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Rec'd By Community Board 3, Man 49

## Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

Rec'd By Community Board 3, Man 49

NOV 21 2018

1. Date Notice was Sent: 11/21/18

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     Method of Operation Change

For **New** applicants, answer each question below using all information known to date  
 For **Renewal** applicants, answer all questions  
 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  
 For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

**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: CB-3

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable): \_\_\_\_\_ Expiration Date (if applicable): \_\_\_\_\_

5. Applicant or Licensee Name: G.R.G. NY Corp

6. Trade Name (if any): Biga

7. Street Address of Establishment: 3 Clutton ST

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

9. Business Telephone Number of Applicant/Licensee: (917) 213-2052

10. Business E-mail of Applicant/Licensee: \_\_\_\_\_

11. Type(s) of alcohol sold or to be sold:
- Beer & Cider     Wine, Beer & Cider     Liquor, Wine, Beer & Cider

12. 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

13. Type of Establishment: RESTAURANT

14. 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): \_\_\_\_\_

15. 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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16. List the floor(s) of the building that the establishment is located on: 1st Floor + Basement

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

18. Is the premises located within 500 feet of three or more on-premises liquor establishments?     Yes     No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation?     Yes     No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

Name: \_\_\_\_\_ Serial Number: \_\_\_\_\_

21. 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**

22. Building Owner's Full Name: VICKERS REALTY

23. Building Owner's Street Address: 428 E 83rd ST

24. City, Town or Village: NY State: NY Zip Code: 10028

25. Business Telephone Number of Building Owner: (212) 628 2313

**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**

26. Representative/Attorney's Full Name: MICHAEL KELLY

27. Representative/Attorney's Street Address: 136 WAVERLY ROAD

28. City, Town or Village: SCARSDALE State: NEW YORK Zip Code: 10583

29. Business Telephone Number of Representative/Attorney: (914) 740-3580

30. Business E-mail Address of Representative/Attorney: KELLYMLK136@GMAIL.COM

I am the applicant or licensee holder or 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.

31. Printed Principal Name: MICHAEL KELLY Title: REPRESENTATIVE

Principal Signature: 