

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: 2/28/20      1a. Delivered by: Hand Delivered

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: Atlantis LBNY LLC

6. Trade Name (if any): Five Ocean Bar + Grill

7. Street Address of Establishment: 5 New York Avenue

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

9. Business Telephone Number of Applicant/Licensee: 516-577-2828

10. Business E-mail of Applicant/Licensee: fiveoceanlongbeach@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)
- Seasonal Establishment     Juke Box     Disc Jockey     Recorded Music     Karaoke
- Live Music (give details i.e., rock bands, acoustic, jazz, etc.): Bands, Acoustic
- 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): \_\_\_\_\_

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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: 1st 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: Mayeri Enterprises LLC

23. Building Owner's Street Address: 34 Shore Park Road

24. City, Town or Village: Great Neck State: New York Zip Code: 11023

25. Business Telephone Number of Building Owner: 516-984-7853

**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: Terrence R. Flynn, Jr.

27. Representative/Attorney's Street Address: 444 Beach 129th Street, 2nd Floor

28. City, Town or Village: Belle Harbor State: New York Zip Code: 11694

29. Business Telephone Number of Representative/Attorney: (718) 945-1000

30. Business E-mail Address of Representative/Attorney: trflynnjr@gmail.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: James-Kalani Duag Title: Member

Principal Signature: 