

OFFICE USE ONLY
 Original Amended Date _____

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State Liquor Authority

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

(Page 1 of 2 of Form)

1. Date Notice Was Sent: 8/18/2017 1a. Delivered by: Certified Mail Return Receipt Requested

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License

- New Application Renewal Alteration Corporate Change Removal Class Change

For **New** applicants, answer each question below using all information known to date.
 For **Renewal** applicants, set forth your approved Method of Operation only.
 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.

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: MANHATTAN COMMUNITY BOARD 3

Applicant/Licensee Information

4. License Serial Number, if Applicable: _____ Expiration Date, if Applicable: _____

5. Applicant or Licensee Name: EL CASTILLO DE MANHATTAN REST CORP

6. Trade Name (if any): _____

7. Street Address of Establishment: 207 MADISON STREET

8. City, Town or Village: NEW YORK, NY Zip Code: 10002

9. Business Telephone Number of Applicant/Licensee: 212-227-2892

10. Business Fax Number of Applicant/Licensee: _____

11. Business E-mail of Applicant/Licensee: _____

12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider

13. Extent of Food Service: Full food menu; Full Kitchen run by a chef or cook Menu meets legal minimum food availability requirements; Food prep area at minimum

14. Type of Establishment: Restaurant (Full Kitchen & Full Menu required)

15. Method of Operation: (Check all that apply)
 Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
 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): _____

16. Licensed Outdoor Area: (Check all that apply)
 None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
 Sidewalk Cafe Other (specify): _____

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



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- 17. List the floor(s) of the building that the establishment is located on: FIRST FLOOR
- 18. List the room number(s) the establishment is located in within the building, if appropriate: 3
- 19. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No
- 20. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No
- 21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee.
EL CASTILLO DE MADISON REST CORP, SERIAL# 1028734
- 22. 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

- 23. Building Owner's Full Name: FOUR ESAN SONC REAL ESTATE
- 24. Building Owner's Street Address: 4232 COLLEGE POINT BLVD
- 25. City, Town or Village: FLUSHING State: NY Zip Code: 11355
- 26. Business Telephone Number of Building Owner: 718-961-3200

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

- 27. Representative/Attorney's Full Name: ELIVE OVIEDO
- 28. Street Address: 684 FLATBUSH AVE
- 29. City, Town or Village: BROOKLYN State: NY Zip Code: 11225
- 30. Business Telephone Number of Representative/Attorney: 718-693-7292
- 31. Business Email Address: ELIVE@GOMEZ.TAX

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 **Penalty of Perjury** - that the representations made in this form are true.

32. Printed Name: SAMUEL J. ALVAREZ Title: PRESIDENT

Signature: X Samuel Alvarez