

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

1. Date Notice Sent: 5/16/22

1a. Delivered by: Cert mail. Return receipt

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

For premises outside the City of New York:

- New Application  Removal  Class Change

For premises in the City of New York:

- New Application  New Application and Temporary Retail Permit  Temporary Retail Permit  Removal  
 Class Change  Method of Operation  Corporate Change  Renewal  Alteration

For **New** and Temporary Retail Permit applicants, answer each question below using all information known to date  
For **Renewal** applicants, answer all questions

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

For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

**Please include all documents as noted above. Failure to do so may result in disapproval of the application.**

**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: CB-3

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable): \_\_\_\_\_ Expiration Date (if applicable): \_\_\_\_\_

5. Applicant or Licensee Name: 133 Group Inc

6. Trade Name (if any): POTLUCK CLUB

7. Street Address of Establishment: 133 Chrystie Street

8. City, Town or Village: NY, NY Zip Code: \_\_\_\_\_

9. Business Telephone Number of applicant/ Licensee: \_\_\_\_\_

10. Business E-mail of Applicant/Licensee: \_\_\_\_\_

11. Type(s) of alcohol sold or to be sold:  Beer & cider  Wine, Beer & Cider  Liquor, Wine, Beer & Cider

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

- Seasonal Establishment  Juke Box  Disc Jockey  Recorded Music  Karaoke

14. Method of Operation: (check all that apply)  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): \_\_\_\_\_

15. Licensed Outdoor Area: (check all that apply)  None  Patio or Deck  Rooftop  Garden/Grounds  Freestanding Covered Structure  
 Sidewalk Cafe  Other (specify): \_\_\_\_\_

Rec'd By Community Board 3, Man  
MAY 18 2022

16. List the floor(s) of the building that the establishment is located on: 1ST + BASEMENT

17. List the room number(s) the establishment is located in within the building, if appropriate: \_\_\_\_\_

18. Is the premises located within 500 feet of three or more on-premises liquor establishments?  Yes  No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation?  Yes  No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:  
Name: \_\_\_\_\_ Serial Number: \_\_\_\_\_

21. 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**

22. Building Owner's Full Name: WO Soon INC

23. Building Owner's Street Address: 133 Chrystie ST

24. City, Town or Village: NY State: NY Zip Code: 10013

25. Business Telephone Number of Building Owner: (646) 322-5526

**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: MICHAEL KELLY

27. Representative/Attorney's Street Address: 136 WAVERLY RD

28. City, Town or Village: SCARSDALE State: NY Zip Code: 10583

29. Business Telephone Number of Representative/Attorney: (914) 740-3580

30. Business E-mail Address of Representative/Attorney: KELLYMLK136@GMAIL.COM

I am the applicant or licensee holder or 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.

31. Printed Principal Name: MICHAEL KELLY Title: AUTHORIZED REPRESENTATIVE

Principal Signature: 