

Manhattan Community Board 4

Liquor License/Sidewalk Cafe Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)	
Two Doors Down Inc		To Be Determined	
STREET ADDRESS		CROSS STREETS	ZIP CODE
650 9th Avenue, New York, NY		West 45th & West 46th Streets	10036 -
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: Kathleen Preschel and Thurman Sutcliffe, Jr	ATTORNEY/ REPRESENTAIVE	NAME: Thomas J McCallen, Esq Carreras & McCallen PLLC
	PHONE: 917 583-6514		PHONE: 212 732-3640
	EMAIL: khogan1010@yahoo.com		EMAIL: sla@carrerasmccallen.com
MANAGER	NAME: To Be Determined	LANDLORD	NAME: Sudhakar Rayapudi
	PHONE:		PHONE: 732 301-2833
	EMAIL:		EMAIL: sk@sgrouppm.com
APPLICATION TYPE (<input checked="" type="checkbox"/> Liquor License <input type="checkbox"/> Unenclosed Sidewalk Cafe)			
<input checked="" type="checkbox"/> New	Has applicant owned or managed a similar business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	What is/was the name and address of establishment?	656 Ninth Avenue Pub Corp (Cleos) 656 9th Avenue, New York, NY 10036	
	What were the dates applicant was involved with this former premise?	Approximately 30 years to present	
<input type="checkbox"/> Corp Change/Class Change/Removal	What is the license# and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If alterations or operational changes are being made, please describe/list all changes.		
<input type="checkbox"/> Alteration	What is the current license# and expiration date?		
	Please list/describe the nature of all the changes and attach the plans:		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input checked="" type="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input type="checkbox"/> Wine/Beer & Cider		
ESTABLISHMENT TYPE	<input type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input checked="" type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Club (Fraternal Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	<input checked="" type="checkbox"/> NO	
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	<input checked="" type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS* <i>(Indoor Only)</i>	Operation	SEVEN	DAYS: FROM	12:00PM to	4:00AM			
	Kitchen	SEVEN	DAYS: FROM	12:00PM to	4:00AM			
	Music	SEVEN	DAYS: FROM	12:00PM to	4:00AM			
If you plan to have music, what type(s)? (Circle all that apply)			<input checked="" type="checkbox"/> Recorded BACKGROUND	LIVE MUSIC	DJ	<input checked="" type="checkbox"/> JUKE BOX	<input checked="" type="checkbox"/> Video Games KARAOKE	

OCCUPANCY

	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Stand-Up Bar
INSIDE	74	70	15	50	0	1	14
OUTSIDE <i>(Other than sidewalk café)</i>	NOT APPLICABLE						
SIDEWALK CAFÉ	NOT APPLICABLE						

How many floors are there? What is the capacity for each floor? 2

Ground Floor & Basement

How frequently will the owner(s) be at the establishment?

Full-time

Will there be dancing?

YES NO

Will applicant have bottle or table service for beverage alcohol?

YES NO

Will you be hosting private, promotional or corporate events?

YES NO

Infrequently for private & special events

Will outside promoters be used on a regular basis? If yes please describe.

YES NO

Will you have a security plan? If, yes please attach. *

YES NO

***Applicant's management will instruct and train its employees to perform the following:**

Will security plan be implemented?

YES NO

a) check identification of all patrons to ensure that persons served are legal age;

Will State certified security personnel be used?

YES NO

b) observe the establishment for impaired or unruly persons*; and

Will New York Nightlife Association and NYPD Best Practices be followed?

YES NO

c) secure the confinement of alcoholic beverages to the licensed premises.

Will applicant be using delivery bicycles? If yes, how many?

YES NO

***The premises Manager will be notified in the unlikely event that a patron is deemed impaired or unruly. If such conduct continues local law enforcement will be contacted.**

Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?

YES **Not Applicable**

Additionally, licensed third-party security will be on the premises to monitor patrons thereat.

Where will delivery bicycles be stored during the day when not in use?

