

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

Rec'd By Community Board

**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board**

(Page 1 of 2 of Form)

JUL 24 2014

State of New York  
Executive Department  
Division of Alcoholic Beverage Control  
State Liquor Authority

1. Date Notice was Sent: (mm/dd/yyyy)

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

**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. License Serial Number, if not a New Application:  Expiration Date, if not a New Application:

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 Fax Number of Applicant/Licensee:

11. Business E-mail of Applicant/Licensee:

**For New applicants, provide description below using all information known to date.**  
**For Alteration applicants, attach complete description and diagram of proposed alteration(s).**  
**For Current Licensees, set forth approved Method of Operation only.**  
**Do Not Use This Form to Change Your Method of Operation.**

12. Type(s) of Alcohol sold or to be sold: ("X" One)  Beer Only  Wine & Beer Only  Liquor, Wine & Beer

13. Extent of Food Service: ("X" One)  Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)  Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all that apply)

- Recorded Music  Live Music  Disc Jockey  Juke Box  Karaoke Bar  Stage Shows
- Patron Dancing (small scale)  Cabaret, Night Club (Large Scale Dance Club)  Catering Facility
- Capacity of 600 or more patrons  Topless Entertainment  Restaurant  Hotel
- Recreational Facility (Sports Facility/Vessel)  Club (e.g. Golf Club/Fraternal Org.)  Bed & Breakfast
- Seasonal Establishment

15. Licensed Outdoor Area: ("X" all that apply)  None  Patio or Deck  Rooftop  Garden/Grounds  Freestanding Covered Structure  Sidewalk Cafe  Other (specify):

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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 with 500 feet of three or more on-premises liquor establishments?  Yes  No

19. Will the license holder or a manger be physically present within the establishment during all hours of operation?  Yes  No

20. Does the applicant or licensee own the building in which the establishment is located? ("X" One)  Yes (If Yes SKIP 21-24)  No

**Owner of the Building in Which the Licensed Establishment is Located**

21. Building Owner's Full Name:

22. Building Owner's Street Address:

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

24. Business Telephone Number of Building Owner:

**Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice**

25. Attorney's Full Name:

26. Attorney's Street Address:

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

28. Business Telephone Number of Attorney:

29. Business Email Address of Attorney:

I am the applicant or hold the license or am 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.

30. Printed Name:  Title

Signature: X 



**THE CITY OF NEW YORK  
MANHATTAN COMMUNITY BOARD 3**  
59 East 4th Street - New York, NY 10003  
Phone (212) 533-5300 - Fax (212) 533-3659  
www.cb3manhattan.org - info@cb3manhattan.org

Gigi Li, Board Chair

Susan Stetzer, District Manager

**Community Board 3 Liquor License Stipulations**

I, Alexander C. Hou, as a qualified representative of Red and Gold Bott Inc.,  
located at 30 St Marks Place, first floor, New York, NY agree to the following stipulations:

1.  My hours of operation will be 5:00 pm/p.m. to 1:00 a.m. all days

(I understand this to mean that all patrons will be cleared from the establishment at the specified hour).

2.  I will not use outdoor space for commercial use.  
3.  I will operate my outdoor commercial space sidewalk cafe no later than 10 PM

4.  I will operate a full-service restaurant, specifically a (type of restaurant) \_\_\_\_\_  
with a kitchen open and serving food to within \_\_\_\_\_ hour(s) of closing every night  during all hours of operation.  
5.  I will employ a doorman/security personnel on the following days: \_\_\_\_\_

6.  I will install soundproofing, \_\_\_\_\_

7.  I will close doors and windows by 10:00 pm every night.  I will not have French doors or windows.

8. I will not have  DJs,  live music,  promoted events,  any event at which a cover fee is charged,  scheduled performances,  more than \_\_\_\_\_ DJs/ promoted events per \_\_\_\_\_,  more than \_\_\_\_\_ private parties per \_\_\_\_\_

9.  I will play ambient recorded background music only.

10.  I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.

11.  I will not seek a change in class to a full on-premise liquor license.

12.  I will not participate in pub crawls or have party buses come to my establishment.

13.  I will not have a happy hour.  Happy hour will end by \_\_\_\_\_

14.  I will not have wait lines outside.  There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.

15.  Residents may contact the manager/owner at the following phone number. Any complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: Alexander C. Hou Phone Number: 212-388-1778

16.  I will: \_\_\_\_\_

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed Alexander C. Hou

Sworn to this 25 day of July 2014

VINCENT J. DANIEL  
NOTARY PUBLIC STATE OF NEW YORK  
No. 618250022  
Qualified in Queens County  
My Commission Expires February 28, 2015

Community Board 3 requests that the S.I.A add this stipulation to the license of the above-mentioned applicant.