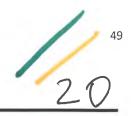
NEW YORK | State Liquor Authority

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:	12/17/2024 Certified Mail Return Receipt Requested
Select the type of App For premises outside to	olication that will be filed with the Authority for an On-Premises Alcoholic Beverage License: the City of New York: Removal Class Change ity of New York:
New Applciation	Removal O Class Change
For premises in the Ci	ity of New York:
New Application	New Application and Temporary Retail Permit
O Class Change O	Method of Operation O Corporate Change
For Renewal applicant For Alteration applicant For Corporate Change For Removal applicant For Class Change applicant For Method of Operate Please include all designs.	ary Retail Permit applicants, answer each question below using all information known to date ts, answer all questions nts, attach a complete written description and diagrams depicting the proposed alteration(s) applicants, attach a list of the current and proposed corporate principals ts, attach a statement of your current and proposed addresses with the reason(s) for the relocation icants, attach a statement detailing your current license type and your proposed license type tion Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes occuments as noted above. Failure to do so may result in disapproval of the application.
3. Name of Municipality	or Community Board: MANHATTAN COMMUNITY BOARD 3
Applicant/Licensee i	
4. Licensee Serial Numbe	
5. Applicant or Licensee!	Name: FLO-EN LLC
6. Trade Name (if any):	
7. Street Address of Estal	
8. City, Town or Village:	
9. Business Telephone Nu	umber of applicant/ Licensee:
10. Business E-mail of App	licant/Licensee: FLOENLLC@GMAIL.COM
11. Type(s) of alcohol sold	or to be sold:
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 (full kitchen and full menu required) Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
14. Method of Operation:	Live Music (give details i.e., rock bands, acoustic, jazz, etc.):
(check all that apply)	Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment
	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
	Other (specify): BAKERY/RESTAURANT
15. Licensed Outdoor Area (check all that apply	a: ✓ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure

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16. List the floor(s) of the building the	at the establishment is loca	ited on: 1ST FL	& BASEMENT			
17. List the room number(s) the estal	olishment is located in with	in the building, if	appropriate: N/A			
18. Is the premises located within 500) feet of three or more on-p	oremises liquor es	tablishments?	🔾 Yes (No		
19. Will the license holder or a manag	er be physically present wi	thin the establish	ment during all hour	s of operation?	Yes	O No
20. If this is a transfer application (an	existing licensed business i	s being purchased) provide the name	and serial number o	f the license	ee:
N/A						
	Name			Serial Nun	nber	
21. Does the applicant or licensee ow	Owner of the Building		. ·	ent is Located	⊙ No	
22. Building Owner's Full Name: NI	CHOLAS T. DONOVAN	, TRUSTEE c/o	GCP CAPITAL GF	ROUP		
23. Building Owner's Street Address:	60 CUTTER MILL RO	AD, STE 600				
24. City, Town or Village: GREAT N	NECK		State: NY		Zip Code:	11021
25. Business Telephone Number of Bu	ilding 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: ABC LICENSE - SAM PARK						
27. Representative/Attorney's Street A						
A CONTRACTOR OF THE CONTRACTOR	Address: 35-15 FARRIN	NGTON ST				
28. City, Town or Village: FLUSHIN	G		State: NY		Zip Code:	11354
29. Business Telephone Number of Rep	presentative/Attorney:	(718) 939-1400				
30. Business E-mail Address of Represe	ntative/Attorney: ABCL	LICENSE@GMA	AIL.COM			
Representations in the Authority when upon, and that fals	or licensee holder or a p is form are in conformity granting the license. I ur e representations may re	y with represent nderstand that r esult in disappro	ations made in sui epresentations ma oval of the applicat	bmitted document ade in this form wi tion or revocation	ts relied up ill also be r of the licer	oon by relied nse.
By my signature,	l affirm - under Penalty (of Perjury - that	the representatio	ns made in this for	m are true	e.

EN EN EN EN	IS POTOKQI	Title:	LLC MEMBER
Principal Signature:	/s/ Enis Potokqi		