

STATE OF NEW YORK  
 EXECUTIVE DEPARTMENT  
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL  
 STATE LIQUOR AUTHORITY

Rec'd by Community Board 3, Man

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Standardized NOTICE FORM for Providing a 30-Day Advance Notice to a Local Municipality or Community Board in connection with the submission to the State Liquor Authority of a check one  
 New Application  Renewal Application  Alteration Application  
 Corporate Change for an On-Premises Alcoholic Beverage License

NOV 25 2013

1. Date the original copy of this Notice was mailed to the Local Municipality or Community Board:  1 / 1 / 2013  2 / 2 / 2013  2 / 0 / 2013

THIS 30-DAY ADVANCE NOTICE IS BEING PROVIDED TO THE CLERK OF THE FOLLOWING LOCAL MUNICIPALITY OR COMMUNITY BOARD

2. Name of the Local Municipality or Community Board: Community board 3

ATTORNEY REPRESENTING THE APPLICANT IN CONNECTION WITH THE APPLICANT'S LICENSE APPLICATION NOTED AS ABOVE FOR THE ESTABLISHMENT IDENTIFIED IN THIS NOTICE

3. Attorney's Full Name is: [REDACTED]  
 4. Attorney's Street Address: [REDACTED]  
 5. City, Town or Village: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
 6. Business Telephone Number of Attorney: [REDACTED]

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

7. Type(s) of alcohol sold or to be sold under the license: ("X" One)  Beer Only  Wine and Beer Only  Liquor, Wine and Beer  
 8. 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)  
 9. Type of establishment: ("X" all that apply)  Hotel  Live Music  Disc Jockey  Juke Box  Patron Dancing (Small scale)  Karaoke Bar  
 Cabaret, Night Club, (Large Scale Dance Club)  Capacity for 600 or more patrons  Bed & Breakfast  Restaurant  
 Club (e.g. Golf/ Fraternal Org.)  Catering Facility  Stage Shows  Topless Entertainment  Recreational Facility (Sports Facility/Vessel)  
 10. Licensed outdoor area: ("X" all that apply)  None  Rooftop  Patio or Deck  Freestanding Covered Structure  Garden/Grounds  
 Sidewalk Café  Other (Specify): None

11. Will the license holder or a manager be physically present within the establishment during all hours of operation? ("X" one)  Yes  No

12. License serial number: 821587 Expiration Date: 2/28/2015

13. The applicant's or license holder's full name, as it appears or will appear on the license: Pizza Vita NYC, LLC

14. The Trade name, if any, under which the establishment conducts or will conduct business: Via Tribunali

15. The establishment is located within the building which has the following street address: 122 Ludlow street

16. City, Town, or Village: New-York State: NY Zip Code: 10002

17. The establishment is located on the following floor(s) of the building at the above address: ground floor

18. Within the building at the above address, the establishment is located within the room(s) numbered as follows: store

19. Business telephone number of applicant/licensee: 2122608742 Business fax number of applicant/licensee: 6463492479

20. Business e-mail address of applicant/licensee: eran@viatribunali.com

21. Does the applicant or license holder own the building in which the establishment is located? ("X" one)  Yes (If "Yes", SKIP items 22-25)  No

OWNER OF THE BUILDING IN WHICH THE LICENSED ESTABLISHMENT IS LOCATED

22. Building owner's full name is: David Ares

23. Building owner's street address: 84 Orchard street, apt 2

24. City, Town, or Village: New-York State: NY Zip Code: 10002

25. Business telephone number of building owner: [REDACTED]

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.

26. Printed Name: Eran Elhalal Title: Managing partner Signature: [Signature]

RW → OP