

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



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

1. Date Notice was Sent: 6/11/19

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  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: Community Board 3

**Applicant/Licensee Information:**

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

5. Applicant or Licensee Name: Ethos Labs LLC

6. Trade Name (if any): \_\_\_\_\_

7. Street Address of Establishment: 99 Third Avenue

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

9. Business Telephone Number of Applicant/Licensee: 2142322327

10. Business E-mail of Applicant/Licensee: JakedRiley@gmail.com

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  Third Party Promoters  Security Personnel  
 Other (specify): Acoustic

15. 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

JUN 13 2019

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

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:

\_\_\_\_\_  
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: Steven Croman

23. Building Owner's Street Address: 632 Broadway

24. City, Town or Village: New York    State: NY    Zip Code: 10012

25. Business Telephone Number of Building Owner: (212) 228-9300

**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: Flynn & Flynn PLLC

27. Representative/Attorney's Street Address: 444 Beach 129th Street, 2nd Floor

28. City, Town or Village: Belle Harbor    State: NY    Zip Code: 11694

29. Business Telephone Number of Representative/Attorney: 7189451000

30. Business E-mail Address of Representative/Attorney: trflynnjr@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: David Sitt    Title: Principal

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

