

LAW OFFICES OF MITCHELL S. SEGAL, P.C.
1129 NORTHERN BOULEVARD
SUITE 404
MANHASSET, NEW YORK 11030
Ph: (516) 415-0100
Fx: (516) 706-6631

N.Y.C. Office
137 Fifth Avenue, 9th Floor
New York, N.Y. 10010
Ph: (212) 388-9444

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

August 18, 2021

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

Dear City Clerk:

I represent Alleycat Bakery, LLC d/b/a Baked By The Ocean located at 919 West Beech Street, Long Beach, N.Y. 11561, which is renewing their On Premises Wine (Beer & Cider) License which expires on September 30, 2021. I have included the required Standardized Form of 30 Day-Advanced Notice from the State Liquor Authority which provides additional detail.

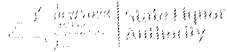
If you have any questions please do not hesitate to contact me. Thank you.

Sincerely,


Mitchell Segal

RECEIVED
CITY CLERK'S OFFICE
2021 AUG 23 AM 10:53
CITY OF LONG BEACH
NEW YORK

Enclosures.



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: 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

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

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:

Applicant/Licensee Information:

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

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business E-mail of Applicant/Licensee:

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:

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
<input type="checkbox"/> Live Music (give details i.e., rock bands, acoustic, jazz, etc.): <input type="text"/>				
<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		
<input type="checkbox"/> Other (specify): <input type="text"/>				

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

<input type="checkbox"/> None	<input type="checkbox"/> Patio or Deck	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Garden/Grounds	<input type="checkbox"/> Freestanding Covered Structure
<input checked="" type="checkbox"/> Sidewalk Cafe <input type="checkbox"/> Other (specify): <input type="text"/>				

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: **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: **1129 Northern Boulevard, Suite 404**
28. City, Town or Village: **Manhasset** State: **New York** Zip Code: **11030**
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: 