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NEW YORK	State Liquor Authority
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	OFFICE	USE ONLY	
Original	Amended	Date	

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

1. Date Notice Sent: 12/10/2025 1a. Delivered by: Overnight Mail, Tracking Number and Pro
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:  Received  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    Renewal
O Class Change O Method of Operation O Corporate Change
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: Manhattan Community Board No. 3
Applicant/Licensee Information:
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):
5. Applicant or Licensee Name: Pomegranate NYC Clinton LLC
6. Trade Name (if any): Duff's Famous Wings
7. Street Address of Establishment: 88 Clinton Street
8. City, Town or Village: New York , NY Zip Code: 10002
9. Business Telephone Number of applicant/Licensee: (347) 819-3580
10. Business E-mail of Applicant/Licensee: aa@pom-cap.com
11. Type(s) of alcohol sold or to be sold:
12. Extent of Food Service: Tell Food menu; full kitchen run by a chef/cook Menu meets legal minimum food requirements; food prep area require
13. Type of Establishment: Restaurant (full kitchen and full menu required)
Seasonal Establishment
☐ 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):

16. List the floor(s) of the building that the establishment is located on: Ground Floor and Basement (Storage)  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 figuor establishments?	oia-rev 1 230202 i	Original C	OFFICE US	E ONLY Date		•	
19. Will the Bonse holder or a manager be physically present within the establishment during all hours of operation?		Original O	Amended 5	· · · ·			4
18. Is the premises located within 500 feet of three or more on-premises liquor establishments?	16. List the floor(s) of the building	that the establishment is	located on: Groun	nd Floor and Basement	(Storage)		
19. Will the Bloense holder or a manager be physically present within the establishment during all hours of operation?    No  No  No  No  No  No  No  No  No	17. List the room number(s) the es	stablishment is located in	within the building, i	f appropriate:			
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20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:    Name					operation?	Yes  No	
Name  Serial Number  21. Does the applicant or licensee own the building in which the establishment is located?  Owner of the Building in Which the Licensed Establishment is Located  Owner's Full Name:  88 Clinton LLC  23. Building Owner's Street Address:  80 Sheldrake Road  24. City, Town or Village:  Scarsdale  State:  NY  Zip Code:  10583  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  Representative/Attorney's Full Name:  Max Bookman, Esq Peselsky and Bookman, F.C.  27. Representative/Attorney's Street Address:  325 Broadway - Sulle 601  State:  NY  Zip Code:  10593  State:  NY  Zip Code:  10007  Land 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 Ilcense. Inunderstand 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.  Managing Member			•			of the licensee:	
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