

**OFFICE USE ONLY**

Original    Amended   Date \_\_\_\_\_

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

1. Date Notice was Sent: 03/25/2019      1a. Delivered by: USPS 9405510200883062940653  
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    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

*See over* →

**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. Licensee Serial Number (if applicable): 1277659      Expiration Date (if applicable): 12/31/2020

5. Applicant or Licensee Name: Stanton Surf Club LLC

6. Trade Name (if any): Stanton Social

7. Street Address of Establishment: 99 Stanton St

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

9. Business Telephone Number of Applicant/Licensee: \_\_\_\_\_

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 (full kitchen and full menu required)

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     Thrd 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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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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16. List the floor(s) of the building that the establishment is located on:

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

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:

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:

23. Building Owner's Street Address:

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

25. 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:

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:  Title:

Principal Signature: \_\_\_\_\_