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COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE
NEW YORK, NY 10012-1899

www.cb2manhattan.org

P: 212-979-2272 F: 212-254-5102 E: info@cb2manhattan.org

Greenwich Village ♦ Little Italy ♦ SoHo ♦ NoHo ♦ Hudson Square ♦ Chinatown ♦ Gansevoort Market

COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE

Please fill out this questionnaire, including the date, and return to the Community Board 2 office by email to arrive **no later than the month's due date** which can be found on CB2 Manhattan's website (<https://cbmanhattan.cityofnewyork.us/cb2/resources/sla-questionnaire/>). When meetings return to in person, please also provide an additional 5 copies plus supporting material requested to the SLA committee meeting.

Failure to complete and return the questionnaire and supporting materials on time will result in your item being removed from the agenda.

Failure to provide a completed questionnaire or failure to present before CB2 will result in notifying the State Liquor Authority (SLA) of your noncompliance with the community review process.

If you need to reschedule, please notify the Community Board 2 office no later than the Friday prior to the scheduled meeting. Speak to Florence Arenas at the Board Office. **A maximum of 1 layover request will be granted per application. Failure to reappear without notification will result in a recommendation to deny this application.**

The following supporting materials are **required** for this application:

1. A list of all other licensed premises (including Beer and Wine) within 500 ft. of this location.
2. If the license being applied for is subject to the 500 ft. rule, please provide a copy of the public interest statement that will be submitted to the SLA.
3. Floor plans of the premise, clearly indicating the location of all entrances and exits, windows, bars, tables and chairs, patron and employee bathroom(s) and kitchen layout to be licensed. Please include seat and table counts on the plans for each area. If **outdoor seating of any kind** is included in the application please download and complete **CB2 SLA's Addendum for Outdoor Seating**. For any multi-floor, multi-room or hotel applications, please provide detailed plans for each floor and/or separate areas to be included in the licensed premises that are clearly labeled.
4. Proposed menu with general price ranges, if applicable.
5. Certificate of Occupancy or Letter of No Objection for the premises showing that the proposed use is permitted, including specific use of all outdoor areas within the property line.
6. If unable to show the proposed use is permitted, including for outdoor areas within the property line, please provide a detailed explanation for how the proposed use sought will be permitted and please provide any plans filed or to be filed with the Buildings Department.
7. Letter of Understanding or Letter of Intent from the Landlord.

8. Provide proof of community outreach to area block associations and immediately impacted residents in the building and surrounding area to notify them of your pending application and Community Board meeting information. Copies of any mailings to, and signatures or letters from Residential Tenants at location and from surrounding buildings may be submitted with home address and contact information. (i.e. a letter from the neighborhood block association or petition in support with home address and contact information.)
9. A copy of your NYS Liquor Authority application as it will be submitted to the SLA (excluding financial information).
10. If this is for a **Corporate Change**, please provide the **Current Approved Corporate Set-Up and the Proposed Corporate Set-Up** along with existing executed stipulations with CB2 if applicable.
11. If this is for any type of **Alteration Application**, please provide detailed information regarding the current situation and the proposed changes outlined as an addendum. If adding or subtracting space, please provide current and proposed diagrams.
12. If this application is for a **Change in Method of Operation**, please provide the current method of operation and the proposed changes in method of operation as an addendum.

Meeting Date: March 7, 2023

APPLICANT INFORMATION:

Name of applicant(s): Jesse Lazar

Trade name (DBA): New York Chapter of the American Institute of Architects

Premises address: 534 LaGuardia Place, New York, NY 10012

Cross Streets and other addresses used for building/premise:
536 LaGuardia Place, Unit 1, New York, NY 10012

CONTACT INFORMATION:

Principal(s) Name(s): Jesse Lazar

Address: 536 LaGuardia Place

City: New York, NY 10012

Telephone #: [REDACTED] email: [REDACTED]

Landlord Name / Contact: The LaGuardia Studio Corporation

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):

Benjamin Prosky

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

536 LaGuardia Place, New York, NY 10012

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
Education center and lecture space for The American Institute of Architects and The Center for Architecture.

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):

- a new liquor license (Restaurant Tavern / On premise liquor Other)
- an UPGRADE of an existing Liquor License
- an ALTERATION of an existing Liquor License
- a TRANSFER of an existing Liquor License
- a HOTEL Liquor License
- a DCA CABARET License
- a CATERING / CABARET Liquor License
- a BEER and WINE License
- a RENEWAL of an existing Liquor License
- an OFF-PREMISE License (retail)
- OTHER : Corporate Change

If upgrade, alteration, or transfer, please describe specific nature of changes:
(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

If this is for a new application, please list previous use of location for the last 5 years:

Is any license under the ABC Law currently active at this location? yes no

If yes, what is the name of current / previous licensee, license # and expiration date: Benjamin Prosky, #1143343 Expiration Date: 7/31/2024

Have any other licenses under the ABC Law been in effect in the last 10 years at this location?
 yes no

If yes, please list DBA names and dates of operation:

PREMISES:

By what right does the applicant have possession of the premises?

Own Lease Sub-lease Binding Contract to acquire real property other: _____

Type of Building: Residential Commercial Mixed (Res/Com) Other:

Number of floor: _____ Unit _____ Year Built : 1911

Describe neighboring buildings: Mixed use both residential and commercial

Zoning Designation: Residential and commercial

Zoning Overlay or Special Designation (applicable) C1 - 5/R7-2

Block and Lot Number: 537 / 26

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? yes no

Is the premise located in a historic district? yes no South Village Historic District

(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? yes no, please explain : _____

Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) no yes : explain _____

What is the proposed Occupancy? 500

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
 no yes

If yes, what is the maximum occupancy for the premises? 525

If yes, what is the use group for the premises? Lectures, Book Talks and receptions

If yes, is proposed occupancy permitted? yes no, explain : _____

If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? yes no

Do you plan to file for changes to the Certificate of Occupancy? yes no
(if yes, please provide copy of application to the NYC DOB)

Will the façade or signage be changed from what currently exist at the premise? no yes

(if yes, please describe: _____

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 3,447

If more than one floor, please specify square footage by floors: 1st floor - 2,367, Lecture Hall - 1,080

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?

If more than one floor, what is the access between floors? Two staircases and one elevator

How many entrances are there? 2 How many exits? 2 How many bathrooms? 5

Is there access to other parts of the building? no yes, explain: In the boiler room.

OVERALL SEATING INFORMATION:

Total number of tables? 0 Total table seats? 0

Total number of bars? 0 Total bar seats? 0

Total number of "other" seats? 250 please explain: Maximum number of seats in lecture hall and galleries.

Total OVERALL number of seats in Premises: 250

BARs:

How many ^{*}stand-up bars / bar seats are being applied for on the premises? Bars 0 Seats 0

How many service bars are being applied for on the premises? 0

Any food counters? no yes, describe: _____

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: _____

* A stand-up bar is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive food and alcoholic beverages.

PROPOSED METHOD OF OPERATION:

What type of establishment will this be? (check all that apply)

Bar Bar & Food Restaurant Club/ Cabaret Hotel Other: Tavern Serving Beer Wine and Liquor

What are the Hours of Operation?

Sunday: _____ Monday: 9 to 8 Tuesday: 9 to 8 Wednesday: 9 to 8 Thursday: 9 to 8 Friday: 9 to 8 Saturday: 11 to 5

Will the business employ a manager? no yes, name / experience if known : _____

Will there be security personnel? no yes(if yes, what nights and how many?) Six (6)
Do you have or plan to install French doors, accordion doors or windows that open? no yes

If yes, please describe : _____

Will you have TV's ? no yes (how many?) _____

Type of MUSIC / ENTERTAINMENT: Live Music Live DJ Juke Box Ipod / CDs none

Expected Volume level: Background (quiet) Entertainment level Amplified Music
(check all that apply)

Do you have or plan to install soundproofing? no yes

IF YES, will you be using a professional sound engineer? _____

Please describe your sound system and sound proofing: _____

VGA or HDMI content feeds for PC or Mac, and Crestron AirMedia

Will you be permitting: promoted events scheduled performances outside promoters

any events at which a cover fee is charged? private parties

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? no yes (if yes, please attach plans)

Will you be utilizing ropes movable barriers other outside equipment (describe) _____

Are your premises within 200 feet of any school, church or place of worship? no yes

If there is a school, church or place of worship within 200 feet of your premises or on the same block, please submit a block plot diagram or area map showing its' location in proximity to your applicant premises (no larger than 8 ½ " x 11").

Indicate the distance in feet from the proposed premise:

Name of School / Church: Creative Steps Play Group

Address: 4 Washington Square Village #1D, New York, NY 10012 Distance: 0.20 miles

Name of School / Church: NYU Stern School of Business

Address: 44 W 4th Street, New York, NY 10012 Distance: 0.20 miles

Name of School / Church: Judson Memorial Church

Address: 55 Washington Square South, New York, NY 10012 Distance: 0.10 miles

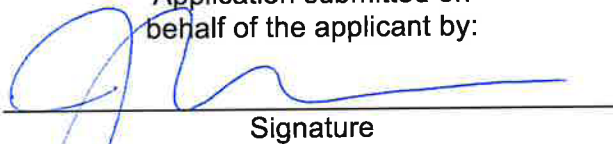
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Jesse Lazar Phone: [REDACTED]

Address: [REDACTED]

Email: [REDACTED]

Application submitted on behalf of the applicant by:


Signature

Print or Type Name Jesse Lazar

Title Interim Executive Director

Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.





Community Board 2,
Manhattan SLA Licensing Committee
Donna Raftery, Co-Chair
Robert Ely, Co-Chair

APPLICATION FOR APPROVAL OF CORPORATE CHANGE

USE THIS FORM for changes in the corporate set up caused by:

1. Appointment of new officer(s)/director(s)/LLC manager(s)/trustee(s)
2. New stockholder(s), changes in stock-holdings, or new LLC members
3. The removal of officer(s)/director(s)/member(s)/stockholder(s)/trustee(s)
4. Death of officer(s)/director(s)/member(s)/stockholder(s)/trustee(s)

DO NOT USE THIS FORM:

1. As an application to appoint a new ABC Officer. (ABC Officer Application)
2. As an application to change from a Partnership to a Corporation/LLC ; from a Corporation/LLC to a Partnership; from a Corporation to an LLC; or from an LLC to a Corporation (New Application)
3. As an application to reflect the death of a Licensee (*sole proprietor or partner*). (Endorsement Application)
4. As an application to reflect court appointments of representative. (Endorsement Application)
5. As an application to reflect the dissolution of Partnership or Addition of Partner. (Endorsement Application)
6. As an application to reflect name changes due to Marriage or Divorce. (Endorsement Application)
7. As an application to change from a Sole Proprietorship to a Corporation/LLC. (Endorsement Application)

The application for Approval of Corporate Change must be completed and accompanied by the appropriate documentation as listed in the instructions portion below as well as a check or money order in the amount of **\$128, payable to the New York State Liquor Authority**.
(The Law does not provide for any refund of corporate change fees.)

Mail application to: New York State Liquor Authority, PO Box 782772, Philadelphia, PA 19178-2772.

INSTRUCTIONS:

- 1) Submit a check or money order to the New York State Liquor Authority in the amount of **\$128.00**
- 2) Complete ALL sections of the application and follow all instructions within the application.
- 3) In Section D, read the contents thoroughly; both the currently authorized principal and the proposed authorized principal must sign and date this section.

