



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 Sent: 6/9/2023

1a. Delivered by: CMRRE

Rec'd By Community Board 3, Man

JUN 12 2023

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

- New Application Removal Class Change

For premises in the City of New York:

- New Application New Application and Temporary Retail Permit Temporary Retail Permit Removal
 Class Change Method of Operation Corporate Change Renewal Alteration

*Upgrade to liquor
Add live music
open to 4:00am daily*

For New and Temporary Retail Permit 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

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

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): 1349714 Expiration Date (if applicable): _____

5. Applicant or Licensee Name: Darkhorse Concepts LLC

6. Trade Name (if any): Full Tank Moto Cafe

7. Street Address of Establishment: 49 Monroe Street

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

9. Business Telephone Number of applicant/ Licensee: (917) 355-7465

10. Business E-mail of Applicant/Licensee: fulltankmotocafe@gmail.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/cook Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Bar/Tavern
 Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke

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: (check all that apply) None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
 Sidewalk Cafe Other (specify): Temporary Covid Seating

