

AFFIDAVIT

DEAR CB8

PLEASE SEE ENCLOSED OUR CHANGE OF OWNERSHIP FORM PLUS SIGNED EXIT AGREEMENT.

ONE OF OUR MEMBERS (PETER BAER) HAD TO EXIT THE COMPANY AND THE COMPANY ABSORBED HIS INTEREST. HE IS NO LONGER A MEMBER OF THE COMPANY AND NOT TO BE LISTED ON THE LIQUOR LICENSE RENEWAL.

T: 917-837-5197

E: info@FestivalCafeNYC.com

Sincerely,

RECEIVED

JUN 07 2024

BY COMMUNITY BOARD 8

TYLER HOLLINGER



OFFICE USE ONLY						
Original	Amended	Date				

Standardized <u>NOTICE FORM</u> for Providing <u>30-Day Advance</u> <u>Notice</u> to a <u>Local Municipality or Community Board</u>

1. Date Notice Sent:	06 / 06 / 2024	1a. Delivered by:	TYLER HOLLINGER				
 Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License: For premises outside the City of New York: 							
O New Applciation	O Removal O Class Change						
For premises in the C	ity of New York:						
O New Application O New Application and Temporary Retail Permit O Renewal O Alteration O Removal							
O Class Change O	O Class Change O Method of Operation Corporate Change						
For Renewal applican For Alteration applica For Corporate Change For Removal applican For Class Change appl	ary Retail Permit applicants, answer ear ts, answer all questions ints, attach a complete written descript a applicants, attach a list of the current its, attach a statement of your current a licants, attach a statement detailing you tion Change applicants, although not re	tion and diagrams depicting and proposed corporate pi and proposed addresses wi ur current license type and	the proposed alteration(s) rincipals th the reason(s) for the relocation				
Please include all d	ocuments as noted above. Failure	to do so may result in d	lisapproval of the application.				
This 30-Day Advance	ce Notice is Being Provided to the (Clerk of the Following Lo	cal Municipality or Community Board:				
3. Name of Municipality	or Community Board: CB8						
Applicant/Licensee	Information:						
4. Licensee Serial Number	er (if applicable): #1318576	Expir	ation Date (if applicable): 7/31/2024				
S. Applicant or Licensee	Name: SECRET SUMMER HOS	PITALITY GROUP LI	LC				
6. Trade Name (if any):	FESTIVAL						
7. Street Address of Esta	blishment: 1155 2ND AVE						
8. City, Town or Village:	NYC	,	NY Zip Code: 10065				
9. Business Telephone N	umber of applicant/ Licensee:	917-837-5197					
10. Business E-mail of App	olicant/Licensee: INFO@FEST	TIVALCAFENYC.COM	1				
11. Type(s) of alcohol solo	d or to be sold: Beer & cider	O Wine, Beer & Cider	Liquor, Wine, Beer & Cider				
12. Extent of Food Service	e: Full Food menu; full kitchen run b	oy a chef/cook O Menu me	eets legal minimum food requirements; food prep area require				
13. Type of Establishment: RESTAURANT							
Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke							
14. Method of Operation: (check all that apply) Live Music (give details i.e., rock bands, acoustic, jazz, etc.): JAZZ TUESDAY AND THURSDAY							
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment							
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel							
	Other (specify):						
15. Licensed Outdoor Are (check all that apply	Total Con Dean	Rooftop Gar (specify):	den/Grounds Freestanding Covered Structure				

Original Amended Date	
	49
16. List the floor(s) of the building that the establishment is located on: STOREFRONT	
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? O Yes	
19. Will the license holder or a manager be physically present within the establishment during all hours of operation?	Yes O No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of t	he licensee:
Name Serial Numb	/
21. Does the applicant or licensee own the building in which the establishment is located?	No
Owner of the Building in Which the Licensed Establishment is Located	
22. Building Owner's Full Name: STONEHENGE	
23. Building Owner's Street Address: 1675 BROADWAY 21ST FLOOT	
24. City, Town or Village: NYC State: NY	Zip Code: 10019
25. Business Telephone Number of Building Owner: 212 977 5000	
212 377 3000	
Representative or Attorney Representing the Applicant in Connection with the	
Application for a License to Traffic in Alcohol at the Establishment Identified in this No	nice
26. Representative/Attorney's Full Name: THOMAS MCCALLEN	
27. Representative/Attorney's Street Address: CARRERAS & MCCALLEN PPLLC 11 PACK PLACE SU	ITE 1210
28. City, Town or Village: NYC State: NY	Zip Code: 10007
29. Business Telephone Number of Representative/Attorney: 212.732.3640	
30. Business E-mail Address of Representative/Attorney: SLA@CARRERASMCCALLEN.COM	
I am the applicant or licensee holder or a principal of the legal entity that holds or is applying fo	
Representations in this form are in conformity with representations made in submitted document the Authority when granting the license. I understand that representations made in this form will	
upon, and that false representations may result in disapproval of the application or revocation of	of the license.
By my signature, I affirm - under Penalty of Perjury - that the representations made in this for	m are true.
31. Printed Principal Name: TYLER HOLLINGER Title: MANAGING ME	MBFR
Principal Signature:	