Note: If a company or corporation has more than 10 people with an ownership interest, then all officers; all directors; all LLC managers; and the stockholders/LLC members with a 10% or greater owner interest must be listed as principals on the license. All other owners with less than 10% interest must be disclosed in a list which includes their names, addresses, and percentage of ownership. Provide a written affirmation that all of the owners with less than 10% interest are eligible to hold a liquor license and none have statutory disqualifications that would bar them from being licensed. **Not-For-Profit Corporations** must list all principal officers and any director/trustee who is compensated on the license. Trustees/Directors who are not compensated do not need to submit personal questionnaires or fingerprints. However the applicant must submit a list with the name and address of each such individual along with a statement that each such individual is eligible to hold a license.

ALL Corporate Change applications must be accompanied by the following applicable documentation:

- 1) Transfer Agreement or Contract of sale for all changes in stock-holdings or ownership.
- 2) Corporate Minutes, LLC Operating Agreements, resignation letters, or other documentation showing the appointment, removal, or change of any officer, director, trustee, or LLC Manager.
- 3) If there was a Death of a principal submit a copy of the Death Certificate, any Letters of Testamentary/Administration, and a Last Will & Testament, if available.
- 4) A Personal Questionnaire must be submitted for each new person who is to be an officer, director, stockholder, LLC Member, LLC Manager, or trustee as well as proof of citizenship, photo identification, a recent original color photo, and fingerprints. (See the bottom of page 2 for additional fingerprint instructions; Forms are available on our website: www.sla.ny.gov)
- 5) Completed Applicant's Statement for each new principal.
- 6) Financial Documents showing the source of funds used in all ownership transfers as stated in Form 180-021B.
- 7) Complete a Holding Corporation Stipulation if any owner is a holding company or holding corporation.
- 8) Complete a Trust Stipulation if any owner is a Trust.
- 9) Standardized notice form for providing 30-day advanced notice to a Community Board within the City of New York *

*Section 110-b states that all on premise licensees located within the City of New York must notify the local community board of their intent to file an application for substantial corporate change. The standardized form must be sent via: certified mail, return receipt requested; by overnight delivery with proof of mailing; or personal service upon the offices of the community board ***not less than thirty days before filing*** this application.. '*Substantial corporate change*' means a change in 1) eighty percent (80%) or more of the license principals or 2) an existing stockholder or member obtaining a cumulative of eighty percent (80%) or more ownership interest in said company.



APPLICATION FOR APPROVAL OF CORPORATE CHANGE

This form is to be used by a corporate licensee to apply for permission to make a corporate change involving (1) change of officers or directors, LLC Members, etc., or (2) where there are fewer than 10 stockholders, any change in stock-holdings, or (3) where there are 10 or more stockholders, any change involving 10% or more of the stock or any change in stock-holdings which would increase the holdings of any one stockholder to 10% or more of the stock.

Such change cannot become effective under the Alcoholic Beverage Control Law until permission has been granted by the State Liquor Authority. Therefore, it is recommended that any change be made conditional upon approval by the State Liquor Authority.

Section A

Serial Number 1143343 County New York Telephone # [redacted]
Full Name of Licensee as listed on the License New York Chapter of the American Institute of Architects
Trade Name (DBA) as listed on the License Certificate New York Chapter of the American Institute of Architects
Complete Address of Licensed Premises including Zip 534 LaGuardia Place, New York, NY 10012
Post Office/Mailing Address, if different than premises [redacted]
FEIN# [redacted] Business Website [redacted]
Business Email Address (required) jlazar@aiany.org

Name of Contact Jesse Lazar Attorney Representative Contact
Office Address 536 LaGuardia Place
City New York State NY Zip Code 10012
Telephone Number of Office (Include Area Code) [redacted]
E-mail Address (if available) [redacted]

Submit a completed Notice of Appearance

Section B

Change Requested: Check all that apply

- Appointment of new officer(s)/director(s)/member(s).
The removal of officer(s)/director(s)/member(s).
Death of officer(s)/director(s)/member(s)/stockholder(s).

1. How was the interest acquired in the Corporation/LLC? [redacted]

2. Are there any other licenses held in New York under this corporation/LLC? If yes, list all serial numbers. [redacted]

Section C

Identification of Individuals

Part 1. Current Approved Corporate Set-Up

List below the names of all LLC members/managers, officers, directors and individual stockholders, that are currently licensed to hold an interest in the subject license, *attach additional sheets if necessary.*

Name	Current Title(s)	Current % of Interest	Current Number of Shares
Benjamin Prosky	Executive Director	N/A	N/A

Part 2. Proposed Corporate Set-Up

List below the names of all LLC members/managers, officers, directors and individual stockholders, who will have an interest in the subject license upon approval of this corporate change. You must account for 100% of the ownership. *Attach additional sheets if necessary.*

Name	Proposed Title(s)	Proposed % of Interest	Proposed # of Shares	Check if New
Jesse Lazar	Interim Executive Director	N/A	N/A	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

All parties listed in Part 2 and are NEW to the corporation/LLC must complete a Personal Questionnaire as well as submit an original color photo, photo ID and proof of citizenship for themselves. The forms are available for download on our web site at: www.sla.ny.gov

ALL NEW APPLICANT PRINCIPALS WILL BE REQUIRED TO BE FINGERPRINTED ELECTRONICALLY

NOTE: Persons CURRENTLY licensed by the State Liquor Authority do not have to be fingerprinted. Each applicant principal that is required to be fingerprinted will be instructed to do so on the application Filing Receipt once the application is received by the Authority. Fingerprinting instructions are available on the Filing Receipt or on our website, www.sla.ny.gov.

Section D

The licensee represents that there have been no changes other than those set forth herein, in any of the facts required to be set forth in the application for license, and agrees that any application filed by it or by any of its officers, directors or stockholders, for any license or permit under the Alcoholic Beverage Control Law, and the occupation record submitted herewith, shall be deemed and made a part hereof and considered by the Authority in acting upon this Application for Approval of Corporate Change.

I/We, the Applicant(s) also certify that all papers filed in support of this application or any application filed under the Alcoholic Beverage Control Law by any person having an interest, direct or indirect, either in the business to be licensed or any license or permit shall be deemed a part hereof and considered by the State Liquor Authority in acting upon this application.

I/We understand that the information I/we submit will be relied on by the State Liquor Authority in acting on this application. I/we understand that any false statements or misrepresentations shall constitute sufficient cause for the disapproval of the applications and/or revocation, cancellation or non-renewal of any license which is issued or affected as a result of such application.

I/We verify that all of the above statements are true. If any of the above information changes prior to receipt of the license or approval of the corporate change, I/we will notify the Authority by registered or certified mail within 48 hours. If any changes occur after the issuance of the license or approval applied for, I/we understand that failure to give the required notice may constitute a violation of Section 110 of the Alcoholic Beverage Control Law and/or Rule 36.1(j) of the State Liquor Authority and will result in proceedings to revoke, cancel or suspend such license.

I/We, the Applicant(s) certify that there are no financial transactions involved concerning the license applied for EXCEPT as described herein.

I/We acknowledge that the licensed premises is bound by the Method of Operation previously approved by the New York State Liquor Authority.

Benjamin Prosky certifies that he is Executive Director
(Print Name) (Title)

of the above named licensee; that he knows the contents of the above application and the statements and answers therein; that the same are true of his own knowledge that he has been authorized by order of the Board of Directors of said licensee to make the statements and answers therein in behalf of said licensee with the same force and effort as if said licensee made such statements and answers itself.

February 24, 2023 Dated (Signature of Currently Authorized Officer)

Jesse Lazar certifies that he is to be Interim Executive Director
(Print Name) (Title)

of the above named licensee; that he knows the contents of the above application and the statements and answers therein; that the same are true of his own knowledge.

February 24, 2023 Dated (Signature of Proposed Authorized Officer)

OFFICE USE ONLY: [] Approved or Disapproved [] License Board Member [] Dated

STATEMENT OF FINANCES
FOR CORPORATE CHANGE

State the total amount of money you are investing in the Purchase of the Stock.

TOTAL DOLLAR AMOUNT FOR STOCK.INTEREST PURCHASE	\$	<input type="text"/>
MISCELLANEOUS EXPENSES	\$	<input type="text"/>
TOTAL INVESTMENT	\$	<input type="text"/>

BREAKDOWN OF TOTAL FOR PURCHASE OF STOCK

Total Cash	\$	<input type="text"/>
Total Deferred	\$	<input type="text"/>

Explain Cash:

Explain Deferred:

REAL PROPERTY PURCHASE IF APPLICABLE

Total Cash	\$	<input type="text"/>
Total Deferred	\$	<input type="text"/>

Explain Cash:

Explain Deferred:

NOTE: For the purpose of this form, CASH is defined as money that you have in your possession that you don't have to pay back and is verifiable (example: stocks, bonds, CD's, savings accounts, etc.).

For the purpose of this form, DEFERRED is defined as money that you have to pay back at some point in time (example: loan, mortgage, line of credit, credit card, note, etc.).

1. Set forth the source of funds for this investment (accounts, loans, gifts, asset sales, etc.) and enter account numbers. (Provide documentation)
2. Set forth all repayment terms for any deferred monies. (Provide documentation)
3. Lease agreement if required.

APPLICANT'S STATEMENT

I, [print name] Jesse Lazar

(the sole proprietor , partner , corporate principal or LLC/LLP member)
understand that the State Liquor Authority will rely on each and every answer in the application and accompanying documents in reaching its determination and state, under penalty of perjury, that all statements and representations therein are true to the best of my knowledge and belief; and

I state that the location and description of the premises to be licensed does not violate any requirement of the ABC law or other state or local ordinances; and

I understand that if any change occurs in the information provided to the Authority in the application, the licensee must notify the Authority by certified mail within 48 hours and if any change occurs after receipt of the license, the licensee must notify the Authority by certified mail within 10 days. I understand that failure to give such notice may result in disapproval of the application or revocation or non-renewal of any license for which this application is submitted; and

I understand that the licensee will be bound by the statements and representations made in the application, including, but not limited to the licensee's method of operation and the identity of persons with an ownership or financial interest in the licensed premises; and that all statements and representations made become conditions of the license; and

I understand that any physical alterations to, or changes to the size of the area used for the sale and consumption of alcoholic beverages, must be reported to the Authority and may require the approval of the Authority; and

I understand that the licensee must keep the Authority advised of any change in the mailing addresses of the licensee, the licensee's principals, and the licensee's landlord.

I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the application may result in revocation of any license for which the application was submitted; and

I understand that any false statement or misrepresentation will constitute cause for disapproval of the application or revocation or non-renewal of any license for which this application is submitted.

Signature

Date

2/24/23

OFFICE USE ONLY
 Original Amended Date _____

PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full. (e.g., lenders, donors, guarantors and managers must also complete this questionnaire.)
- b. If you are a lender, donor or guarantor you must state your relationship to the applicant.
- c. Make duplicate blank forms as necessary.
- d. Answer all questions below.
- e. Attach additional sheets if more space is needed.

