50 / 10 /00 /13		APPLAPTICS	1	24
rev 10/08/13	Original	OFFICE USE ONLY Amended Date		
State of New York Executive Department	-	- TREU G DV U/0/21-2232	E FORM for Providing	<u>30-Day Advanced Notice</u> to
Éxecutive Department Division of Alcoholic Bevera	age Control	the second second	Local Muni	cipality or Community Boa
State of New York Executive Department Division of Alcoholic Bevera State Liquor Authority	syecontion	NOV 2.6 201-		(Page 1 of 2 of Forr
	r			
1. Date Notice was Sent: (n	nm/dd/yyyy)	11/22/2013		
2. Select the type of Applic	ation that will be fil	ed with the Authority for a	In On-Premises Alcoholic Bev	erage License
New Application	Renewal 🗌 Alter	ration A Corporate Chan	ige )	
This 30-Day Advance Noti	ice is Being Provid	ed to the Clerk of the fol	lowing Local Municipality o	r Community Board
3. Name of Municipality or	r Community Board	Lamour	ty Board	3
Applicant/Licensee Inform	nation			
4. License Serial Number, if	f not New Applicati	on: 1228981	Expiration Date, if not	New Application: 33111
5. Applicant or Licensee Na	ame: by	ad velvet	LIC.	anna an
6. Trade Name (if any):	hed y	elvet		
7. Street Address of Establi	shment: 17U	L hivingto	on Street	
8. City, Town or Village:	New	York	,NÝ	Zip Code: 1000
9. Business Telephone Nun	nber of Applicant/L	icensee:		
10. Business Fax Number o	of Applicant/License	e:		]
11. Buisness E-mail of Appl	icant/Licensee:			
	ration applicants, For Current Li	attach complete descript icensees, set forth approv	w using all information kno tion and diagram of propos ved Method of Operation o Your Method of Operation.	ed alteration(s).
			ine & Beer Only	
12. Type(s) of Alcohol sold of	or to be sold: ("X" C	one) 🔲 Beer Only 🗌 W	me a beer only KI ridu	or, Wine & Beer
12. Type(s) of Alcohol sold o	or to be sold: ("X" C			or, Wine & Beer
12. Type(s) of Alcohol sold o ? 13. Extent of Food Service: (	("V" One) Rest	aurant (Sale of food prima food menu; Kitchen run by	rily;	ounge/Adult Venue/Bar (Alcohol eets legal minimum food
?	("X" One) Rest	aurant (Sale of food prima food menu; Kitchen run by	rily; rily; chef) sales primarily; M availability requir	ounge/Adult Venue/Bar (Alcoho) eets legal minimum food ements)
?	("X" One) Rest Full	aurant (Sale of food prima food menu; Kitchen run by c ] Live Music ] Disc	rily; / chef) sales primarily; M availability requir Jockey Juke Box K	ounge/Adult Venue/Bar (Alcoho) eets legal minimum food ements) araoke Bar Stage Shows
<ul> <li>13. Extent of Food Service:</li> <li>14. Type of Establishment:</li> </ul>	("X" One) Rest Full Recorded Musi	aurant (Sale of food prima food menu; Kitchen run by c Live Music Disc g (small scale) Cabaret	rily; ( chef) sales primarily; M availability requir Jockey Juke Box K t, Night Club (Large Scale Dar	ounge/Adult Venue/Bar (Alcoho) eets legal minimum food ements) araoke Bar Stage Shows ace Club) Catering Facility
2 13. Extent of Food Service:	("X" One) Rest Full Recorded Musi Patron Dancing Capacity of 600	aurant (Sale of food prima food menu; Kitchen run by c Live Music Disc g (small scale) Cabaret	rily; rily; chef) sales primarily; M availability requir Jockey Juke Box K t, Night Club (Large Scale Dar pless Entertainment Res	ounge/Adult Venue/Bar (Alcohol eets legal minimum food ements) araoke Bar Stage Shows ace Club) Catering Facility taurant Hotel
<ul> <li>13. Extent of Food Service:</li> <li>14. Type of Establishment:</li> </ul>	("X" One) Rest Full Recorded Musi Patron Dancing Capacity of 600 Recreational Fa	aurant (Sale of food prima food menu; Kitchen run by c Live Music Disc g (small scale) Cabaret 0 or more patrons Top cility (Sports Facility/Vesse	rily; ( chef) sales primarily; M availability requir Jockey Juke Box K t, Night Club (Large Scale Dar	ounge/Adult Venue/Bar (Alcohol eets legal minimum food ements) araoke Bar Stage Shows ace Club) Catering Facility taurant Hotel
