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



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

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1. Date Notice Was Sent: March 9, 2017 1a. Delivered by: Overnight Mail with Tracking Number

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: Manhattan Community Board No. 3

Applicant/Licensee Information

4. License Serial Number, if Applicable: N/A Expiration Date, if Applicable: N/A

5. Applicant or Licensee Name: Facility Concession Services Inc.

6. Trade Name (if any): Spectrum Catering and Concessions

7. Street Address of Establishment: 119-125 East 11th Street

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

9. Business Telephone Number of Applicant/Licensee: 281-363-0900

10. Business Fax Number of Applicant/Licensee: 281-465-8007

11. Business E-mail of Applicant/Licensee: dmills@spectrumfcs.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: Live Performance Venue

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.): various

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): _____

CONCESSION IN Webster Hall

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17. List the floor(s) of the building that the establishment is located on: Basement, Main Floor, Upper Level, Balcony Level

18. List the room number(s) the establishment is located in within the building, if appropriate: N/A

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.

Webster Hall Entertainment Corp, Serial No. 1118156

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: Unity Gallega of the United States, Inc.

24. Building Owner's Street Address: 37-09 31st Avenue

25. City, Town or Village: Astoria State: NY Zip Code: 11103

26. Business Telephone Number of Building Owner: 718-932-1114

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: Barbara J. Kwon

28. Street Address: Danow McMullan & Panoff, P.C., 275 Madison Avenue, Suite 1711

29. City, Town or Village: New York State: NY Zip Code: 10016

30. Business Telephone Number of Representative/Attorney: 212-370-3744

31. Business Email Address: bkwon@dmppc.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: Dave Smalley Title: CEO & Founder

Signature: X [Handwritten Signature]