Name of Applicant

1. STATE OF IDENTIFICATION

Print **YOUR** name Date of Birth Social Security Number

Residence Street Address Gender
 Male Female

City State Zip Code Residence Telephone Cellular Telephone

E-mail Address U.S Citizen Yes No
 If NOT U.S. citizen - country of citizenship

Married Yes No If Married, Spouse Name Spouse Social Security Number

2. POSITION (or interest) you will hold (check each);

- | | | |
|---|---|---|
| <input type="checkbox"/> President | <input checked="" type="checkbox"/> Director | <input type="checkbox"/> Stockholder ----> <input type="text" value=""/> Number of shares owned |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Manager | <input type="checkbox"/> LLC Member ----> <input type="text" value=""/> Percentage of ownership |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Partner | <input type="checkbox"/> LLC Manager |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> General Partner | <input type="checkbox"/> Lender* |
| <input type="checkbox"/> Chairman | <input type="checkbox"/> Limited Partner | <input type="checkbox"/> Donor* |
| <input type="checkbox"/> Officer | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Guarantor* |
| <input type="checkbox"/> ABC Officer | <input type="checkbox"/> Joint Account Holder | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Other (describe) | <input type="text" value=""/> | |

*If Lender, Donor, or Guarantor please state your relationship to the applicant.

Print YOUR Name Jesse Lazar

3. RESIDENCE HISTORY

List your residence history for the past FIVE (5) years to the PRESENT DATE.

Address	From (mm/yyyy)	To (mm/yyyy)
	05/2011	02/2023
Address	From (mm/yyyy)	To (mm/yyyy)
Address	From (mm/yyyy)	To (mm/yyyy)
Address	From (mm/yyyy)	To (mm/yyyy)

4. EMPLOYMENT HISTORY

List your employment history for the past FIVE (5) years to PRESENT DATE.
 Also, list any employment history that shows experience in the alcohol industry.
 Add additional sheets if necessary.

From (mm/yyyy)	To (mm/yyyy)	Employer
06/2014	02/2023	AIA New York & Center for Architecture
Position	Employer Address	
Director	536 LaGuardia Place, New York, NY 10012	
Type of Business		
nonprofit		

From (mm/yyyy)	To (mm/yyyy)	Employer
Position	Employer Address	
Type of Business		

From (mm/yyyy)	To (mm/yyyy)	Employer
Position	Employer Address	
Type of Business		

Print **YOUR** Name

5. LICENSE HISTORY / AFFILIATIONS

5(a) If you are an applicant (e.g., proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business? Yes No

5(b) Will you take an active part in the operation of the business to be licensed? Yes No

If YES, please explain the nature of activity and the hours you will devote to the business (hours, days, responsibilities):

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? Yes No

If YES, please provide information below:

Business Name	Business Address	
<input type="text"/>	<input type="text"/>	
Type of Interest	Date Interest Began	License Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Name	Business Address	
<input type="text"/>	<input type="text"/>	
Type of Interest	Date Interest Began	License Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Name	Business Address	
<input type="text"/>	<input type="text"/>	
Type of Interest	Date Interest Began	License Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Print YOUR Name

5. LICENSE HISTORY / AFFILIATIONS

5(d) Other than as itemized in 5(c) above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership, limited partnership, limited liability entity or corporation in which you are/were a principal? Yes No

If YES, please provide information below:

Name of Applicant Address of Premises

Disposition Date of Filing License Serial Number

Name of Applicant Address of Premises

Disposition Date of Filing License Serial Number

Name of Applicant Address of Premises

Disposition Date of Filing License Serial Number

Name of Applicant Address of Premises

Disposition Date of Filing License Serial Number

5(e) Has a license or permit listed above been REVOKED, CANCELLED or otherwise **Involuntarily Terminated?** Yes No

If YES, please provide information below:

5(f) Are you a police commissioner or law enforcement / police officer? Yes No

If YES, please provide details:

Print **YOUR** Name Jesse Lazar

6. CONVICTION RECORD AND PENDING CRIMINAL CASES

6(a) Have you or your spouse ever been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualifications) which would forbid a person to traffic in alcoholic beverages? **YOU** Yes No
SPOUSE Yes No

If YES, please provide details

6(b) Have you or your spouse ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony, misdemeanor, driving while intoxicated (DWI), or driving while ability impaired (DWAI)? **YOU** Yes No
SPOUSE Yes No
If the applicant answers YES, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an Affidavit explaining all details.

If the Spouse answers YES to this question, please submit a Personal Questionnaire for the Spouse along with a Certificate of Disposition.

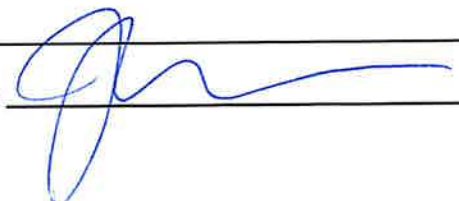
6(c) If you have previously been approved for a license and had been convicted of any felony, misdemeanor or other type of offense except minor traffic infractions, were all convictions reported to the Authority? **YOU** Yes Not Applicable
SPOUSE Yes Not Applicable
If NO, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an affidavit explaining all details.

6(d) Are there any ARRESTS, INDICTMENTS or SUMMONSES PENDING against you or your spouse - including driving while intoxicated or impaired? **YOU** Yes No
SPOUSE Yes No
If YES, please provide a copy of the Accusatory Instrument.

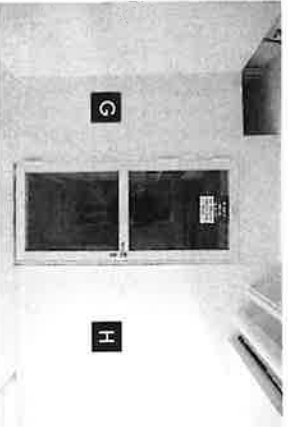
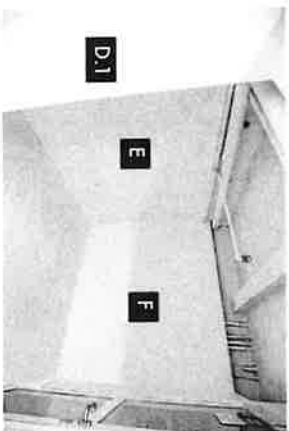
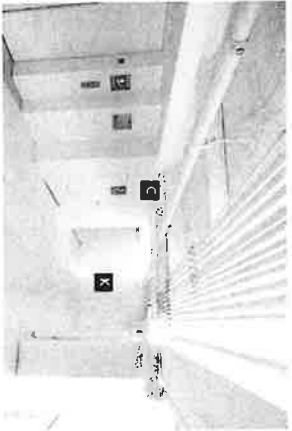
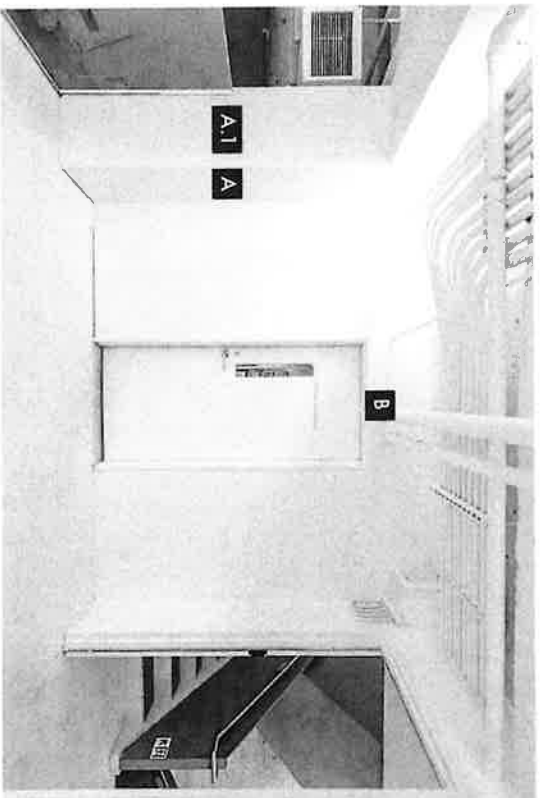
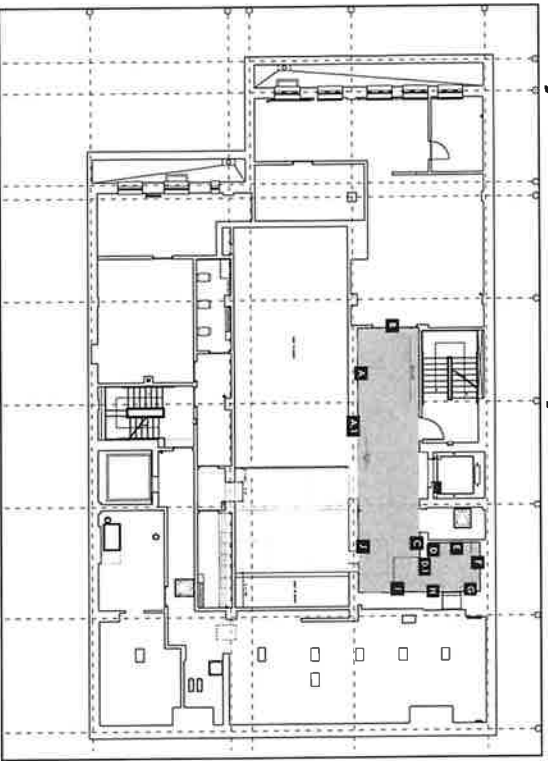
7. Do you have any relationship with the current / past owner of the business at this location? **YOU** Yes No
SPOUSE Yes No

If YES, please state exactly what the relationship is. (e.g., family member, friend, employer, etc.)

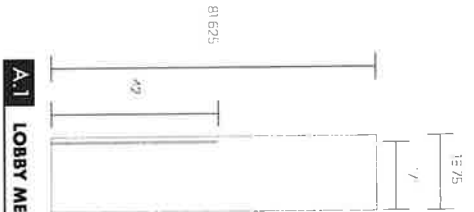
Former director was my employer before exiting position.

