Date  Zed NOTICE FORM for Providing 30-Day Advanced Notice to Local Municipality or Community Boar (Page 1 of 2 of Form  Authority for an On-Premises Alcoholic Beverage License proporate Change  Perk of the following Local Municipality or Community Board  Community Board 3  Expiration Date, if not New Application: 09/30/2015  o, LLC  NY Zip Code: 10003
Local Municipality or Community Board  (Page 1 of 2 of Form  Authority for an On-Premises Alcoholic Beverage License or por ate Change  erk of the following Local Municipality or Community Board  Community Board 3  Expiration Date, if not New Application: 09/30/2015  o, LLC  NY Zip Code: 10003
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o, LLC  ,NY Zip Code: 10003
o, LLC  ,NY Zip Code: 10003
<b>,NY</b> Zip Code : 10003
12) 533-0524
oresso@hotmail.com
ription below using all information known to date. plete description and diagram of proposed alteration(s). It forth approved Method of Operation only. In to Change Your Method of Operation.  Peer Only Wine & Beer Only Liquor, Wine & Beer  Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements  Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements
Cabaret, Night Club (Large Scale Dance Club) Catering Facility  Topless Entertainment Restaurant Hotel  Facility/Vessel) Club (e.g. Golf Club/Fraternal Org.) Bed & Breakfast  Cafe Bar  Rooftop Garden/Grounds Freestanding Covered Structure  specify):
f .

opla-rev 09/25/2013 State of New York	Original	OFFI	ICE USE ONLY nded Date						
Executive Department Division of Alcoholic Bevera State Liquor Authority	age Control	Stand	ardized NOTICI	FORM	<b>-</b> "		vanced <u>Notice</u> to a Community Board		
				and the second s		(	Page 2 of 2 of Form)		
16. List the floor(s) of the k	ouilding that th	he establishm	nent is located on:	Ground fl	por				
17. List the room number( building, if appropriate		nment is locat	ted in within the	obby	er ander service en		·		
18. Is the premises located with 500 feet of three or more on-premises liquor establishments? X Yes No									
19. Will the license holder or a manger be physically present within the establishment during all hours of operation? 🔀 Yes 🗌 No									
20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24) 🔀 No									
Owner of the Building in Which the Licensed Establishment is Located									
21. Building Owner's Full Name: Casper R. Callen Trust									
22. Building Owner's Street Address: 111 W. Fortune Street									
23. City, Town or Village:	lage: Tampa				FL	Zip Code :	33602		
24. Business Telephone Nu	umber of Build	ling Owner:	813-229-6686			70.00.00.40.00.40.00.40.00.40.00.40.00.40.00.40.00.40.00.40.00.40.00.40.00.40.00.40.00.40.00.40.00.40.00.40.00			
Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the									
		Establ	lishment Identified	l in this N	otice				
	25. Attorney's Full Name: Elke A. Hofmann, Esq.								
26. Attorney's Street Address: 11 Broadway, Suite 800									
27. City, Town or Village:	New York			State:	NY	Zip Code :	10004		
28. Business Telephone Number of Attorney: (212) 487-9100 / elke@eahlaw.com									
granting the license. I	n conformity v I understand tl may res	vith represent hat represent oult in disappr	tations made in sub	mitted do form will ion or rev	ocuments relied up also be relied upor ocation of the licer	on by the Au , and that fa ise.	ithority when Ise representations		
29. Printed Name: Elke A. Signature: X	. Hofmann, E	sq.	We H		Title Altorney	ar			

Page 3 Print Form