

OFFICE USE ONLY
Original Amended Date

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

1. Date Notice Sent: 6/9/2022 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:

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 Renewal Alteration Removal
Class Change Method of Operation Corporate Change

Amendment:
Removing:
- Jukebox
- Live music
+ Security personnel

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: Manhattan Community Board 3

Applicant/Licensee Information:

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

5. Applicant or Licensee Name: Lava Ground LLC

6. Trade Name (if any):

7. Street Address of Establishment: 4 St Marks Place

8. City, Town or Village: New York, NY Zip Code: 10003

9. Business Telephone Number of applicant/ Licensee: 347-730-0615

10. Business E-mail of Applicant/Licensee: arackysall@gmail.com

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: Bar/Tavern

Seasonal Establishment Box Disc Jockey Recorded Music

14. Method of Operation (check all that apply) Music (give details i.e., rock bands, acoustic, jazz, etc.): non-amplified music

Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment

Video/Arcade Games Third Party Promoters Security Personnel AS needed

Other (specify):

15. Licensed Outdoor Area: 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 _____

16. List the floor(s) of the building that the establishment is located on: Lower level

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

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: CRP 4 St Marks Place A LLC

23. Building Owner's Street Address: 25 Robert Pitt Drive Suite 204

24. City, Town or Village: Monsey State: NY Zip Code: 10952

25. Business Telephone Number of Building Owner: _____

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: Areliya Taveras/NY Business Licensing

27. Representative/Attorney's Street Address: 38-10 99th Street

28. City, Town or Village: Corona State: NY Zip Code: 11368

29. Business Telephone Number of Representative/Attorney: 518-763-5400

30. Business E-mail Address of Representative/Attorney: Areliya@NYBusinessLicensing.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: ALIOUNE R SALL Title: Member

Principal Signature: *Alioune R. Sall*