8. Signature:  Date: 2/9/23

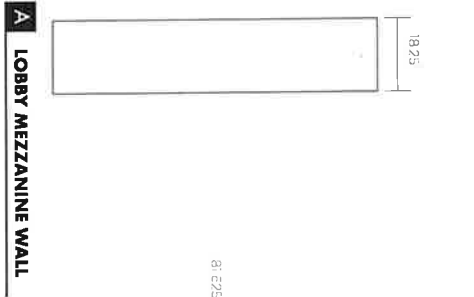
Lobby Mezzanine Gallery



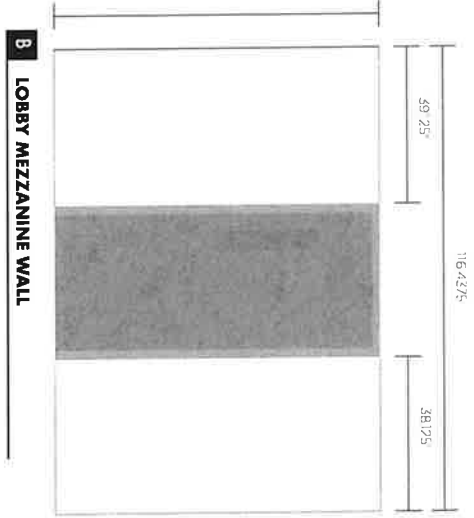
Lobby Mezzanine Gallery



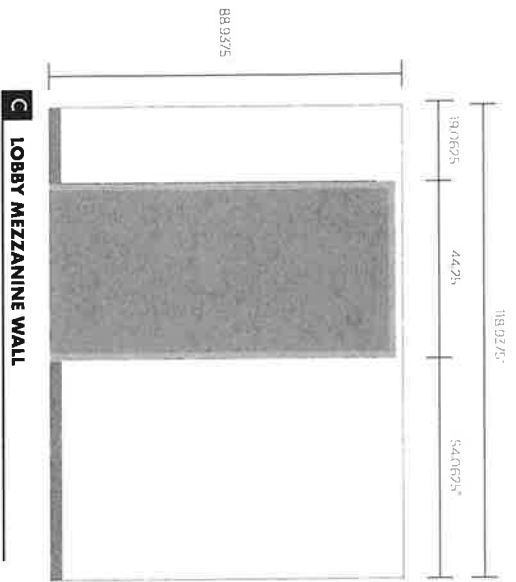
A.1 LOBBY MEZZANINE WALL



A LOBBY MEZZANINE WALL

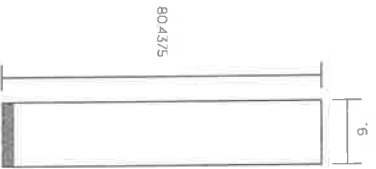
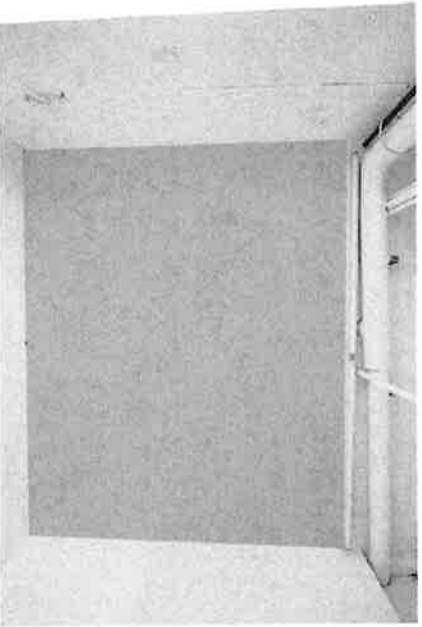


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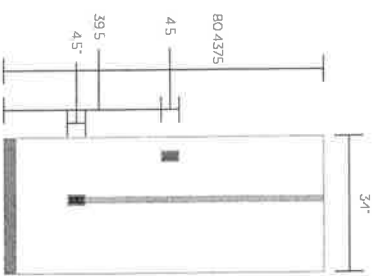


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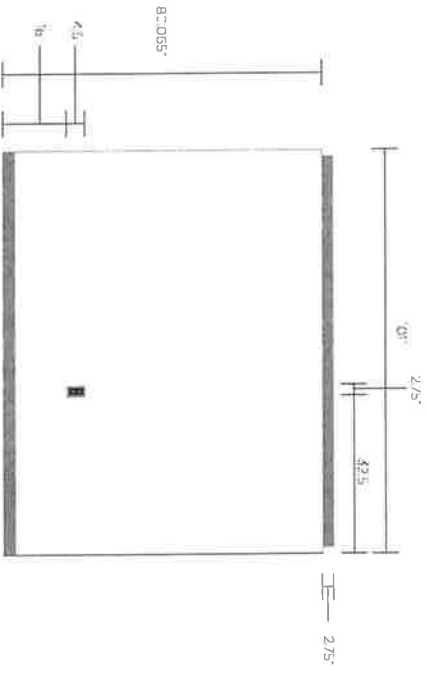
Lobby Mezzanine Gallery



D-1 LOBBY MEZZANINE WALL

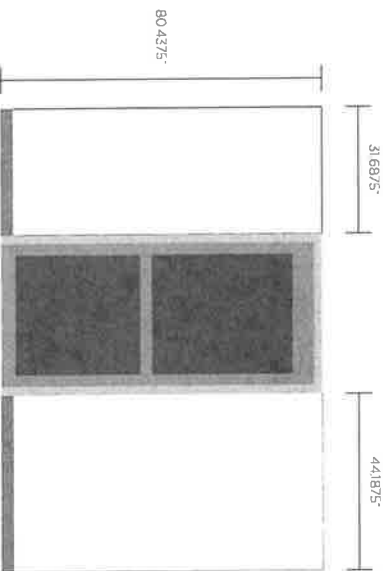
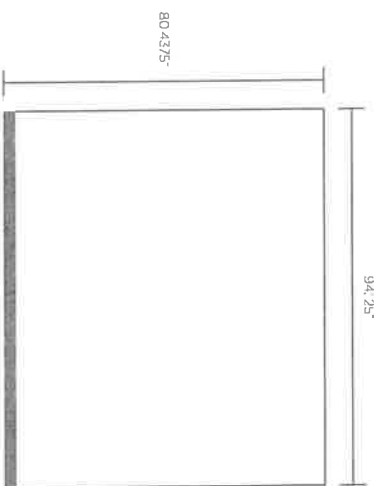
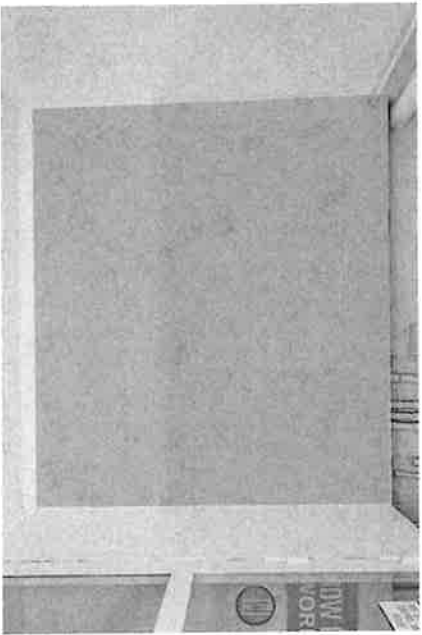


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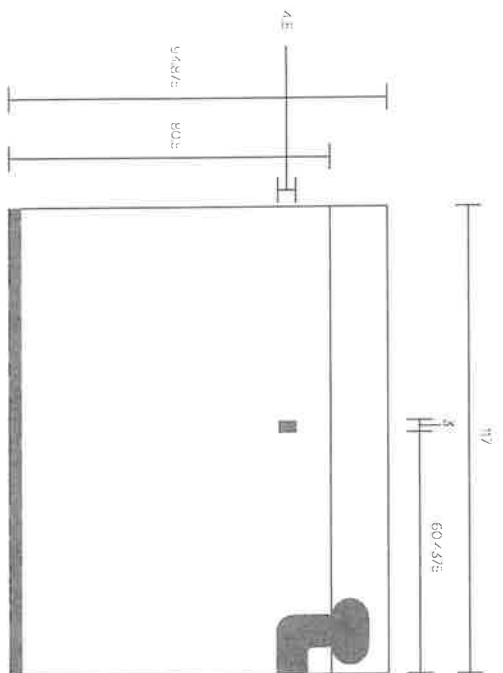
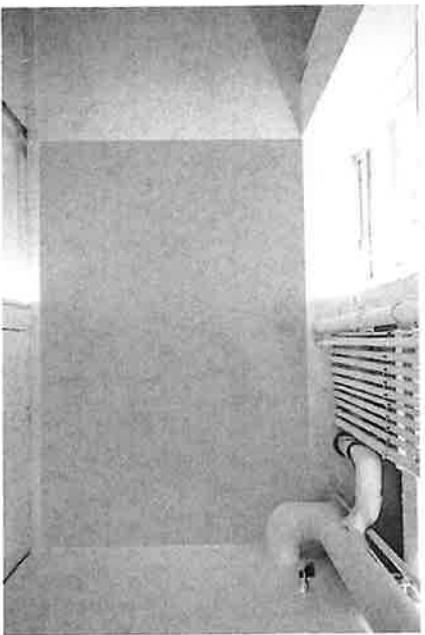


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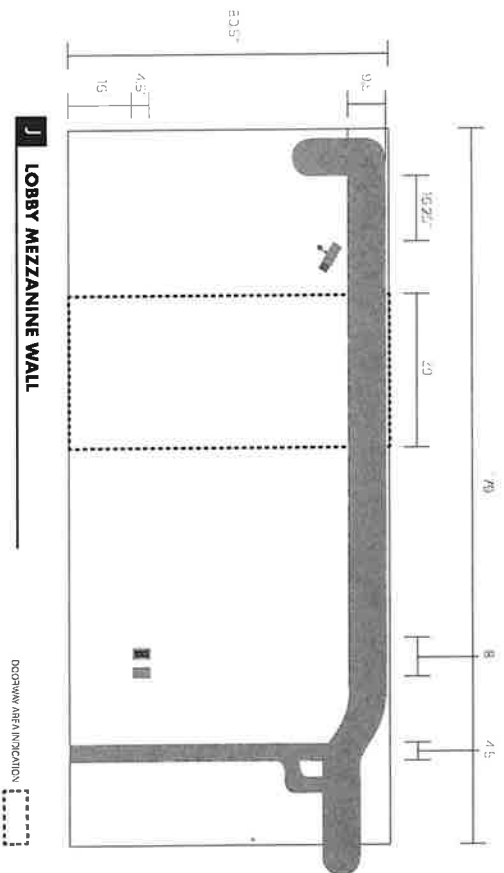
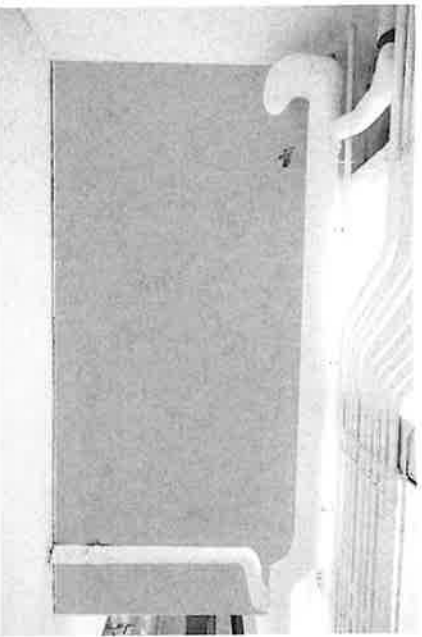
Lobby Mezzanine Gallery