<ul> <li>13. Extent of Food Service:</li> <li>14. Type of Establishment:</li> </ul>	("X" One) Rest Full Recorded Musi Patron Dancing Capacity of 600	aurant (Sale of food prima food menu; Kitchen run by c Live Music Disc g (small scale) Cabaret 0 or more patrons Top cility (Sports Facility/Vesse	rily; rily; chef) sales primarily; M availability requir Jockey Juke Box K t, Night Club (Large Scale Dar pless Entertainment Res	ounge/Adult Venue/Bar (Alcohol eets legal minimum food ements) araoke Bar Stage Shows ace Club) Catering Facility taurant Hotel
<ul> <li>13. Extent of Food Service: (</li> <li>14. Type of Establishment: ("X" all the apply)</li> </ul>	("X" One) Rest Full Recorded Musi Patron Dancing Capacity of 600 Recreational Fa Seasonal Establ	aurant (Sale of food prima food menu; Kitchen run by c Live Music Disc g (small scale) Cabaret ) or more patrons Top cility (Sports Facility/Vesse Ishment	rily; / chef) sales primarily; M availability requir Jockey Juke Box K t, Night Club (Large Scale Dar pless Entertainment Res el) Club (e.g. Golf Club/Fr	ounge/Adult Venue/Bar (Alcohol eets legal minimum food ements) araoke Bar Stage Shows ice Club) Catering Facility taurant Hotel aternal Org.) Bed & Breakfas
<ul> <li>13. Extent of Food Service: (</li> <li>14. Type of Establishment: ("X" all the apply)</li> <li>15. Licensed Outdoor Area:</li> </ul>	("X" One) Rest Full Recorded Musi Patron Dancing Capacity of 600 Recreational Fa Seasonal Establ	aurant (Sale of food prima food menu; Kitchen run by c Live Music Disc g (small scale) Cabaret O or more patrons Top cility (Sports Facility/Vesse Ishment	rily; / chef) sales primarily; M availability requir Jockey Juke Box K t, Night Club (Large Scale Dar pless Entertainment Res el) Club (e.g. Golf Club/Fr	ounge/Adult Venue/Bar (Alcohol eets legal minimum food ements) araoke Bar Stage Shows ace Club) Catering Facility taurant Hotel
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Executive Department Divideor of Alcoholic Reverses Control	Amended       Date         Indardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board (Page 2 of 2 of Form)         Imment is located on:					
State of New York       Standardized NOTICE FORM for Providing 30-Day Advanced I         Encurve Department       Local Municipality of Community         Division of Alcoholk Beerage Control       State Liquor Authority         State Liquor Authority       If Department         16. List the floor(s) of the building that the establishment is located on:	Idardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board (Page 2 of 2 of Form)         Imment is located on:	rev 10/08/13	O Original	-		
Division of Alcoholic Beverage Control       Iteader 2 of Iteader 2 o	Image 2 of 2 of Form)         Image 2 of Form)         Image 2 of Form)         Image 2 of Form)         Image 2 of For	State of New York		~	E FORM for Providing	30-Day Advanced Notice to
16. List the floor(s) of the building that the establishment is located on:         17. List the room number(s) the establishment is located in within the building, if appropriate:         18. Is the premises located with 500 feet of three or more on-premises liquor establishments?       Yes         18. Is the premises located with 500 feet of three or more on-premises liquor establishments?       Yes       No         19. Will the license holder or a manger be physically present within the establishment is located? ("X" One)       Yes (IF Yes SKIP 21-2         Owner of the Building in which the establishment is located? ("X" One)       Yes (IF Yes SKIP 21-2         Owner of the Building in which the Licensed Establishment is located?         20. Does the applicant or licensee own the building in which the Licensed Establishment is located?       Yes (IF Yes SKIP 21-2         Owner of the Building in Which the Licensed Establishment is located?         21. Building Owner's Full Name:       Double Colspan=2         22. Building Owner's Street Address:       List E add the Colspan=2         Street Premises 299 Breadway Suite 1820         27. City, Town or Village:         22. City, Town or Village:       New York       State:       New York       Zip Code:       10007         23. Rusiness Telephone Number of Attorney:       [212)2227-1640       Establishment documents relied upon by the Authority why granting the license. In ordermisty	cated in within the	Division of Alcoholic Bevera	ge Control		Local Mur	
