

OFFICE USE ONLY

Original     Amended    Date \_\_\_\_\_

RECEIVED

OCT 15 2024

COMMUNITY BOARD 8

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

1. Date Notice Sent: 09/23/2024      1a. Delivered by: Certified Mail Return Receipt Requested

2. 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:

New Application     Removal     Class Change

For premises in the City of New York:

New Application     New Application and Temporary Retail Permit     Temporary Retail Permit     Removal  
 Class Change     Method of Operation     Corporate Change     Renewal     Alteration

For **New** and **Temporary Retail Permit** 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 8

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable): 0340-22-110005      Expiration Date (if applicable): 11/30/2024

5. Applicant or Licensee Name: ASHHILL INC

6. Trade Name (if any): THE RAVEN PUB

7. Street Address of Establishment: 1471 1ST AVENUE

8. City, Town or Village: NEW YORK, NY      Zip Code: 10075

9. Business Telephone Number of applicant/ Licensee: (646)707-3030

10. Business E-mail of Applicant/Licensee: BLAKE\_DILLON@HOTMAIL.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/cook     Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Restaurant (full kitchen and full menu required)

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.):

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): BACKYARD

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

16. List the floor(s) of the building that the establishment is located on: **1ST FLOOR AND BASEMENT**

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: **1471 FIRST LLC**

23. Building Owner's Street Address: **1020 MADISON AVENUE, 3RD FLOOR**

24. City, Town or Village: **NEW YORK** State: **NEW YORK** Zip Code: **10075**

25. Business Telephone Number of Building Owner: **(212)744-8988**

**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: **MICHAEL KELLY**

27. Representative/Attorney's Street Address: **136 WAVERLY RD**

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

29. Business Telephone Number of Representative/Attorney: **(914) 740-3580**

30. Business E-mail Address of Representative/Attorney: **KELLYMLK136@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: **MICHAEL KELLY**

Title: **AUTHORIZED REPRESENTATIVE**

Principal Signature: 