Lobby Mezzanine Gallery



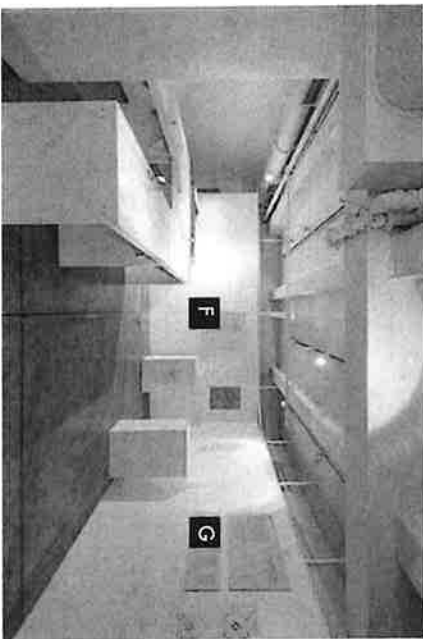
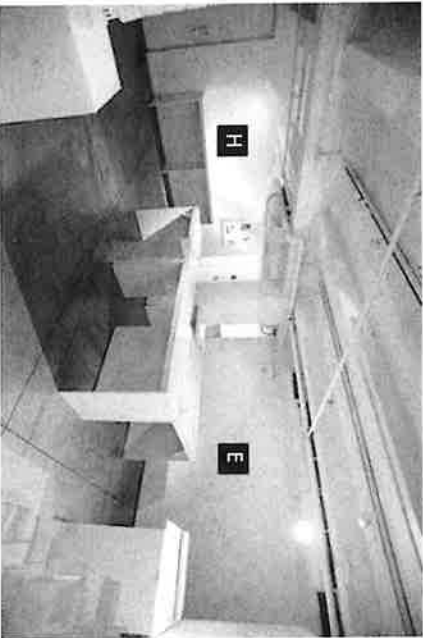
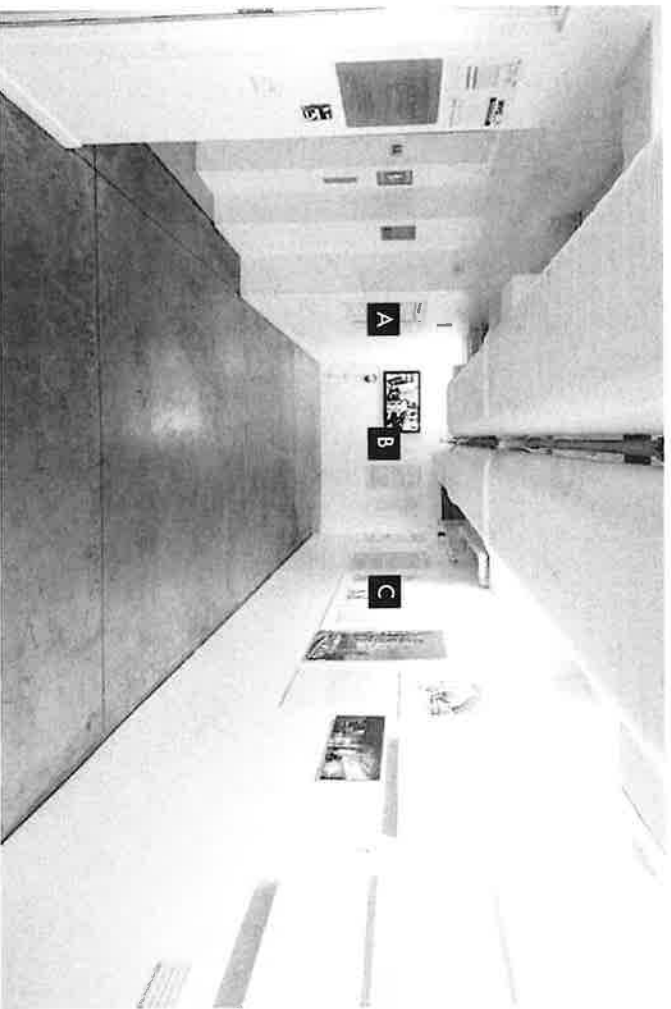
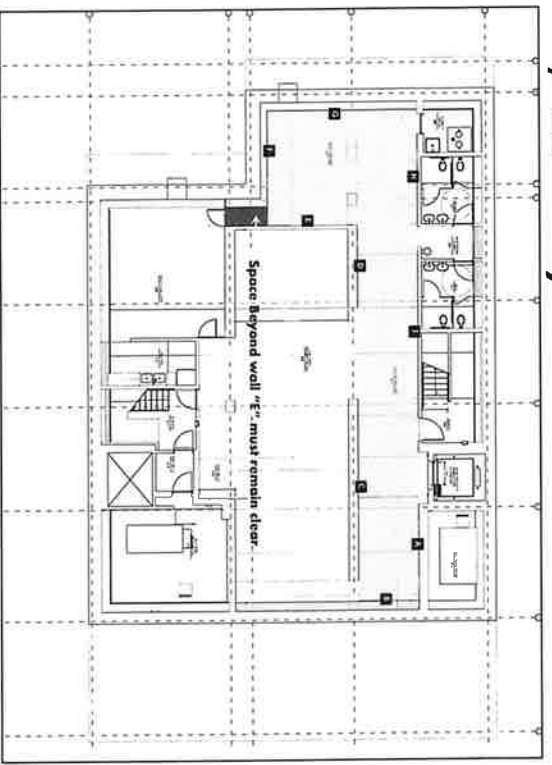
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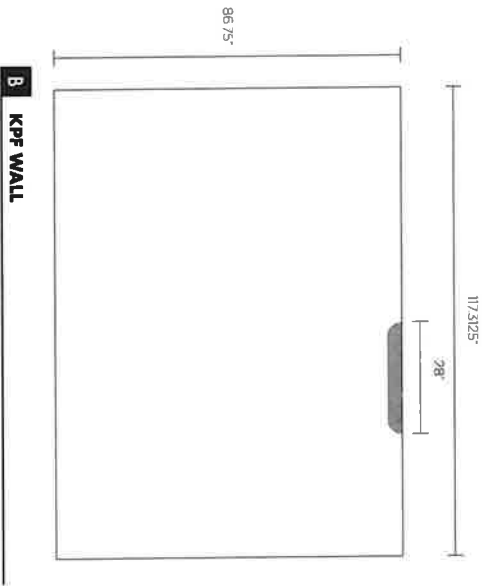
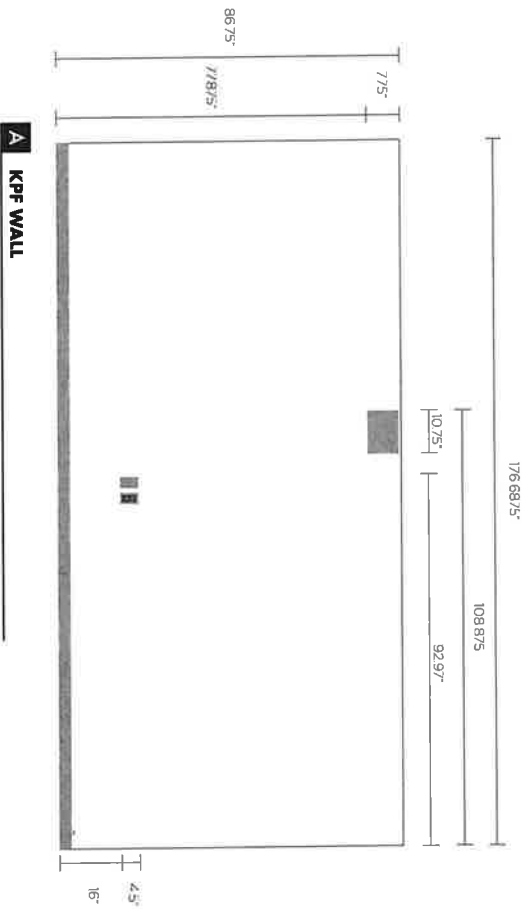
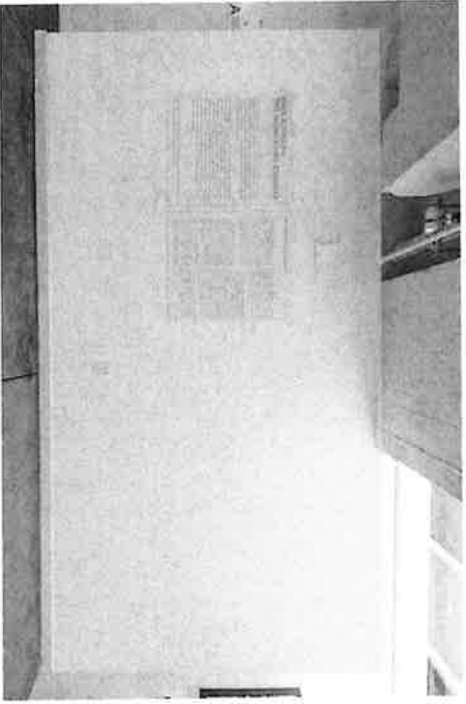
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DOORWAY AREA INDICATION

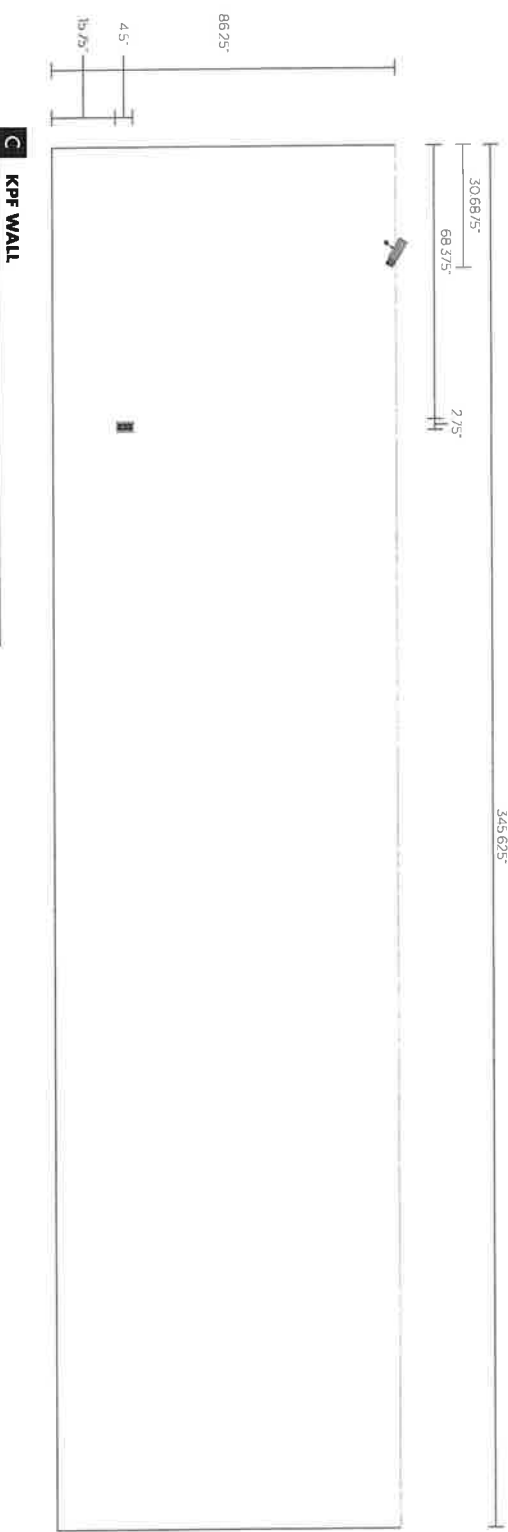
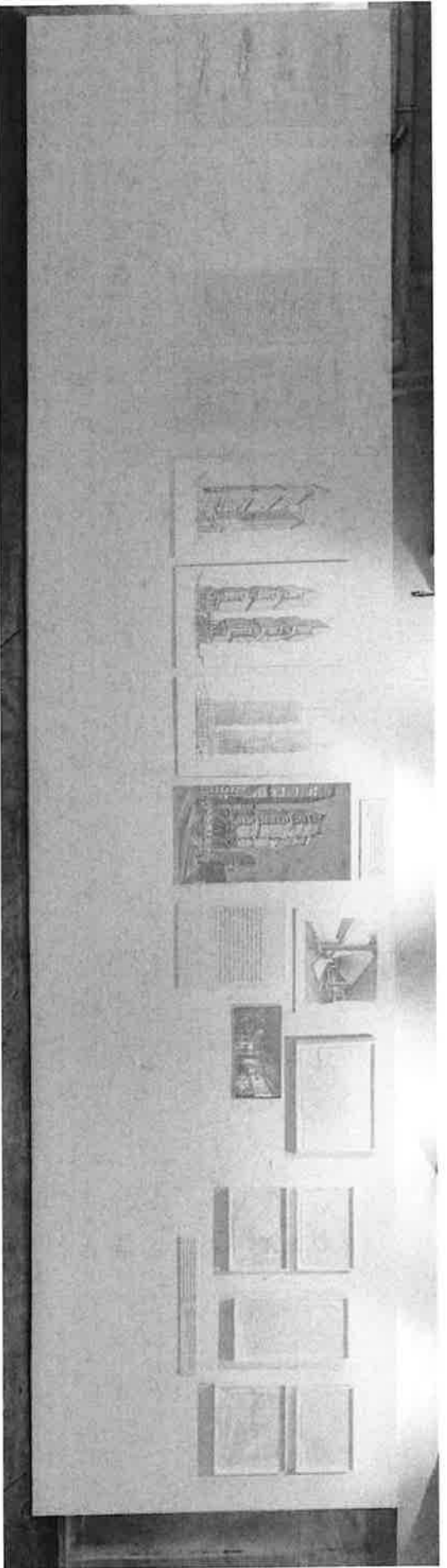
KPF/HLW Gallery



