

OFFICE USE ONLY  
 Original     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

1. Date Notice Was Sent: 2/26/18 1a. Delivered by: Certified Mail Return Receipt

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 3

Applicant/Licensee Information

4. License Serial Number, if Applicable: 1136014 Expiration Date, if Applicable: 5/31/2019

5. Applicant or Licensee Name: ZVAH, INC

6. Trade Name (if any): BRIGITTE

7. Street Address of Establishment: 37 CANAL STREET

8. City, Town or Village: NEW YORK, NY Zip Code: 10002

9. Business Telephone Number of Applicant/Licensee: 212 777-7518

10. Business Fax Number of Applicant/Licensee: \_\_\_\_\_

11. Business E-mail of Applicant/Licensee: olbjorn@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: 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): Rec'd By Community Board 3, Man

FEB 28 2018

Print Form



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17. List the floor(s) of the building that the establishment is located on: (2) GROUND FLOOR & CELLAR
18. List the room number(s) the establishment is located in within the building, if appropriate: (2) GROUND FLOOR & CELLAR
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: HUDES LLC
24. Building Owner's Street Address: 174 RUTLEDGE STREET
25. City, Town or Village: NEW YORK State: NY Zip Code: 11211
26. Business Telephone Number of Building Owner: 7

**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: FLYNN & FLYNN PLLC
28. Street Address: 198 BEACH 102nd STREET FLOOR 2
29. City, Town or Village: ROCKAWAY PARK State: NY Zip Code: 11694
30. Business Telephone Number of Representative/Attorney: 718 945 1000
31. Business Email Address: tflynnjr@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: OLAFUR STEPHENSEN Title: PRINCIPAL

Signature: X Olafur Stephensen

Print Form