Original		
State of New York Executive Department Division of Arcoholic Byershe Control State Liquor Authority 1. Date Notice was Sent: (mm/dd/yyyy) 10/18/2013 2. Select the types of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License   New Application   Renewal   Alteration   Corporate Change   This 30-Day Advance Notice is Being Provided to the Clork of the following Local Municipality or Community Board 3. Name of Municipality or Community Board   Community		Servici in Coronal
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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 No. 3  Applicant/Licensee Information  4. License Serial Number, if not New Application:  S. Applicant or Licensee Name:  88 2ND AVE, FOOD CORP.  6. Trade Name (if any):  MOONSTRUCK  7. Street Address of Establishment:  88 2ND AVENUE  8. City, Town or Village:  NEW YORK  9. Business Telephone Number of Applicant/Licensee:  11. Business Fax Number of Applicant/Licensee:  For New applicants, provide description below using all information known to date.  For Alteration applicants, attach complete description and diagram of proposed alteration(s).  For Current Licensees, set forth approved Method of Operation only.  Do Not Use This Form to Change Your Method of Operation only.  12. Type(s) of Alcohol soid or to be sold: ("X" One) Beer Only Mine & Beer Only Mine & Beer Only Method of Operation.  13. Extent of Food Service: ("X" One) Restaurant (Sale of food primarily:	2. Select the type of Application that will be filed with the Authority for an On-Premise	s Alcoholic Beverage License
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5. Applicant or Licensee Name: 88 2ND AVE. FOOD CORP. 6. Trade Name (if any): MOONSTRUCK 7. Street Address of Establishment: 88 2ND AVENUE 8. City, Town or Village: NEW YORK 9. Business Telephone Number of Applicant/Licensee: [212) 420-8050 10. Business Fax Number of Applicant/Licensee: [212) 420-8050 11. Buisness Fax Number of Applicant/Licensee: [212) 420-8050 12. Type(s) of Alcohol sold or to be sold: ("X" One) Beer Only Wine & Beer Only Liquor, Wine & Beer Only Applicant/Licensee: [212) 420-8050 13. Extent of Food Service: ("X" One) Beer Only Wine & Beer Only Applicant Contains and Service: ("X" One) Applicant (Sale of food primarily; also primarily; Meets legal minimum food availability requirements) 14. Type of Establishment: Recorded Music Live Music Disertockey Juke Box Araoke Bar Stage Shows Patron Deacing (small scale) Cabaret, Night Club (Large Scale Dance Club) Catering Facility ("X" all the apply) Recreational Facility (Sports Facility/Vessel) Club (e.g. Golf Club/Fraternal Org.) Bed & Breakfast Sleeving Contains and Structure Sleeving Contains	Applicant/Licensee Information	
6. Trade Name (if any): MOONSTRUCK 7. Street Address of Establishment: B8 2ND AVENUE 8. City, Town or Village: NEW YORK 9. Business Telephone Number of Applicant/Licensee: (212) 420-8050 10. Business Fax Number of Applicant/Licensee: For New applicants, provide description below using all information known to date.  For Alteration applicants, attach complete description and diagram of proposed alteration(s).  For Current Licensees, set forth approved Method of Operation only.  Do Not Use This Form to Change Your Method of Operation only.  12. Type(s) of Alcohol sold or to be sold: ("X" One) Beer Only Wine & Beer Only Alaes primarily; Pavern/Cocktail tounge/Adult Venue/Bar (Alcohol alaes primarily; Pavern/Cocktail tounge/Adult Venue/Bar (Alcohol availability requirements)    Recorded Music Live Music Dise tockey Juke Box Araoke Bar Stage Shows Patron Bagcing (small scale) Cabaret, Night Club (Large Scale Dance Club) Catering Facility Recreational Facility (Sports Facility/Vessel) Club (e.g. Golf Club/Fraternal Org.) Bed & Breakfast Seasonal Establishment    Seasonal Establishment   Sidewalk Cafe Other (specify):   Sidewalk Cafe Other (spe	4. License Serial Number, if not New Application: Expirat	on Date, if not New Application:
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13. Extent of Food Service: ("X" One)  Restaurant (Sale of food primarily;   Sales primar	For Alteration applicants, attach complete description and diag For Current Licensees, set forth approved Method o	ram of proposed alteration(s). of Operation only.