KPF/HLW Gallery

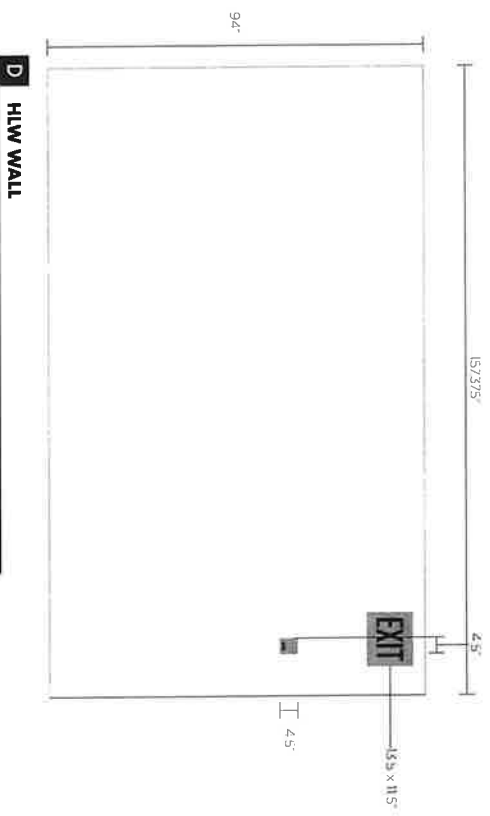
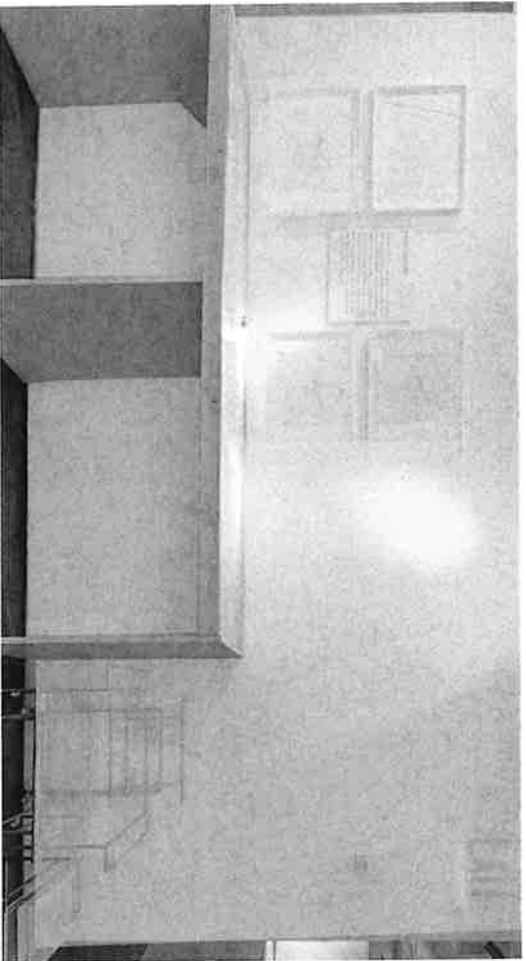


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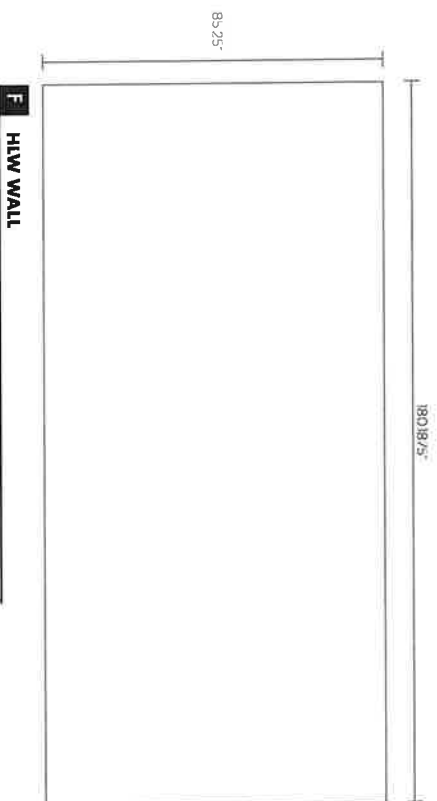
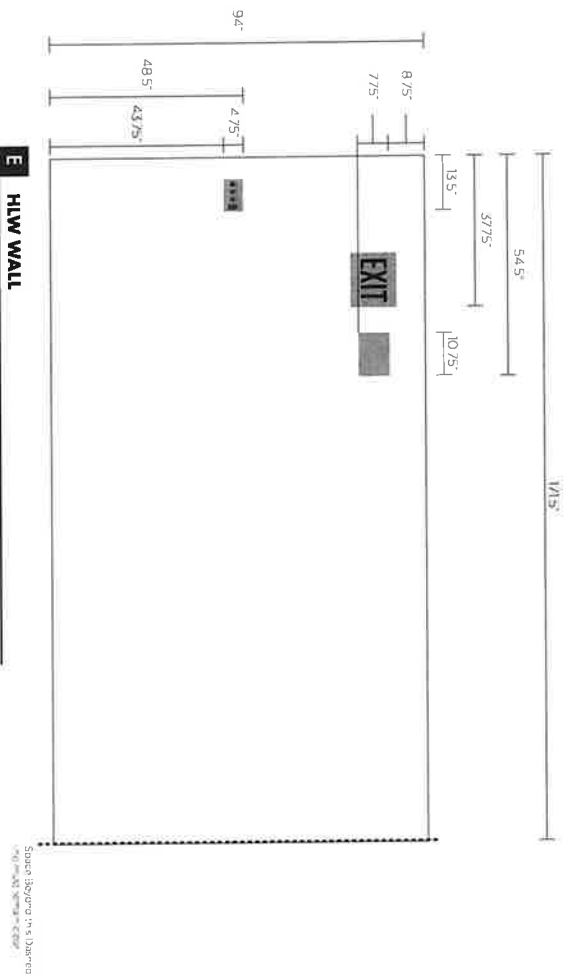
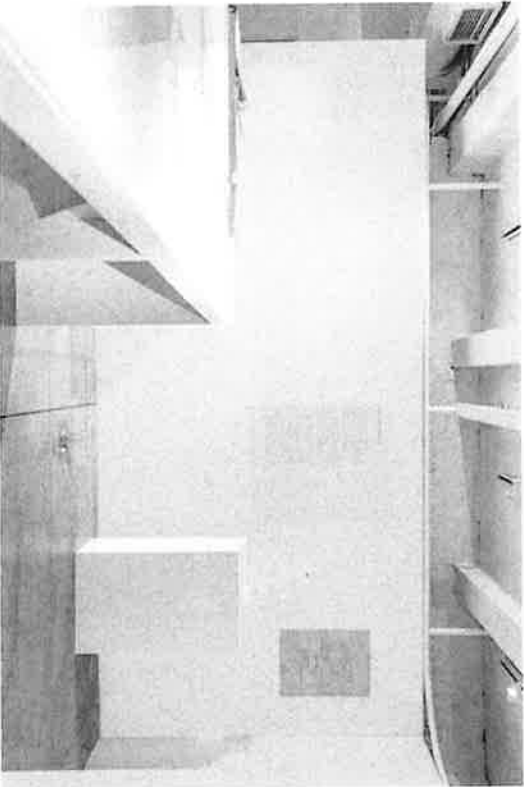
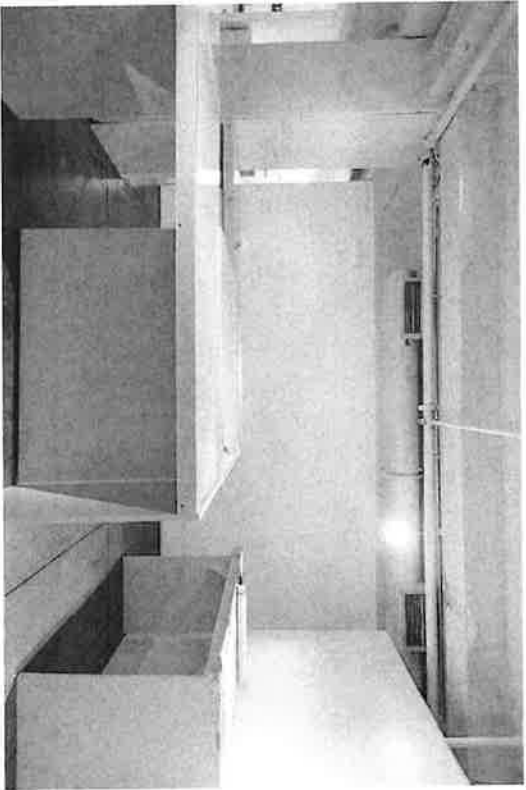


