

**MARTI & ASSOCIATES, INC**

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September 12, 2023

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

Re: K & K Los Latinos Corp.  
Premise: 24 E Park Ave. Long Beach, NY 11561

RECEIVED  
CITY OF LONG BEACH  
NEW YORK  
2023 SEP 18 AM 10:05

To Whom It May Concern:

When I initially mailed the 30-day standardized notice for a liquor license for the above-mentioned applicant, I forgot to answer question 19, which asks "Will the license holder or a manager be physically present within the establishment during all hours of operation?". The NYS Liquor Authority is now requesting that I update the form and provide a statement from you that you have received this update. I have attached the updated 30-day notice, showing the answer to the question as "yes". I have also highlighted the letter I received from them with the request with the due date. An emailed letter to me on your letterhead will be more than enough for this request. If it is possible to receive this letter before the due date, it will be greatly appreciated. Thank you in advance for your attention to this matter.

Sincerely,



Gindely Duran



**KATHY HOCHUL**  
Governor

**LILY M. FAN**  
Chair

**EDGAR DE LEON**  
Commissioner

**DEFICIENCY LETTER**

DATE: 09/12/23

**Response Due Date: 10/03/23**

NAME: K & K LOS LATINOS CORP  
ADDRESS: 24 E PARK AVE  
LONG BEACH, NY, 11561

Serial# 136240

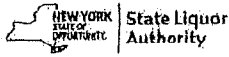
Based on a review of your application, the following deficiencies have been identified and can be found below. You must provide a response, to correct **ALL DEFICIENCIES**, within **fifteen (15) business days** from the date of this notice. Failure to do so is grounds for **disapproval** of the application and any associated Temporary Retail Permits. Please address the following:

- **JOSE R. PERALTA MUST BE FINGERPRINTED BY IDENTOGO BY MORPHOTRUST USA SERVICES. PLEASE COMPLY WITH THIS REQUIREMENT NO LATER THAN THE RESPONSE DUE DATE OF THIS LETTER. IF JOSE HAS BEEN FINGERPRINTED, PROVIDE FINGERPRINTING RECEIPT AND AFFIDAVIT IN COMPLIANCE WITH ADVISORY #2022-6.**
- **PLEASE PROVIDE ANSWER FOR # 4 AND #7 ON LANDLORD IDENTIFICATION FROM**
- **PLEASE PROVIDE ANSWER FOR 2B AND ANSWER 5B COMPLETELY FOR ESTABLISHMENT QUESTIONNAIRE**
- **PLEASE SUBMIT ANSWER FOR #19 OF STANDARDIZED NOTICE FORM, AND PROVIDE STATEMENT FROM LOCAL MUNICIPALITY/COMMUNITY BOARD THAT CHANGE WAS RECEIVED**
- **PLEASE AMEND # 10 OF PROPOSED METHOD OF OPERATION FORM TO INDICATE YES, OR NO WITH AN EXPLANATION OF WHY ON 10A**

In addition to any deficiency that needs to be resolved, below are items the applicant is required to submit to the Authority. If any of these items are currently available, please submit them with the deficiencies identified above. If items are not currently available, the applicant must submit them **prior** to a license being issued. The following items will be listed as Conditions of Approval:

- **PLEASE PROVIDE BUSINESS EMAIL ADDRESS ON APPLICATION FORM**
- **PLEASE PROVIDE A NEWSPAPER AFFIDAVIT CONTAINING THE SERIAL NUMBER AND PROOF OF PUBLICATION PER ADVISORY 2022-4**

(continued on next page)



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 Sent:  1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

New Application    Removal    Class Change

For premises in the City of New York:

New Application    New Application and Temporary Retail Permit    Temporary Retail Permit    Removal

Class Change    Method of Operation    Corporate Change    Renewal    Alteration

For **New** and Temporary Retail Permit 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/cook    Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment:

Seasonal Establishment    Juke Box    Disc Jockey    Recorded Music    Karaoke

14. Method of Operation: (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): \_\_\_\_\_

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:

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:

23. Building Owner's Street Address:

24. City, Town or Village:  State:  Zip Code:

25. Business Telephone Number of Building Owner:

**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:

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:

Title:

Principal Signature: Jose Peralta