

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

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

Provided By Community Board 3, Man

(Page 1 of 2 of Form)

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1. Date Notice was Sent: (mm/dd/yyyy) **MAY 18 2015**
 5/15/2015

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

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. License Serial Number, if not New Application: _____ Expiration Date, if not New Application: _____

5. Applicant or Licensee Name: 104 BAYARD F & B LLC

6. Trade Name (if any): _____

7. Street Address of Establishment: 104 BAYARD STREET

8. City, Town or Village: NY, NY Zip Code: 10013

9. Business Telephone Number of Applicant/Licensee: 646-329-5836

10. Business Fax Number of Applicant/Licensee: _____

11. Business E-mail of Applicant/Licensee: MATT@THESMILENYC.COM

**For New applicants, provide description below using all information known to date.
 For Alteration applicants, attach complete description and diagram of proposed alteration(s).
 For Current Licensees, set forth approved Method of Operation only.
 Do Not Use This Form to Change Your Method of Operation.**

12. Type(s) of Alcohol sold or to be sold: ("X" One) Beer Only Wine & Beer Only Liquor, Wine & Beer

13. Extent of Food Service: ("X" One) Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef) Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all that apply)

Recorded Music Live Music Disc Jockey Juke Box Karaoke Bar Stage Shows

Patron Dancing (small scale) Cabaret, Night Club (Large Scale Dance Club) Catering Facility

Capacity of 600 or more patrons Topless Entertainment Restaurant Hotel

Recreational Facility (Sports Facility/Vessel) Club (e.g. Golf Club/Fraternal Org.) Bed & Breakfast

Seasonal Establishment

15. Licensed Outdoor Area: ("X" 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: FIRST FLOOR - BASEMENT

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

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

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

20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) Yes (If Yes SKIP 21-24) No

Owner of the Building in Which the Licensed Establishment is Located

21. Building Owner's Full Name: 104 BAYARD ST CORP

22. Building Owner's Street Address: 60 CUSHMAN ROAD

23. City, Town or Village: WHITE PLAINS State: NY Zip Code: 10606

Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice

25. Attorney's Full Name: MICHAEL KELLY INC

26. Attorney's Street Address: 136 WAVERLY ROAD

27. City, Town or Village: SCARSDALE State: NY Zip Code: 10583

28. Business Telephone Number of Attorney: 914-632-6036

29. Business Email Address of Attorney: KELLYMLK@ADL.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.

30. Printed Name: MATTHEW KLIEGMAN Title: MANAGER MEMBER

Signature: X _____