C KPF WALL

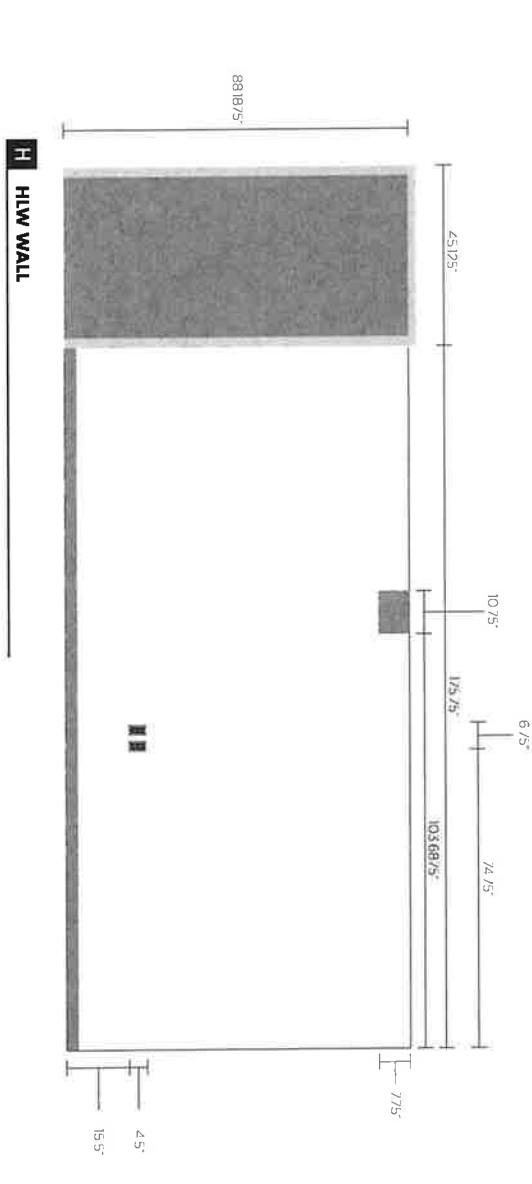
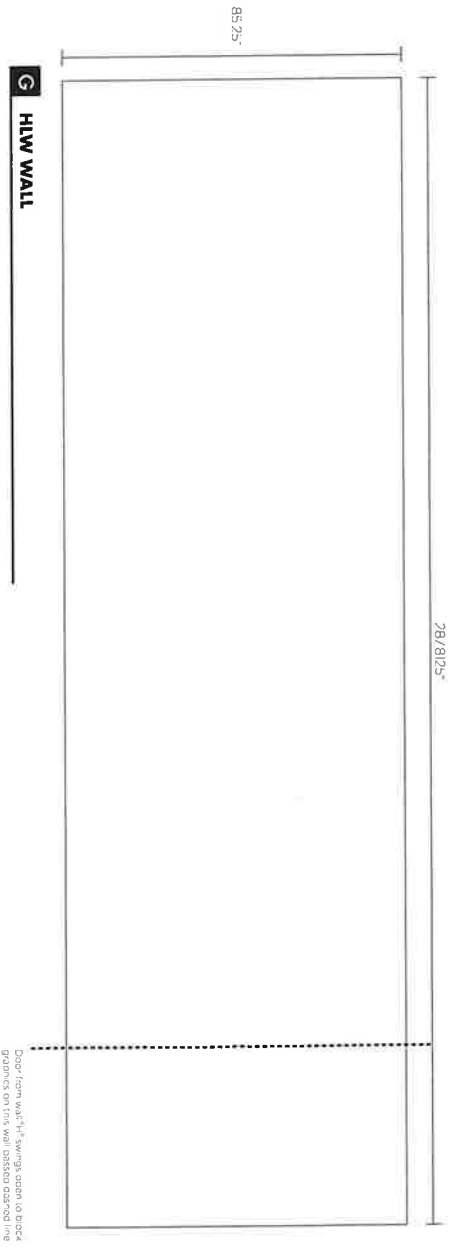
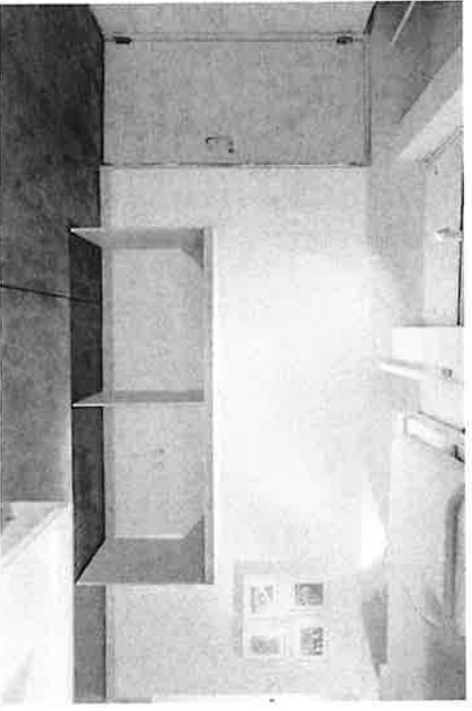
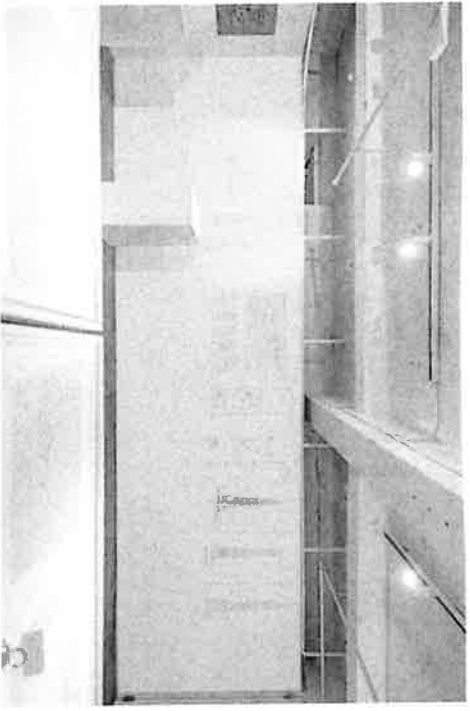
KPF/HLW Gallery



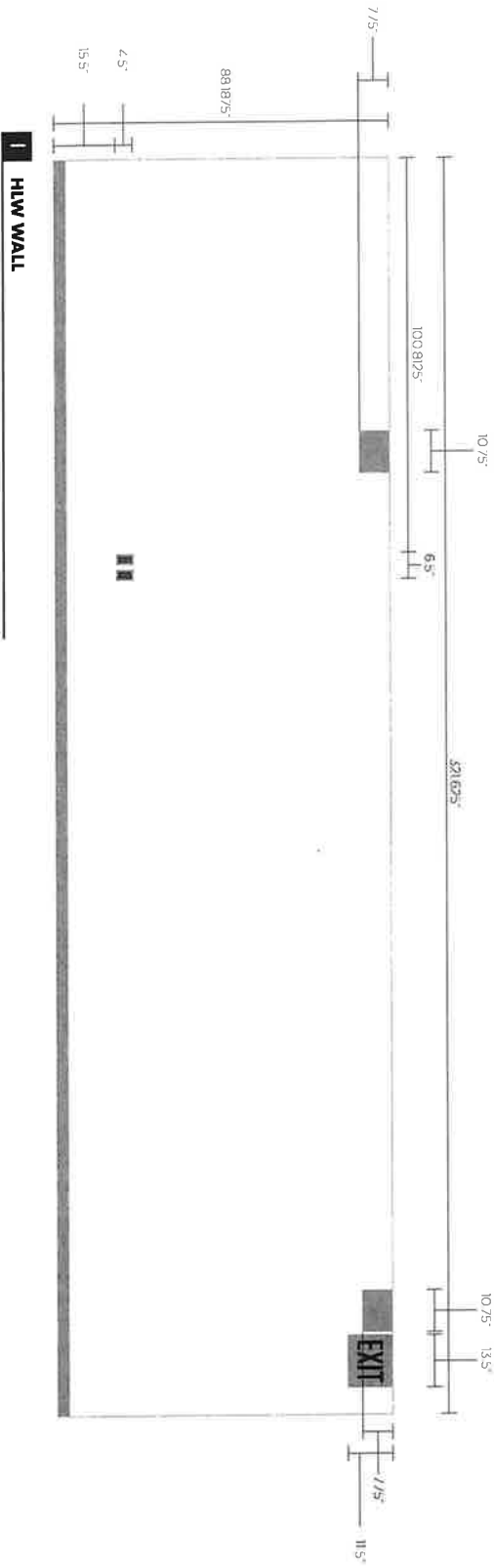
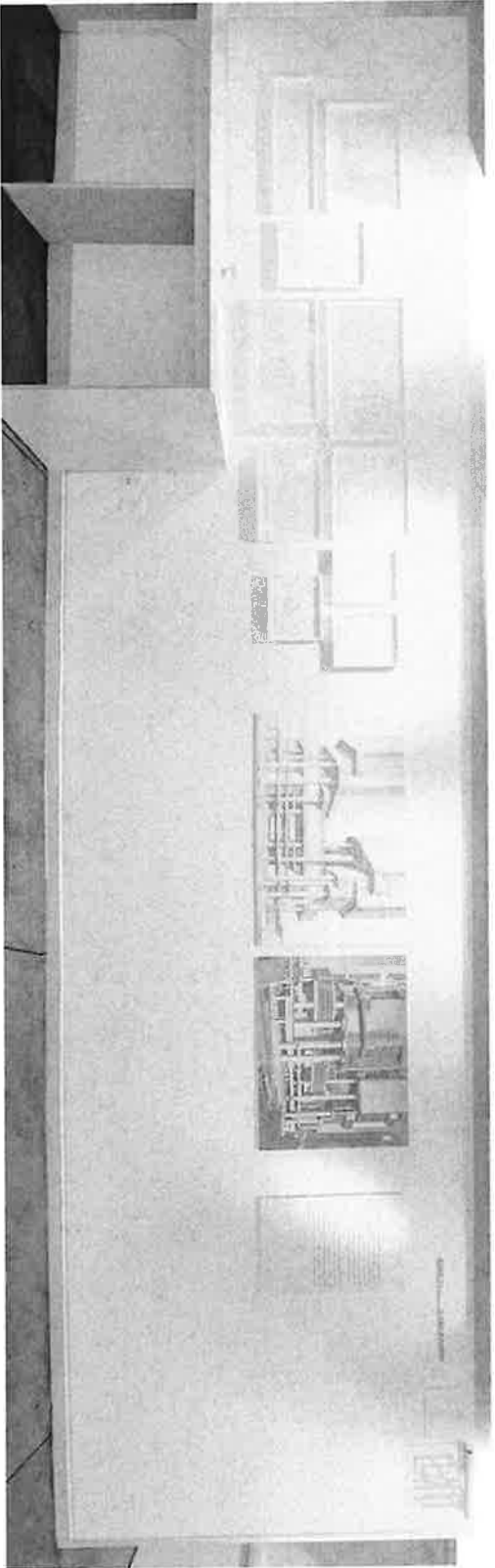
KPF/HLW Gallery



KPF/HLW Gallery



KPF/HLW Gallery

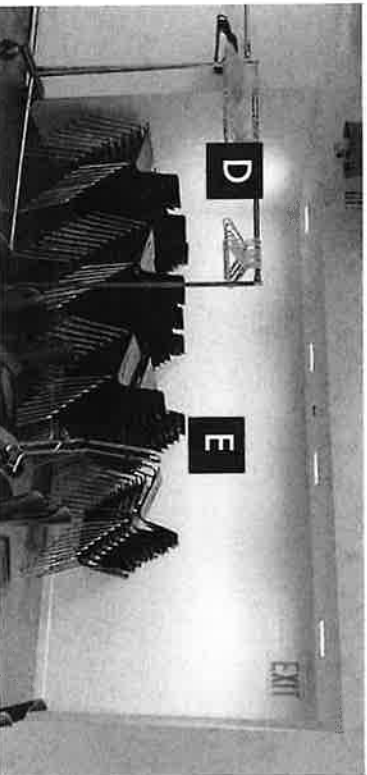
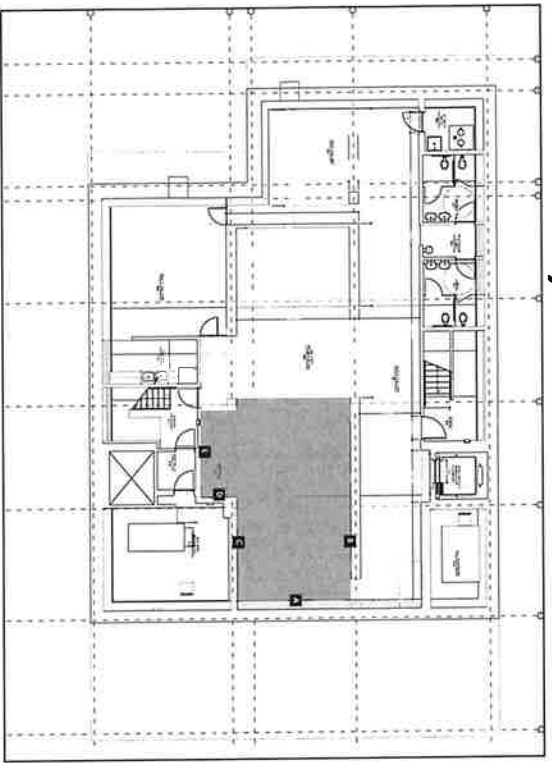


