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CHARLES J. CARRERAS
Deceased – 2012

THOMAS J. McCALLEN

December 23, 2019

U.S.P.S. Priority Mail

City of Long Beach
1 West Chester Street
Long Beach, NY 11561

Re: 780LBNY LLC
780 W Beech Street
Long Beach, NY 11561

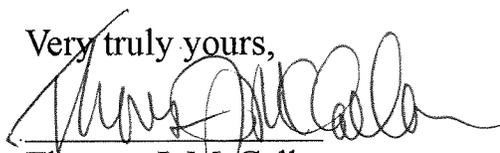
Dear Sir/Madam:

In compliance with Section 110(b) of the Alcoholic Beverage Control Law, this serves to advise you that my referenced client will be filing a new *Application for Retail ABC On-Premises (Code 252) License* with the New York State Liquor Authority.

In this regard, attached hereto, please find standardized notice form for use with a community board or local municipality for your consideration.

Your cooperation in this matter is appreciated.

Very truly yours,



Thomas J. McCallen

TJM:af



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

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

1. Date Notice was Sent: **December 23, 2019**

1a. Delivered by: **USPS Priority Mail**

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

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: **City of Long Beach**

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): **TBD**

Expiration Date (if applicable): **TBD**

5. Applicant or Licensee Name: **780NYLB LLC**

6. Trade Name (if any): **TBD**

7. Street Address of Establishment: **780 W Beech Street**

8. City, Town or Village: **Long Beach**, **NY** Zip Code: **11561**

9. Business Telephone Number of Applicant/Licensee: **516 665-8547**

10. Business E-mail of Applicant/Licensee: **thecafelbny@gmail.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: **Restaurant**

14. Method of Operation:
(check all that apply)

- | | | | | |
|---|--|---|--|----------------------------------|
| <input type="checkbox"/> Seasonal Establishment | <input type="checkbox"/> Juke Box | <input type="checkbox"/> Disc Jockey | <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> Karaoke |
| Live Music (give details i.e., rock bands, acoustic, jazz, etc.): | | | | |
| <input type="checkbox"/> Patron Dancing | <input type="checkbox"/> Employee Dancing | <input type="checkbox"/> Exotic Dancing | <input type="checkbox"/> Topless Entertainment | |
| <input type="checkbox"/> Video/Arcade Games | <input type="checkbox"/> Third Party Promoters | <input type="checkbox"/> 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):

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: **Ground Floor**
17. List the room number(s) the establishment is located in within the building, if appropriate: **N/A**
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
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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: **770 West Beech Street FLP**
23. Building Owner's Street Address: **PO Box 659**
24. City, Town or Village: **Long Beach** State: **NY** Zip Code: **11561**
25. Business Telephone Number of Building Owner: **516 250-8159**

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: **Thomas J McCallen Esq - Carreras & McCallen PLLC**
27. Representative/Attorney's Street Address: **11 Park Place, Suite 1210**
28. City, Town or Village: **New York** 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 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: **Paul Leone** Title: **LLC Managing Member**

Principal Signature: _____ 