17. List the room number(s) the establishment is located in within the building, if appropriate:         18. Is the premises located with 500 feet of three or more on-premises liquor establishments? □ Yes □ No         19. Will the license holder or a manger be physically present within the establishment during all hours of operation? □ Yes         20. Does the applicant or licensee own the building in Which the establishment is located? ('X* One) □ Yes (if Yes 5KIP 21-2         Owner of the Building in Which the Licensed Establishment is Located         21. Building Owner's Full Name: □ 0 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	cated in within the	Sale Equili Autionly		0		•
building. If appropriate:     18. Is the premises located with 500 feet of three or more on-premises liquor establishments?     19. Will the license holder or a manger be physically present within the establishment during all hours of operation?   20. Does the applicant or licensee own the building in which the establishment is located? ('X* One)   21. Building Owner's Full Name:   22. Building Owner's Full Name:   23. City, Town or Village   24. Attorney's Full Name:   25. Attorney's Full Name:   26. Attorney's Full Name:   27. City, Town or Village:   28. Attorney's Full Name:   29. Business Ereal Address:   20. City, Town or Village:   20. Rev York   21. State:   22. Business Ereal Address:   29. Business Ereal Address:   20. Business Ereal Address:   20. Does of the applicant or hold the license or an a principal of the legal entity that holds or is applying for the license. Representions made in his form are in conformity with representations made in submitted documents relied upon and that fajor   30. Printed Name:   30. Printed Name:   30. Printed Name:	rmore on-premises liquor establishments? [ Yes ] No y present within the establishment during all hours of operation? Yes No in which the establishment is located? ('X* One) Yes (If Yes SKIP 21-24). No mg in Which the Licensed Establishment is Located <u>BODOLOGO</u> EAST HOUSE State: Destablishment is Located State: Destablishment is Located as Above for the blishment Identified in this Notice 1820 227-1640 Illo@gmail.com Incipal of the legal entity that holds or is applying for the license. Representations nations made in submitted documents relied upon by the Authority when nations made in submitted documents relied upon by the Authority when trations made in submitted documents relied upon and that false representations arowal of the application or revocation of the license.	16. List the floor(s) of the b	uilding that the est	ablishment is located on: [		
<ul> <li>19. Will the license holder or a manger be physically present within the establishment during all hours of operation? yes</li> <li>20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (IF Yes 5KIP 21-2</li> <li>Owner of the Building in Which the Licensed Establishment is Located</li> <li>21. Building Owner's Street Address: Yes East Address: Yes Context and State: Yes Context and Yes</li></ul>	y present within the establishment during all hours of operation? Yes   No In which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24). No In which the Licensed Establishment is Located <u>SOOLEGE</u> <u>State:</u> <u>December 2000</u> State: <u>December 2000</u> Innection with the Applicant's License Application Noted as Above for the bilshment Identified in this Notice <u>State:</u> <u>New York</u> Zip Code: <u>10007</u> 227-1640 Illo@gmail.com Incipal of the legal entity that holds or is applying for the license. Representations intations made in submitted documents relied upon by the Authority when trations made in this form will also be relied upon by the Authority when trations made in the form will also be relied upon and that false representations intations or revocation of the license.			is located in within the		
