

OFFICE USE ONLY
 Original Rec'd By: Community Board 3, Man
 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

JAN 05 2016

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1. Date Notice Was Sent: Jan 3, 2017 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

- 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: Community Board 3

Applicant/Licensee Information

4. License Serial Number, if Applicable: 1028400 Expiration Date, if Applicable: Feb 28, 2017

5. Applicant or Licensee Name: Forlini's Restaurant Inc.

6. Trade Name (if any): _____

7. Street Address of Establishment: 91 93 Baxter Street

8. City, Town or Village: New York, NY Zip Code: 10013

9. Business Telephone Number of Applicant/Licensee: 212-349-6779

10. Business Fax Number of Applicant/Licensee: 212-349-6785

11. Business E-mail of Applicant/Licensee: dmanforlini@yahoo.com

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: Restaurant

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 _____



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- 17. List the floor(s) of the building that the establishment is located on:
- 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.
- 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:
- 24. Building Owner's Street Address:
- 25. City, Town or Village: State: Zip Code:
- 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:
- 28. Street Address:
- 29. City, Town or Village: State: Zip Code:
- 30. Business Telephone Number of Representative/Attorney:
- 31. Business Email Address:

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: Title

Signature: X

LIST OF CURRENT + PROPOSED PRINCIPALS

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Section C

Identification of Individuals

Part 1. List below the names of all LLC members/managers, officers, directors and individual stockholders, that are currently licensed to hold an interest in the subject license, *attach additional sheets if necessary.* (Current Approved Corporate Set-Up)

Name	Current Title(s)	Current % of Interest	Current Number of Shares
Joseph F. Forlini	President/Stockholder	34%	68
Derek P. Forlini	Vice President/Stockholder	33%	66
Joseph S. Forlini	Secretary/Treasurer/Stockholder	33%	66

Part 2. List below the names of all LLC members/managers, officers, directors and individual stockholders, who will have an interest in the subject license upon approval of this corporate change, *attach additional sheets if necessary.* (Proposed Corporate Set-Up)

Name	Proposed Title(s)	Proposed % of Interest	Proposed # of Shares	Check if New
Joseph F. Forlini	President/Treasurer/Stockholder	50.7%	68	<input type="checkbox"/>
Derek P. Forlini	Vice President/Secretary/Stockholder	49.3%	66	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

All parties listed in Part 2 and are NEW to the corporation/LLC must complete a Personal Questionnaire as well as submit an original color photo, photo ID and proof of citizenship for themselves. The forms are available for download on our web site at: www.sla.ny.gov

ALL APPLICANT PRINCIPALS WILL BE REQUIRED TO BE FINGERPRINTED ELECTRONICALLY

NOTE: Persons CURRENTLY licensed by the State Liquor Authority do not have to be fingerprinted.

Each applicant principal that is required to be fingerprinted will be instructed to do so on the application Filing Receipt once the application is received by the Authority.

Each applicant principal required to be fingerprinted must follow the fingerprinting instructions which are available on the Filing Receipt or on our website, www.sla.ny.gov.

Each new principal is bound by the Method of Operation previously approved by the NYS Liquor Authority.

Note: For any of the above, if financing is involved, please supply copies of contracts, agreements or any other legal document and financial statements showing the availability of the funds.

