



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: 1a. Delivered by:

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

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:

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , **NY** Zip Code:

9. Business Telephone Number of applicant/ Licensee:

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

13. Type of Establishment:

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): Open Restaurants program

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16. List the floor(s) of the building that the establishment is located on: **Ground floor**
17. List the room number(s) the establishment is located in within the building, if appropriate: **Store West (STW)**
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:
- | | |
|------|---------------|
| | |
| 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: **122 EAST 7TH STREET ASSOCIATES LLC**
23. Building Owner's Street Address: **c/o Jakobson Properties, LLC, 11 Waverly Place**
24. City, Town or Village: **New York** State: **NY** Zip Code: **10003**
25. Business Telephone Number of Building Owner: **(212) 533-1300**

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: **Benjamin Korngut, Esq.**
27. Representative/Attorney's Street Address: **100 Canal Pointe Boulevard, Suite 125**
28. City, Town or Village: **Princeton** State: **NJ** Zip Code: **08540**
29. Business Telephone Number of Representative/Attorney: **(212) 566-5021**
30. Business E-mail Address of Representative/Attorney: **bak@kplawyers.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: **Edward Carlson** Title: **LLC Member**

Principal Signature: Edward Carlson