

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 Sent: 1/21/24

1a. Delivered by: IN PERSON

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   
 Renewal   
 Alteration   
 Removal  
 Class Change   
 Method of Operation   
 Corporate Change

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: City Of Long Beach NY

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable): 1306946      Expiration Date (if applicable): 1/31/24

5. Applicant or Licensee Name: Knights Pub Inc

6. Trade Name (if any): Knights Pub

7. Street Address of Establishment: 970 West Beech Street

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

9. Business Telephone Number of applicant/ Licensee: 516-442-1689

10. Business E-mail of Applicant/Licensee: mrgents@optonline.net

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: Bar/Tavern

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 (check all that apply):  
 None   
 Patio or Deck   
 Rooftop   
 Garden/Grounds   
 Freestanding Covered Structure  
 Sidewalk Cafe   
 Other (specify): \_\_\_\_\_

RECEIVED  
 CITY CLERK'S OFFICE  
 2024 JAN -4 PM 2:58  
 CITY OF LONG BEACH  
 NEW YORK

<b>OFFICE USE ONLY</b>		
<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 bar hall. 2nd floor office and storage**

17. List the room number(s) the establishment is located in within the building, if appropriate: **4**

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:

<b>n/a</b>	<b>n/a</b>
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: **George Gentilesco**

23. Building Owner's Street Address: **87 Illinois Ave**

24. City, Town or Village: **Long Beach** State: **NY** Zip Code: **11561**

25. Business Telephone Number of Building Owner: **516-770-9068**

**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: **n/a**

27. Representative/Attorney's Street Address: **n/a**

28. City, Town or Village: **n/a** State: **n/a** Zip Code: **n/a**

29. Business Telephone Number of Representative/Attorney: **n/a**

30. Business E-mail Address of Representative/Attorney: **n/a**

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: **George Gentilesco** Title: **Manager**

**Principal Signature:** 