THINK BOX MEDIA | 188 N MAIN STREET, FREEPORT NY 11520

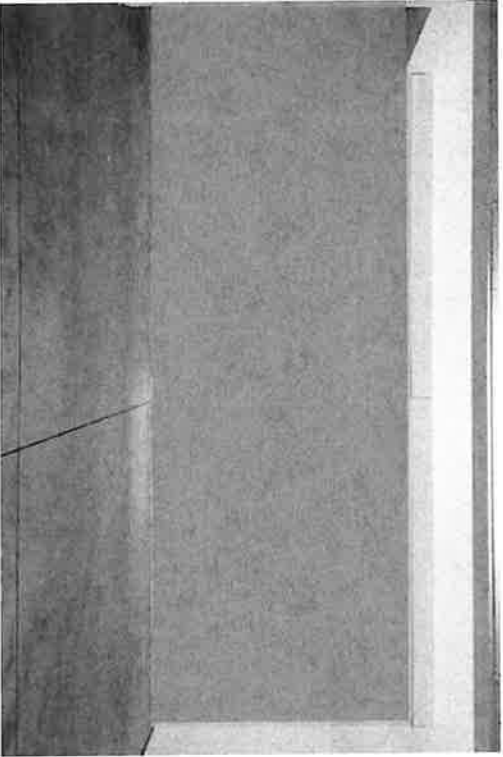
AIA New York | Center for Architecture 536 LaGuardia Pl, New York, NY 10012 | SCALE: 1 / 30

KPF/HLW Gallery

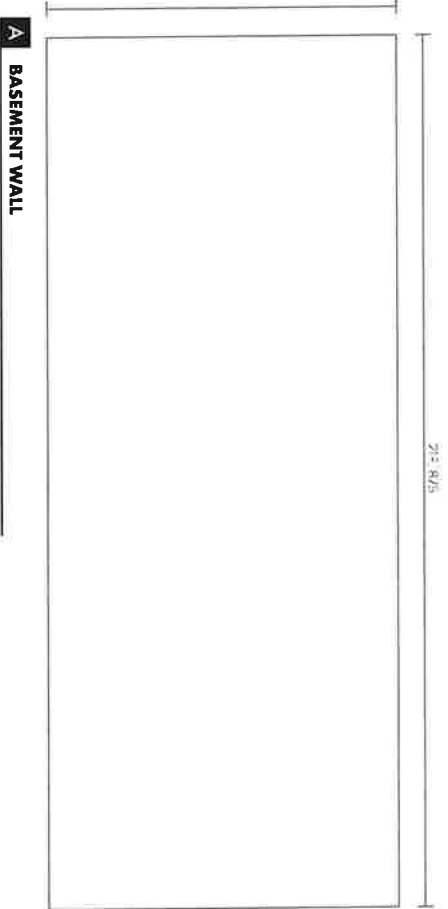
Basement Gallery



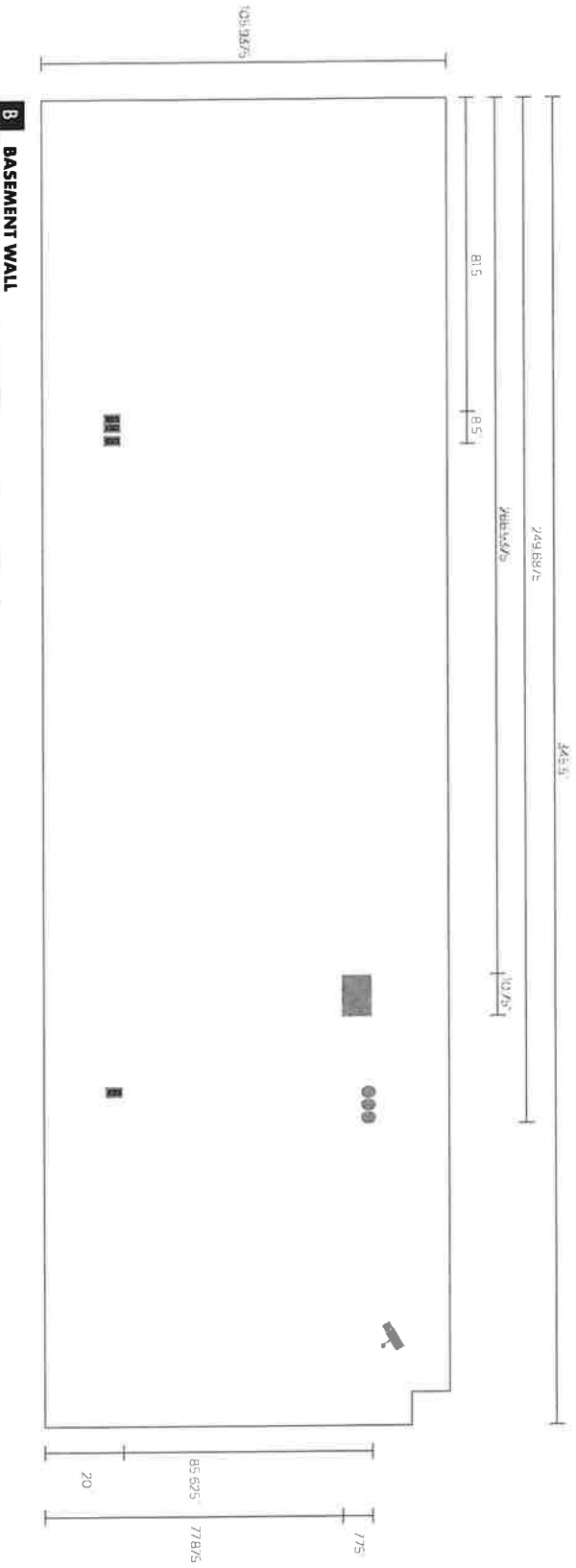
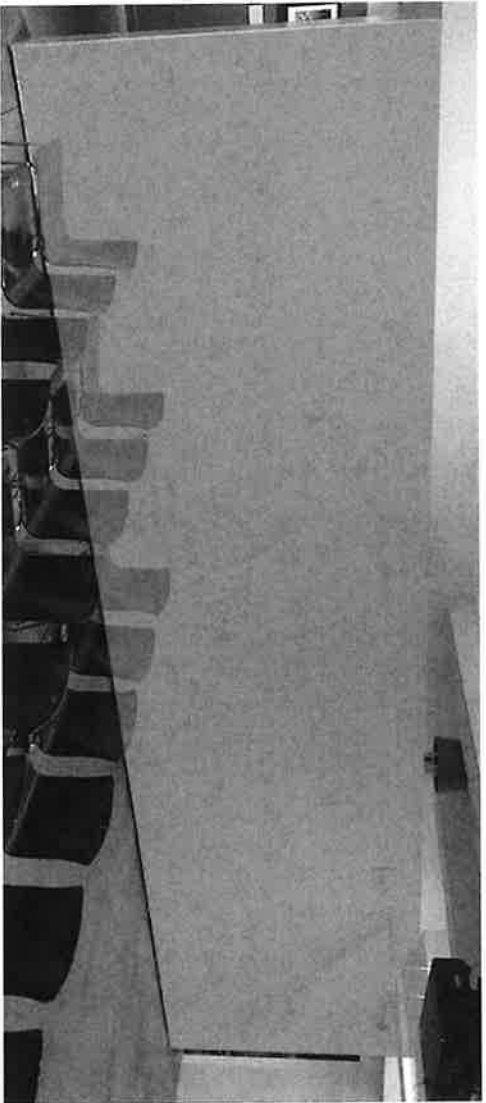
Basement Gallery



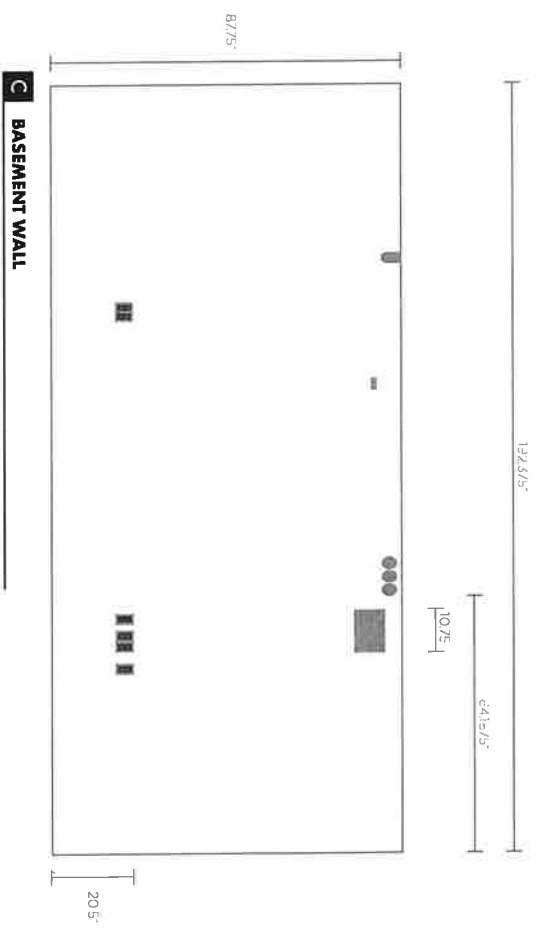
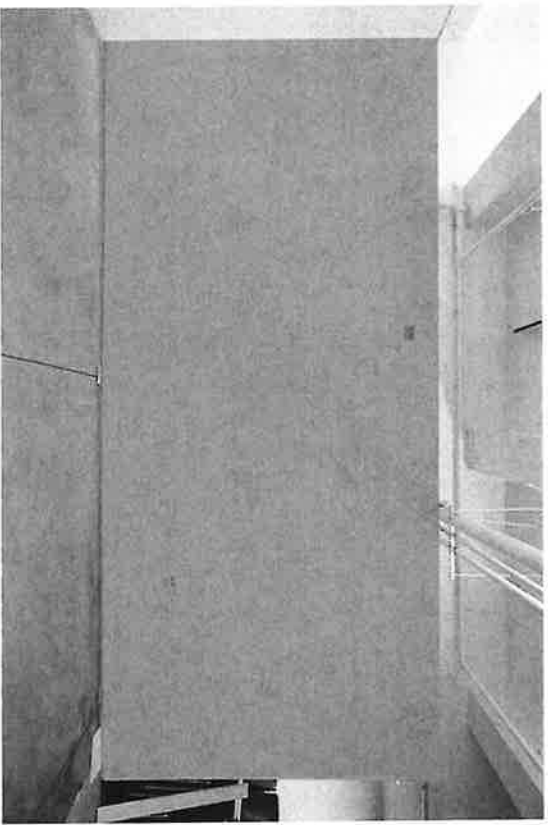
2/2/5



Basement Gallery



Basement Gallery



Basement Gallery

