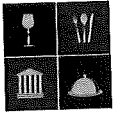# LAW OFFICES OF MITCHELL S. SEGAL P.C.

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137 FIFTH AVENUE, 9th FLOOR
NEW YORK, N.Y. 10010
Ph: (212) 388-9444

March 21, 2019

City Clerk
City of Long Beach
1 West Chester Street
Long Beach, New York 11561

Re: Alleycat Bakery, LLC d/b/a Baked By The Ocean –
919 West Beech Street, Long Beach, N.Y. 11561
<u>Wine (Beer and Cider) On-Premises Liquor License</u>

Dear City Clerk:

Enclosed please find the Standardized Form of 30 Day-Advanced Notice for the above referenced Applicant who is seeking an On-Premises Liquor License for Wine (Beer and Cider) for a Bar/Tavern located at 919 West Beech Street, Long Beach, N.Y. 11561. Kindly let me know what additional information you need and schedule us for the next Council meeting. If you have any questions concerning this application, please do not hesitate to call. Thank you.

Sincerely,

Mitchell Segal

Enclosures.

New York State Liquor
Authority

OFFICE USE ONLY
○ Original   ○ Amended   Date _____

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

1. Date Notice was Sent: **03/21/2019**   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:

   ◉ 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): [   ]   Expiration Date (if applicable): [   ]

5. Applicant or Licensee Name: **ALLEYCAT BAKERY, LLC**

6. Trade Name (if any): **Baked By The Ocean**

7. Street Address of Establishment: **919 West Beech Street**

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

9. Business Telephone Number of Applicant/Licensee: **(516) 901-7988**

10. Business E-mail of Applicant/Licensee: **cat@bakedbytheocean.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: **Bar/Tavern**

14. Method of Operation: ☐ Seasonal Establishment   ☐ Juke Box   ☐ Disc Jockey   ☑ Recorded Music   ☐ Karaoke
    (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: ☑ None   ☐ Patio or Deck   ☐ Rooftop   ☐ Garden/Grounds   ☐ Freestanding Covered Structure
    (check all that apply)

    ☐ Sidewalk Cafe   ☐ Other (specify): [   ]

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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: | One |

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: | Frank O'Rourke |

23. Building Owner's Street Address: | 163 Pennsylvania Avenue |

24. City, Town or Village: | Island Park | State: | NY | Zip Code: | 11558 |

25. Business Telephone Number of Building Owner: | (516) 662-9839 |

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: | Mitchell Segal, Esq. |

27. Representative/Attorney's Street Address: | 1010 Northern Boulevard, Suite 208 |

28. City, Town or Village: | Great Neck | State: | New York | Zip Code: | 11021 |

29. Business Telephone Number of Representative/Attorney: | (516) 415-0100 |

30. Business E-mail Address of Representative/Attorney: | msegal@restaurantesq.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: | Catherine Schimenti | Title: | Member |

Principal Signature: