

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

May 9, 2019

RE: Thomas M. Walsh Jr., Whale's Tale, 916 W. Beech Street

Dear City Clerk:

Enclosed please find the Standardized Form of 30-Day Advanced Notice for the above referenced applicant who will be purchasing The Whale's Tale restaurant and is seeking an On-Premises Liquor License for 916 W. Beech St. Long Beach, NY 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 very much.

Sincerely,



Thomas M. Walsh Jr.

2019 MAY 10 PM 1:39
CITY OF LONG BEACH
CITY CLERK

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: 1a. Delivered by:

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: Thomas M. Walsh Jr.

6. Trade Name (if any):

7. Street Address of Establishment: 916 W. Beech Street

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

9. Business Telephone Number of Applicant/Licensee: (347) 907-6764

10. Business E-mail of Applicant/Licensee: twalsh567@yahoo.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 (full kitchen and full menu required)

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):

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: _____

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: ALBERT PESCE

23. Building Owner's Street Address: 289 LINKS DRIVE WEST

24. City, Town or Village: OCEANSIDE State: NY Zip Code: 11572

25. Business Telephone Number of Building Owner: 516-582-9309

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: Robert W. Romano, Esq.

27. Representative/Attorney's Street Address: 2 Lakeridge Drive

28. City, Town or Village: Armonk State: NY Zip Code: 10504

29. Business Telephone Number of Representative/Attorney: (914) 500-3196

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: Thomas M. Walsh Jr. Title: Principal

Principal Signature: 