

OFFICE USE ONLY
 Original Amended Date _____



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

JAN 17 2017

(Page 1 of 2)

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):



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



State Liquor Authority

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17. List the floor(s) of the building that the establishment is located on: BASMENT 1ST FLOOR
18. List the room number(s) the establishment is located in within the building, if appropriate: _____
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.
Hill and Dale Restaurant Group LLC Serial No. 1260817
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: Gould Allen Street LLC
24. Building Owner's Street Address: 60 Cutter Mill Road
25. City, Town or Village: Great Neck State: N.Y. Zip Code: 11021
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: Ginsberg & Katsorhis, P.C. by Kerry J. Katsorhis, Esq.
28. Street Address: 77-53 Main Street
29. City, Town or Village: Flushing State: N.Y. Zip Code: 11367
30. Business Telephone Number of Representative/Attorney: (718) 591-6900
31. Business Email Address: gklawny@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.

32. Printed Name: Nikolaos Marolachakis Title: _____

Signature: **X**

LAW OFFICES
GINSBERG & KATSORHIS, P.C.

77-53 MAIN STREET
FLUSHING, NEW YORK 11367

(718) 591-6900

FAX: (718) 380-8039

gklawny@gmail.com

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Jerome M. Ginsberg, Esq.
1939-2000

CORRESPONDENCE FROM:
Kerry John Katsorhis, Esq.

January 12, 2017

Manhattan Community Board No. 3
59 East 4th Street
New York, New York 10003

COPY

Att: Hon. Gigi Li, Chair

Re: Hill and Dale Restaurant Group LLC
Serial No. 1268817
Premises: 115 Allen Street, New York, N.Y.

Dear Chair Li:

This firm represents Nikolaos Marolachakis and Nikolaos Galanis who are entering into a contract to purchase the business known as Hill and Dale Restaurant located at 115 Allen Street, New York, New York.

Attached hereto please find the Standardized Notice Form provided by the NYS Liquor Authority for your review. The hours of operation are proposed as Monday to Wednesday 5:00 p.m. to 2:00 a.m.; Thursday and Friday 5:00 p.m. to 4:00 a.m.; Saturday 12:00 p.m. to 4:00 a.m. and Sunday 12:00 p.m. to 2:00 a.m. The proposed menu will be similar to that of the present menu which is attached hereto for your consideration.

We look forward to meeting with you and the board on February 9th, 2017.

Thank you.

Very truly yours,

Kerry John Katsorhis
KJK/ep
Encls.

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U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
NEW YORK, NY 10003	
OFFICIAL USE	
Certified Mail Fee	\$3.30
Extra Services & Fees (check box, add fee if appropriate)	\$2.70
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.68
Total Postage and Fees	\$6.68
Sent To	MANHATTAN COMM. Bd. No 3
Street and Apt. No., or PO Box No.	59 EAST 4TH STREET
City, State, ZIP+4®	NY NY 10003
Postmark Here	0007 06 01/12/2017

PS Form 3800, April 2015 PSN 7530-02-000-9034 See Reverse for Instructions