

LAW OFFICES

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CHARLES J. CARRERAS

Deceased – 2012

THOMAS J. McCALLEN

June 5, 2018

Priority Mail

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

Re: **Fit Kitchen LLC**
d/b/a Island Thyme Food Co.
780 W. Beech Street
Long Beach, NY 11561

Dear Sir/Madam:

This is to advise you that my client will be filing an application with the New York State Liquor Authority for a restaurant wine license (new) for a cafe at the above location. I am enclosing the required standardized license application notice form.

Very truly yours,


Thomas J. McCallen

TJMcC:mrv
Enclosure

OFFICE OF THE CLERK
2018 JUN -6 AM 11:55
CITY OF LONG BEACH, NY

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: **June 5, 2016** 1a. Delivered by: **USPS Priority Mail**
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): **To be determined** Expiration Date (if applicable): **N/A**
5. Applicant or Licensee Name: **Fit Kitchen LLC**
6. Trade Name (if any): **Island Thyme Food Co.**
7. Street Address of Establishment: **780 W. Beech Street**
8. City, Town or Village: **Long Beach**, NY Zip Code: **11561**
9. Business Telephone Number of Applicant/Licensee: **516-665-8547**
10. Business E-mail of Applicant/Licensee: **info@islandthymelbny.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: **Cafe**

14. Method of Operation:
(check all that apply)

Seasonal Establishment	Juke Box	Disc Jockey	<input checked="" type="checkbox"/> Recorded Music	Karaoke
<input checked="" type="checkbox"/> Live Music (give details i.e., rock bands, acoustic, jazz, etc.): 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
<input checked="" type="checkbox"/> 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: **Street Level**
17. List the room number(s) the establishment is located in within the building, if appropriate: **N/A**
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: **N/A**

- | | | |
|--|------|---------------|
| | 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: **Joseph Iorio**
23. Building Owner's Street Address: **772 W. Beech Street**
24. City, Town or Village: **Long Beach** State: **New York** Zip Code: **11561**
25. Business Telephone Number of Building Owner: **516-250-8159**

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: **Thomas J. McCallen, Esq. - Carreras & McCallen PLLC**
27. Representative/Attorney's Street Address: **11 Park Place, Suite 1210**
28. City, Town or Village: **New York** State: **New York** Zip Code: **10007**
29. Business Telephone Number of Representative/Attorney: **212-732-3640**
30. Business E-mail Address of Representative/Attorney: **sla@carrerasmccallen.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: **Robert J. Multon** Title: **Co-Owner/LLC Member**

Principal Signature: 