	and full menu re	equired)
14. Method of Operation: (check all that apply)	Live Music (give details i.e., roo		
	_	Third Party Promoters	Security Personnel
	Other (specify):		
15. Licensed Outdoor Area: (check all that apply)	✓ None ☐ Patio or Deck ☐ Sidewalk Cafe ☐ Other (s		Garden/Grounds Freestanding Covered Structure

OFFICE USE ON Original Amended Date	- 10	49
16. List the floor(s) of the building that the establishment is located on: First		
17. List the room number(s) the establishment is located in within the building, if app		
18. is the premises located within 500 feet of three or more on-premises liquor estab	olishments? OYes ONo	
19. Will the license holder or a manager be physically present within the establishme		⊙ Yes ○ No
20. If this is a transfer application (an existing licensed business is being purchased)	provide the name and serial number of t	ne licensee:
Name	Serial Numb	per
21. Does the applicant or licensee own the building in which the establishment is loc	cated? Yes (if YES, SKIP 23-26)	<b>⊙</b> No
Owner of the Building in Which the Lice	nsed Establishment is Located	
22. Building Owner's Full Name: Harpaul Realty Corp.		
23. Building Owner's Street Address: 756 Central Avenue		
24. City, Town or Village: Woodmere	State: NY	Zip Code: 11598
25. Business Telephone Number of Building Owner: 516-808-0216		
Representative or Attorney Representing th Application for a License to Traffic in Alcohol at the 26. Representative/Attorney's Full Name:  Jagat P. Lall ESQ., CPA	ne Applicant in Connection with the ne Establishment Identified in this I	Notice
27. Representative/Attorney's Street Address: 45 Rockefeller Plaza, S	Suite 2000	
28. City, Town or Village: New York	State: NY	Zip Code: 11801
29. Business Telephone Number of Representative/Attorney: 212-445-070	00	
30. Business E-mail Address of Representative/Attorney: law@jplall.com		
I am the applicant or licensee holder or a principal of the l Representations in this form are in conformity with represen the Authority when granting the license. I understand that upon, and that false representations may result in disappr By my signature, I affirm - under <b>Penalty of Perjury</b> - tha	representations made in this form very of the application or revocation	vill also be relied n of the license.
31. Printed Principal Name: Niroopa C. Harpaul	Title: President	
Principal Signature:		