

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> 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)

MAY 16 2016

1. Date Notice Was Sent: 1a. Delivered by:

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:

Applicant/Licensee Information

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

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

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

9. Business Telephone Number of Applicant/Licensee:

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:

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):

New York State Liquor Authority

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- 17. List the floor(s) of the building that the establishment is located on: 1st Floor
- 18. Is the local municipality that the establishment is located in within the building, if appropriate?
- 19. Is the premises located within 500 feet of three or more other premises licensed establishments? Yes No
- 20. Will the licensee holder or a manager be physically present within the establishment during all hours of operation? Yes No
- 21. If this is a transfer application for an existing licensed business to being purchased, provide the name and serial number of the licensee.
- 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: 70 Forsyth Street LLC
- 24. Building Owner's Street Address: 70 Forsyth St
- 25. City, Town or Village: NY State: NY Zip Code: 10002
- 26. 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

- 27. Representative/Attorney's Full Name: MICHAEL KELLY
- 28. Street Address: 135 WAVERLY ROAD
- 29. City, Town or Village: YONKERS State: NY Zip Code: 10583
- 30. Business Telephone Number of Representative/Attorney: 914-632-6036
- 31. Business Email Address: KELLYM@YONKERS.COM

I am the applicant or agent for the license or am a principal of the legal entity that holds or is applying for the license. Representations on this form are in conformity with representations made in submitted documents relied upon by the Authority when granting this license. I understand that representations made in this form will also be relied upon, and that false representations may result in the approval 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: Omar Pringle Title: Managing partner

X Signature: [Handwritten Signature]