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

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1. Date Notice Sent:	06 / 06 / 2024 1a. Delivered by: Tyler Hollinger SSHG LLC			
Select the type of App For premises outside:	plication that will be filed with the Authority for an On-Premises Alcoholic Beverage License: the City of New York:			
New Applciation	Removal Class Change			
For premises in the C	-			
New Application	O New Application and Temporary Retail Permit Renewal O Alteration Removal			
_	Method of Operation O Corporate Change			
For Renewal applican For Alteration applica For Corporate Change For Removal applican For Class Change appl	ary Retail Permit applicants, answer each question below using all information known to date ts, answer all questions unts, attach a complete written description and diagrams depicting the proposed alteration(s) applicants, attach a list of the current and proposed corporate principals uts, attach a statement of your current and proposed addresses with the reason(s) for the relocation licants, attach a statement detailing your current license type and your proposed license type tion Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes			
Please include all d	ocuments as noted above. Failure to do so may result in disapproval of the application.			
This 30-Day Advanc	ce Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:			
3. Name of Municipality	or Community Board 8			
Applicant/Licensee	Information:			
4. Licensee Serial Numbe	er (if applicable): #1318576 Expiration Date (if applicable): 7/31/2024			
5. Applicant or Licensee	Name: Secret Summer Hospitality Group LLC			
6. Trade Name (if any):	FESTIVAL			
7. Street Address of Esta				
8. City, Town or Village:	NYC , NY Zip Code: 10065			
•	umber of applicant/ Licensee: 917-837-5197			
.0. Business E-mail of App	Info@FestivalCafeNYC.com			
1. Type(s) of alcohol solo	d or to be sold:			
.2. Extent of Food Service	E: Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area require			
.3. Type of Establishment				
	Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke			
4. Method of Operation:	Live Music (give details i.e., rock bands, acoustic, jazz, etc.): Jazz Tuesdays and Thursdays			
(check all that apply)	Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment			
	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel			
	Other (specify):			
E Licopeod Quadana A				
.5. Licensed Outdoor Are check all that apply	Ra: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure Y) Sidewalk Cafe Other (specify):			

16. List the floor(s) of the buildi	ing that the estab	olishment is located on:	5		
		, 5:010			
17. List the room number(s) the	e establishment is	s located in within the building, if	Storefront 1155 2	2nd ave	
18. Is the premises located with	hin 500 feet of th	ree or more on-premises liquor es	tablishments? O Yes No	./	
19. Will the license holder or a r	manager be phys	ically present within the establish	ment during all hours of operation?	Yes O No	
20. If this is a transfer application	on (an existing lic	ensed business is being purchased	d) provide the name and serial number o	f the licensee:	
				uh -	
	Name		Serial Nur	nber	
21. Does the applicant or licens	see own the build	ling in which the establishment is	located?	No	
		and condition (Addition			
	Owner o	of the Building in Which the Li	censed Establishment is Located		
22. Building Owner's Full Name	Ston	ehenge			
23. Building Owner's Street Add	dress: 167	75 Broadway 21st Floor			
24. City, Town or Village: NY	YC		State: NY	Zip Code: 10019	
25. Business Telephone Numbe	er of Building Owi	ner: 212-977-5000			
		212-977-3000			
	Renresentati	ive or Attorney Representing	the Applicant in Connection with th	ne	
Арр	plication for a L	icense to Traffic in Alcohol at t	the Establishment Identified in this	Notice	
26. Representative/Attorney's	Full Name:	Thomas McCallen			
27. Representative/Attorney's	Street Address:	Carreras & McCallen P	LLC 11 Park Place, Suite 121	0	
28. City, Town or Village:	IYC		State: NYC	Zip Code: 10007	
29. Business Telephone Numbe		ive/Attorney: Telephone	2: 212 732 3640		
- Cicpitoria Zizio di					
30. Business E-mail Address of F	Representative/A	Attorney: Sla@carreras	inccatien.com		
Representation the Authority	ns in this form a when granting	are in conformity with represer the license. I understand that	legal entity that holds or is applying ntations made in submitted docume representations made in this form vocation of the application or revocation	nts relied upon by will also be relied	
By my sign	nature, I affirm -	- under Penalty of Perjury - tha	at the representations made in this f	orm are true.	
31. Printed Principal Name:	TYLER HO	LLINGER	Title: OWNER		