

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



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

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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  Renewal  Alteration  Removal  
 Class Change  Method of Operation  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:

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

Received  
 JAN 24 2025  
 by Community Board 3, Man.

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16. List the floor(s) of the building that the establishment is located on: 1ST FLOOR AND 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: 132 LUDLOW STREET LLC

23. Building Owner's Street Address: 132 LUDLOW STREET

24. City, Town or Village: NEW YORK State: NEW YORK Zip Code: 10002

25. Business Telephone Number of Building Owner: (718)577-9197

**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 ROAD

28. City, Town or Village: SCARSDALE State: NEW YORK 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: \_\_\_\_\_