13. Extent of Food Service: ("X" One)    Restaurant (Sale of food primarily;   Sales primarily;   Meets legal minimum food evailability requirements)    Sales primarily;   Meets legal minimum food evailability requirements   Stage Shows   Sales primarily;   Sales primarily;   Meets legal minimum food evailability requirements   Sales primarily;   Meets legal minimum food evailability requirements   Sales primarily;   Meets legal minimum food evailability requirements   Stage Shows   Sales primarily;   Sales primarily;   Meets legal minimum food evailability requirements   Sales primarily;   Meets legal minimum food evailability re	12. Type(s) of Alcohol sold or to be sold: ("X" One) Beer Only Wine & Beer On	y X Liquor, Wine & Beer
13. Extent of Food Service: ("X" One)   Restaurant (Sale of Tood primarily;   Sales prima		
Patron Dancing (small scale)	13. Extent of Food Service: ("X" One)	les primarily; Meets legal minimum food
14. Type of Establishment:  ("X" all the apply)    Capacity of 600 or more patrons   Topless Entertainment   Restaurant   Hotel     Recreational Facility (Sports Facility/Vessel)   Club (e.g. Golf Club/Fraternal Org.)   Bed & Breakfast     Seasonal Establishment     Seasonal Establishment   X None   Patio or Deck   Rooftop   Garden/Grounds   Freestanding Covered Structure     Sidewalk Cafe   Other (specify):	Recarded Music Live Music Dise tockey J	uke Box
("X" all the apply)  Recreational Facility (Sports Facility/Vessel)		Large Scale Dance Club) 🔲 Catering Facility
Recreational Facility (Sports Facility/Vessel) Club (e.g. Golf Club/Fraternal Org.) Bed & Breakfast  Seasonal Establishment  15. Licensed Outdoor Area: ("X" all the apply) Sidewalk Cafe Other (specify):	THE CAUBLILY OF DOO OF HIGHE COUNTY AND THE HALL	ment 🗵 Restaurant 🗌 Hotel
15. Licensed Outdoor Area: X None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure  ("X" all the apply) Sidewalk Cafe Other (specify):		.g. Golf Club/Fraternal Org.) 🔲 Bed & Breakfast
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15. Licensed Outdoor Area:  ("X" all the apply)  Sidewalk Cafe Other (specify):		
	15. Licensed Outdoor Area:	Grounds Freestanding Covered Structure
Page 1	("X" all the apply)  Sidewalk Cafe Other (specify):	
	and resident	Page 1

	A market			10 10		
	OFFICE USE ONLY			15 49		
<u> </u>	O Amended Date	FORM fo	or Providing 3	0-Day Advanced Notice to a ipality or Community Board		
	Stanuar		Local Munic	ipality or Community Board (Page 2 of 2 of Form)		
Atrol						
	stablishment is located on:	reet Level	and Basement for	r Storage Purposes		
	<b></b>					
mber(s) the establishme ropriate:	ent is located in within the	A				
nises located with 500 feet of t						
ne license holder or a manger be ph	ysically present within the es	tablishmer	it during all hours	s of operation? 🔀 Yes 🗌 No		
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: Fontana Realty, LLC						
22. Building Owner's Street Address: PO Box 3557						
23. City, Town or Village: New Hyde Pa	rk	State:	NY	Zip Code : 11040		
Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice						
25. Attorney's Full Name: John A. Mitchell, Esq.						
26. Attorney's Street Address: 98-20 Metropolitan Avenue						
27. City, Town or Village: Forest Hills		State: N	Υ	Zip Code : 11375		
28. Business Telephone Number of Attorney: (718) 997-1000						
29. Business Email Address of Attorney:	(718) 575-1600					
I am the applicant or hold the license or am 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 <b>Penalty of Perjury</b> - that the representations made in this form are true.						
30. Printed Name: GEORGE GAILAS		Title	President			
Signature: X C 20 5 C	1 0					