

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

1. Date Notice was Sent: August 17, 2020 1a. Delivered by: electronically

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

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

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: Javisst LLC

6. Trade Name (if any): Oola's Kitchen

7. Street Address of Establishment: 177 Orchard Street

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

9. Business Telephone Number of Applicant/Licensee: (212) 518-1804

10. Business E-mail of Applicant/Licensee: mark@oolasKitchen.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: Gourmet Dining Establishment w/ Takeout

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

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

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: Palisade Realty LLC

23. Building Owner's Street Address: 177 Orchard St

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

25. Business Telephone Number of Building Owner: (917) 848-1854

**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: Frank Paillo

27. Representative/Attorney's Street Address: 60 Broad Street, Suite 3504

28. City, Town or Village: New York State: NY Zip Code: 10004

29. Business Telephone Number of Representative/Attorney: (212) 227-1640

30. Business E-mail Address of Representative/Attorney: Fwpaillo@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: Mark Mendaros Title: Managing Member

Principal Signature: 