



OFFICE USE ONLY

Original Amended Date _____

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

1. Date Notice was Sent: 2-28-19 1a. Delivered by: Salvatore Ciccone SR.

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: Long Beach

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): _____ Expiration Date (if applicable): _____

5. Applicant or Licensee Name: Salvatore Ciccone JR

6. Trade Name (if any): Baldoria

7. Street Address of Establishment: 40-42 East Park Ave Long Beach NY 11561

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

9. Business Telephone Number of Applicant/Licensee: 917 974 0811

10. Business E-mail of Applicant/Licensee: salciccone@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: Italian Restaurant

14. Method of Operation: (check all that apply)
- Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
- 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): Italian Restaurant

15. Licensed Outdoor Area: (check all that apply)

None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure

Sidewalk Cafe Other (specify): outside table(s)

RECEIVED
 CITY OF LONG BEACH
 2019 MAR -4 AM 10:35
 DEPT. HEALTH & ENVIRONMENTAL AFFAIRS

Handwritten signatures and initials at the bottom of the page.

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

16. List the floor(s) of the building that the establishment is located on: First floor (Ground)
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
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: Peter Lee Ann Lehman Lee
23. Building Owner's Street Address: 312 W. PENN ST.
24. City, Town or Village: Long Beach State: NY Zip Code: 11561
25. Business Telephone Number of Building Owner: (516) 734-1208

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

N/A currently

26. Representative/Attorney's Full Name: _____
27. Representative/Attorney's Street Address: _____
28. City, Town or Village: _____ State: _____ Zip Code: _____
29. Business Telephone Number of Representative/Attorney: _____
30. Business E-mail Address of Representative/Attorney: _____

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: Salvatore Cillone SR Title: Assistant Member

Principal Signature: 