20. Does the applicant or licensee own the building in which the establishment is located? ('X* One) □ 'Yes [If Yes 5KIP 21-2         Owner of the Building in Which the Licensed Establishment is Located         21. Building Owner's Full Name: □	in which the establishment is located? ("X" One) [Yes (IF Yes 5KIP 21-24). [No ng in Which the Licensed Establishment is Located <u>GODOLEOD</u> EAST HONGON Street # 5A. State: [Joc 2] Zip Code: [OOOO] nnection with the Applicant's License Application Noted as Above for the bilshment identified in this Notice State: New York Zip Code: [10007] 227-1640 Illo@gmail.com nctions made in submitted documents relied upon by the Authority when intations made in submitted documents relied upon by the Authority when intations made in this form will also be relied upon, and that false representations aroval of the application or revocation of the license. matty of Perjury - that the representations made in this form are true.	18. Is the premises located	with 500 feet of thr	ee or more on-premises lic	uor establishments? 📋 🗋	Yes 🔲 No
Owner of the Building in Which the Licensed Establishment is Located         21. Building Owner's Street Address:       Date Solvation         22. Building Owner's Street Address:       Date Solvation         23. City, Town or Village:       Date Solvation         Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for Establishment Identified in this Notice         25. Attorney's Full Name:       Frank W. Palillo         26. Attorney's Street Address:       299 Broadway Suite 1820         27. City, Town or Village:       New York         28. Business Telephone Number of Attorney:       [212] 227-1640         29. Business Telephone Number of Attorney:       Fwpabillo@gmail.com         I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Represe in this form are in conformity with representations made in submitted documents relied upon by the Authority whe granting the license. I understand that representations made in this form are lied upon by the Authority whe granting the license. I understand that representations made in this form are lied upon by the Authority whe granting the license. I understand that representations made in submitted documents relied upon by the Authority whe granting the license. I understand that representations made in this form are true.         30. Printed Name:       Mad Aff       Mad Aff         Signature:       X       X       Title         Signatu	ng in Which the Licensed Establishment is Located         Sobayes         East Hasson Street # 50.         State:       State:         State:       State:         State:       State:         Import State:       State:         State:       New York         Zip Code:       10007         State:       New York         State:	19. Will the license holder of	or a manger be phys	ically present within the e	stablishment during all ho	purs of operation? 🔀 Yes 📋 No
21. Building Owner's Full Name: DAvid Schaugen 22. Building Owner's Street Address: USE EAST Hardon Street # 54 23. City, Town or Village Address: USE EAST Hardon Street # 54 24. Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for Establishment Identified in this Notice 25. Attorney's Full Name: Frank W. Palillo 26. Attorney's Street Address: 299 Broadway Suite 1820 27. City, Town or Village: New York 29. Business Telephone Number of Attorney: [212) 227-1640 29. Business Telephone Number of Attorney: Expanditude and principal of the legal entity that holds or is applying for the license. Representations made in this form are in conformity with representations made in submitted documents relied upon by the Authority with granting the license. I understand that representations made in this form will also be relied upon, and that false represent 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: Ro 45 £ L St L Title	Sonayequ         East Hard-off State:         State:       State:         State:       State:         Image: State:       State:         State:       Noted as Above for the billshment identified in this Notice         Isso       State:         State:       New York         Zip Code:       10007         State:       New York         Zip Code:       10007         227-1640       Illo@gmail.com         Intaions made in submitted documents relied upon by the Authority when natations made in submitted documents relied upon, and that false representations or revocation of the license.         Representations made in this form will also be relied upon, and that false representations proval of the application or revocation of the license.         Staty of Perjury - that the representations made in this form are true.         Title	20. Does the applicant or lie	ensee own the buil	ding in which the establis	hment is located? ("X" One	e) 🗌 Yes (If Yes SKIP 21-24)
<ul> <li>22. Building Owner's Street Address: <u>HS East HDS on Street # 5A</u></li> <li>23. City, Town or Village: <u>Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above fo Establishment Identified in this Notice</u></li> <li>25. Attorney's Full Name: Frank W. Palillo</li> <li>26. Attorney's Street Address: <u>299 Broadway Suite 1820</u></li> <li>27. City, Town or Village: <u>New York</u> State: <u>New York</u> Zip Code: <u>10007</u></li> <li>28. Business Telephone Number of Attorney: [212) 227-1640</li> <li>29. Business Email Address of Attorney: <u>Fwpalillo@gmail.com</u></li> <li>1 am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representing the license. 1 understand that representations made in submitted documents relied upon by the Authority whe granting the license. 1 understand that representations made in submitted documents made in this form are true.</li> <li>30. Printed Name: <u>Ro A EA</u> <u>A E L</u></li> <li>30. Printed Name: <u>Ro A EA</u> <u>A E L</u></li> <li>31. Title <u>Signature: X</u></li> </ul>	nnection with the Applicant's License Application Noted as Above for the iblishment Identified in this Notice   1820  State: New York Zip Code :10007  227-1640  Illo@gmail.com  ncipal of the legal entity that holds or is applying for the license. Representations ntations made in submitted documents relied upon by the Authority when ntations made in this form will also be relied upon, and that false representations sroval of the application or revocation of the license.  New York Title  Title  Title		r	uilding in Which the Lice	nsed Establishment is Lo	ocated
23. City, Town or Village:       Zip Code:       Zip Code:         Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above fo         Establishment Identified in this Notice         25. Attorney's Full Name:       Frank W. Palillo         26. Attorney's Street Address:       299 Broadway Suite 1820         27. City, Town or Village:       New York         28. Business Telephone Number of Attorney:       [212] 227-1640         29. Business Email Address of Attorney:       Fwpalillo@gmail.com         1 am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Represent in this form are in conformity with representations made in submitted documents relied upon by the Authority whe granting the license.         28. By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.         30. Printed Name:       R0 AEA AEL         30. Printed Name:       R0 AEA AEL	nnection with the Applicant's License Application Noted as Above for the iblishment Identified in this Notice	21. Building Owner's Full Na	ime: Dav	<u>id Schauf</u>	290	
Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above fo         Establishment Identified in this Notice         25. Attorney's Full Name:         Frank W. Palillo         26. Attorney's Street Address:         299 Broadway Suite 1820         27. City, Town or Village:         New York         28. Business Telephone Number of Attorney:         (212) 227-1640         29. Business Email Address of Attorney:         Fwpalillo@gmail.com         I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Represent in this form are in conformity with representations made in this form will also be relied upon, and that false represent 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.         30. Printed Name:       Ro AEA AEEL         Signature:       X	nnection with the Applicant's License Application Noted as Above for the iblishment Identified in this Notice	22. Building Owner's Street	Address: 14	5 East H	15ton Str	$eet \pm 5A$ .
