

Original   
  Amended   
 OFFICE USE ONLY   
 Date \_\_\_\_\_



**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a  
 Local Municipality or Community Board**  
 (Page 1 of 2)

1. Date Notice Was Sent: 12-29-2017    1a. Delivered by: CERTIFIED MAIL RRR

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: \_\_\_\_\_ Expiration Date, if Applicable: \_\_\_\_\_

5. Applicant or Licensee Name: MIPA INC

6. Trade Name (if any): N/A

7. Street Address of Establishment: 131 AVENUE A

8. City, Town or Village: NEW YORK, NY Zip Code: 10009

9. Business Telephone Number of Applicant/Licensee: 917 972 7727

10. Business Fax Number of Applicant/Licensee: 212 941 0200

11. Business E-mail of Applicant/Licensee: paolosecondo@gmail.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: BISTRO RESTAURANT WITH BAR

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): \_\_\_\_\_

Print Form

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17. List the floor(s) of the building that the establishment is located on: GROUND, CELLAR

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.  
MAGNETRON LLC # 1293577

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: CITY-URBAN MANAGEMENT CORP

24. Building Owner's Street Address: 6 GRACE AVE, SUITE 400

25. City, Town or Village: GREAT NECK State: NY Zip Code: 11021

26. Business Telephone Number of Building Owner: 516 4663588

**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: MARK STONER

28. Street Address: 306 FIFTH AVE, PENTHOUSE

29. City, Town or Village: NEW YORK State: NY Zip Code: 10001

30. Business Telephone Number of Representative/Attorney: 212 633 2225

31. Business Email Address: MBSTONER@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: PAOLO SECONDO Title: PRESIDENT

Signature: X [Handwritten Signature]

Print Form