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## Standardized NOTICE FORM for Providing Notice to a Local Municipality for Adding or Removing Contiguous and/or Non-Contiguous Municipal Space

				,		p 5pc
1. Date Notice Was Sent:	5 23 25	1a. Delivered b	y: Cest	ified mail	return re	'Cei PT
2. This form must be sub-	mitted to the clerk o	r Local Municipality when	filing to alter co	ontiguous and/or ne	on-contiguous mu	nicipal space
TH	nis Notice is Being P	Provided to the Clerk of t	he following L	ocal Municipality		
						- 31
3. Name of Municipality:	CB-8					7.6
		Licensee Info	rmation			
4. License ID Number:	134n	212   5122			RECEIVE	<u>D</u>
4. License ib Number:	0340- 8	23-127392		A 10	MAY 2 8 2025	
6. License name:	967 Le	kington Avenue	COLD		2 0 2020	
	100-00	3		BY	COMMUNITY BOAR	D.8
7. Trade Name (if any):	Be	11a BIU				
		7	_			
8. Street Address of Estab	olishment: 96	7 Lexington Aw	<u>e</u>			
9. City, Town or Village:	\ <u>\</u>			NY Zin Co	ode: 1 00Z1	<del></del>
or city, rown or timage.				Zip co	, 10021	
10. Business Telephone N	Number of Applicant,	/Licensee: (646)	244-572	.0		
	-					
11. Business E-mail of App	plicant/Licensee:	N Bombardier,	@ Yakoo.	Com		
12. Describe municipal co	to be added:	Roadwan Ca	Ca			
12. Describe municipal sp	pace to be added: [	raoway ca	<u>Ce</u>			
12a. What date did you ap	pply for a municipal p	permit? 8/2/24				
Rep	resentative or Atto	rney representing the lic	ensee			
13. Representative/Attori	ney's Full Name:	Michael K	eu4			
·		,				
14. Street Address:	136 Wav	ies by Road				
15. City, Town or Village:	Scar	soale lu .	State:	Ny Zip Co	de: \0587	5
				. 4	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	
16. Business Telephone N	Number of Represent	tative/Attorney:	14/ 632-1	6036		
47 Desires Programa			- 181			
17. Business Email Addre	ss: KELI	LYMLK136@ (	Small-Cou	^		
I am the licensee that is	applying for the per	rmit and I certify that I kno	w the contents	of the above applic	ation and the stat	ements and
answers therein; that the	e same are true to my and answers in this a	y knowledge; that I have b application on behalf of sa	een authorized id licansaa with	, by order of the Bo	ard of Directors of	said licensee
to make the statements	and answers in this c	such statements and			a effect as it said it	-ensee made
By my sig	gnature, l affirm - und	der <b>Penalty of Perjury</b> - th			is form are true.	
18. Printed Name:	fichael Kei	IΙΥ	Title	Represent	tative	
Signature: X	9-5			•		
The above cap	otioned on-premise	s licensee is applying for beverages on municipal	an alteration	to their existing lie	ense with the St	ate
Liquor Mu(nor	ity to sen diconolic	veverages on municipal	space.			

Please forward any concerns regarding the issuance of the alteration to the attention of The New York State Liquor Authority by e-mail community@sla.ny.gov