Establishment identified in this Notice         25. Attorney's Full Name: Frank W. Palillo         26. Attorney's Street Address: 299 Broadway Suite 1820         27. City, Town or Village: New York       State: New York         28. Business Telephone Number of Attorney: [212] 227-1640         29. Business Email Address of Attorney: Fwpalillo@gmail.com         I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Represe in this form are in conformity with representations made in submitted documents relied upon by the Authority whe granting the license. I understand that representations made in this form will also be relied upon, and that false represent may result in disapproval of the application or revocation of the license.         30. Printed Name:       R0 4 E L       Title         Signature: X       State       Title	bilshment identified in this Notice         1820         1820         227-1640         1110@gmail.com         ncipal of the legal entity that holds or is applying for the license. Representations notations made in submitted documents relied upon by the Authority when stations made in this form will also be relied upon, and that false representations beroval of the application or revocation of the license.         eatly of Perjury - that the representations made in this form are true.         Title	23. City, Town or Village:	New Yo		State:	Zip Code:
<ul> <li>26. Attorney's Street Address: 299 Broadway Suite 1820</li> <li>27. City, Town or Village: New York Zip Code 10007</li> <li>28. Business Telephone Number of Attorney: (212) 227-1640</li> <li>29. Business Email Address of Attorney: Ewpalillo@gmail.com</li> <li>1 am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Represe in this form are in conformity with representations made in submitted documents relied upon by the Authority whe granting the license. I understand that representations made in this form or revocation of the license.</li> <li>By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.</li> <li>30. Printed Name: Ro 4EA LE Title</li> </ul>	State:       New York       Zip Code : 10007         227-1640	Attorney Represent	ing the Applicant i			ation Noted as Above for the
27. City, Town or Village:       New York       State:       New York       Zip Code : 10007         28. Business Telephone Number of Attorney:       (212) 227-1640         29. Business Email Address of Attorney:       Fwpallllo@gmail.com         1 am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Represe in this form are in conformity with representations made in submitted documents relied upon by the Authority whe granting the license. I understand that representations made in this form will also be relied upon, and that false represen may result in disapproval of the application or revocation of the license.         30. Printed Name:       Ro AEL LE         30. Printed Name:       Ro AEL LE	State:       New York       Zip Code : 10007         227-1640	25. Attorney's Full Name: F	rank W. Palillo	$\rightarrow$		
<ul> <li>28. Business Telephone Number of Attorney: (212) 227-1640</li> <li>29. Business Email Address of Attorney: Fwpalillo@gmail.com</li> <li>I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Represe in this form are in conformity with representations made in submitted documents relied upon by the Authority whe granting the license. I understand that representations made in this form will also be relied upon, and that false represent may result in disapproval of the application or revocation of the license.</li> <li>By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.</li> <li>30. Printed Name: Rohe Legal Legal Content Con</li></ul>	227-1640 Illo@gmail.com ncipal of the legal entity that holds or is applying for the license. Representations ntations made in submitted documents relied upon by the Authority when ntations made in this form will also be relied upon, and that false representations proval of the application or revocation of the license. malty of Perjury - that the representations made in this form are true. Title	26. Attorney's Street Addres	s: 299 Broadway S	uite 1820		
<ul> <li>29. Business Email Address of Attorney: Fwpalillo@gmail.com</li> <li>I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Represe in this form are in conformity with representations made in submitted documents relied upon by the Authority whe granting the license. I understand that representations made in this form will also be relied upon, and that false representations made in this form will also be relied upon, and that false representations made in this form will also be relied upon, and that false representation or revocation of the license.</li> <li>By my signature, I affirm - under <b>Penalty of Perjury</b> - that the representations made in this form are true.</li> <li>30. Printed Name: RDAEA GEL</li> <li>Signature: X</li> </ul>	Illo@gmail.com Incipal of the legal entity that holds or is applying for the license. Representations Intations made in submitted documents relied upon by the Authority when Intations made in this form will also be relied upon, and that false representations Deroval of the application or revocation of the license. Inalty of Perjury - that the representations made in this form are true. Title	27. City, Town or Village:	New York		State: New York	Zip Code :10007
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30. Printed Name: ROAER LE Title	Title	in this form are in	conformity with rep inderstand that rep	presentations made in sub resentations made in this t	mitted documents relied u form will also be relied upo	ipon by the Authority when on, and that false representations
Signature: X		By my signa	ture, I affirm - unde	r <b>Penalty of Perjury</b> - that	the representations made	e in this form are true.
	Page 2	30. Printed Name: R0 4	ER LEL		Title	
Page 2	Page 2	Signature: X	3.d	/		
						Page 2