

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

1. Date Notice Sent: 11/3/23 1a. Delivered by: Certified Mail Return Receipt Requested

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

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: CB-3

Applicant/Licensee Information:

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

5. Applicant or Licensee Name: AYS Libations LLC

6. Trade Name (if any): _____

7. Street Address of Establishment: 122 ST. MARKS Place

8. City, Town or Village: NY, NY Zip Code: 10009

9. Business Telephone Number of applicant/ Licensee: (917) 636-9223

10. Business E-mail of Applicant/Licensee: HELL@Dearmimoto.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: 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): _____

Original Amended Date _____

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

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

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: 122-126 ST MARKS PLACE ASSOCIATES LLC

23. Building Owner's Street Address: 122-126 ST MARKS PLACE

24. City, Town or Village: NY State: NY Zip Code: 10009

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: MICHAEL KELLY

27. Representative/Attorney's Street Address: 136 WAVERLY RD

28. City, Town or Village: SCARSDALE State: NY Zip Code: 10583

29. Business Telephone Number of Representative/Attorney: (914) 740-3580

30. Business E-mail Address of Representative/Attorney: KELLYMLK136@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: MICHAEL KELLY Title: AUTHORIZED REPRESENTATIVE

Principal Signature: _____

