

State of New York  
Executive Department  
Division of Alcoholic Beverage Control  
State Liquor Authority

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date
<b>Rec'd By Community Board 3, Man</b>		

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

OCT 23 2015

1. Date Notice was Sent: (mm/dd/yyyy) 10-19-15

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

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 3

Applicant/Licensee Information

4. License Serial Number, if not New Application: \_\_\_\_\_ Expiration Date, if not New Application: \_\_\_\_\_

5. Applicant or Licensee Name: WILLIAMSBURG PIZZA II, LLC

6. Trade Name (if any): WILLIAMSBURG PIZZA

7. Street Address of Establishment: 277 BROOME ST. UNIT A

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

9. Business Telephone Number of Applicant/Licensee: 212-226-4455

10. Business Fax Number of Applicant/Licensee: 718-599-0748

11. Business E-mail of Applicant/Licensee: JOHN.KUTINSKY@FLORMA.COM

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.

12. Type(s) of Alcohol sold or to be sold: ("X" One)  Beer Only    Wine & Beer Only    Liquor, Wine & Beer

13. Extent of Food Service: ("X" One)  Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)    Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all the apply)  
 Recorded Music    Live Music    Disc Jockey    Juke Box    Karaoke Bar    Stage Shows  
 Patron Dancing (small scale)    Cabaret, Night Club (Large Scale Dance Club)    Catering Facility  
 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

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

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

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 manager be physically present within the establishment during all hours of operation?  Yes  No

20. 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: GOODMAN REALTY LLC

22. Building Owner's Street Address: 141 HESTER ST.

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

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: Frank W. Palillo

26. Attorney's Street Address: 60 Broad Street, Suite 3504

27. City, Town or Village: New York State: New York Zip Code: 10004

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. 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.

30. Printed Name: JOHN KUNSKY Title: MANAGING REB

Signature: X 