



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: December 11, 2024      1a. Delivered by: CMRR

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    Renewal    Alteration    Removal

Class Change    Method of Operation    Corporate Change

BY Community Board 3, MSB  
 DEC 16 2024  
 RECEIVED

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 M

**Applicant/Licensee Information:**

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

5. Applicant or Licensee Name: At Cave LLC

6. Trade Name (if any): At Cave

7. Street Address of Establishment: 103 East 2nd Street

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

9. Business Telephone Number of applicant/ Licensee: (718) 340-9156

10. Business E-mail of Applicant/Licensee: admin@atcave.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: Restaurant

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

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

16. List the floor(s) of the building that the establishment is located on: Ground Floor ; basement

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: Heramah Inc

23. Building Owner's Street Address: 124-19 Metropolitan Ave

24. City, Town or Village: Kew Gardens State: NY Zip Code: 11415

25. Business Telephone Number of Building Owner: (718) 441-7100

**Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice**

26. Representative/Attorney's Full Name: Frank W. Palillo

27. Representative/Attorney's Street Address: Sixty Broad Street, Suite 3604

28. City, Town or Village: New York State: NY Zip Code: 10004

29. Business Telephone Number of Representative/Attorney: (212) 227-1040

30. Business E-mail Address of Representative/Attorney: Fwpalillo@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: Frank Palillo Title: Attorney

Principal Signature: 