Not Applicable

LOCATION & ZONING

Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	NO	Clinton
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> YES	NO	
Is a Public Assembly permit required?	YES	<input checked="" type="checkbox"/> NO	
Are your plans filed with DOB?	YES	<input checked="" type="checkbox"/> NO	

Community Notification/Relations

NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1	John Fischer - West 45th Street (b. 8th/9th)
	# 2	Tim Tanner - West 45th Street BA
	# 3	David C Stuart - West 45th Street BA
	# 4	Chana Widawski - West 45th Street (b. 9th/12th)
	# 5	Steve Fanto - West 46th Street Block Association (8th Ave to 12 Ave)
Please provide dates when applicant met with the groups listed above.	To Be determined	
Who was your contact person at each group you met with?	To Be determined	
When did applicant post the notice that was provided?	11/02/2019	
Where did applicant post the notice that was provided?	Front of Vacant Premises	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	<input checked="" type="checkbox"/> YES	NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<input checked="" type="checkbox"/> YES	NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	Restaurant		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES ✓	NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	✓NO	
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	✓YES	NO	
Is the entrance ADA Compliant?	✓YES	NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	✓NO	
Will applicant have a vestibule within the establishment?	YES	✓NO	
Will applicant use a storm enclosure?	✓YES	NO	
Will applicant agree not to place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	YES	✓NO	
Will applicant comply with the NYC noise code?	✓YES	NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS ✓	GARAGE DOORS	WINDOWS THAT CAN BE OPENED
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	YES ✓	NO	
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	YES ✓	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	NO	Not At This Time
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?	YES ✓	NO	
Will the kitchen exhaust system extend to the roof?	YES	✓NO	
Will the establishment have an illuminated sign?	YES	✓NO	
Will the establishment have a canopy extending over the sidewalk?	YES	✓NO	
Where will the air conditioner be located? What type is it?	HVAC System in Rear of Premises		
When was the air conditioner installed?	Not Available		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ - NOT APPLICABLE

Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	NO	
Are the floorplans for the outdoor space(s) included?	YES	NO	
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	
Will there be no amplified music, as per the law?	YES	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO	
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	

OUTDOOR ITEMS – SIDEWALK CAFÉ - NOT APPLICABLE

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	NO	
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	YES	NO	
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	NO	
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	YES	NO	
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	YES	NO	
Will applicant use umbrellas?	YES	NO	
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	YES	NO	

ADDITIONAL STIPULATIONS: (Office Use Only)

- Any storm enclosure will extend no further than 18" from building facade




To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

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Manhattan Community Board 4 (MCB4) recommends:
 (MCB4's recommendation is based on a vote taken at its
 December 4, 2019 full board meeting, with 40 members voting in favor
 of the recommendation, 0 members opposed, 0 members
 abstaining and 0 present but not eligible)

Denial unless all stipulations agreed to by applicant/owner are part of the method of operation
 Denial Approval

CB4 REPRESENTATIVES

 Nelly Gonzalez CB4 Assistant District Manager	 Frank Holozubiec CB4 BLP Committee Co-Chair	 Toni Bokser CB4 BLP Committee Co-Chair
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APPLICANT AGREEMENT WITH THE COMMUNITY

Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its liquor license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These stipulations supersede any oral statements or representations in connection with this application.

<p>SIGN HERE →</p>	<p><i>Timothy Sutcliffe</i> PRINT NAME OF APPLICANT</p>	<p><i>Timothy Sutcliffe</i> SIGNATURE OF APPLICANT</p>	<p>11/6/19 DATE</p>
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KATHLEEN PRESCHL
Owner *Kathleen Preschl* 11/12/19



BURT LAZARIN
Chair

JESSE BODINE
District Manager

CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD No. 4
330 West 42nd Street, 26th floor New York, NY 10036
tel: 212-736-4536 fax: 212-947-9512
www.nyc.gov/mcb4

PUBLIC NOTICE

Business Licenses and Permits Committee
will discuss an application submitted by

Two Doors Down Inc.
650 9th Avenue

An application for a liquor, wine, beer & cider
license for a Bar/Tavern Establishment with
Recorded Music, Juke Box, Video/Arcade Games &
Security Personnel

DATE:	Tuesday, November 12, 2019
TIME:	6:30 PM
PLACE:	Fountain House 425 W 47 th Street, Lower Level

We invite you to attend this meeting and give your comments on this application.
Alternately:



NEW YORK POST



RETAIL SPACE FOR LEASE

ksr
KASSIN SABBAGH REALTY
212.417.9217

Daniel Kestenbaum
347.204.4935
DKestenbaum@ksrny.com

David Green
516.320.0260
Dgreen@ksrny.com

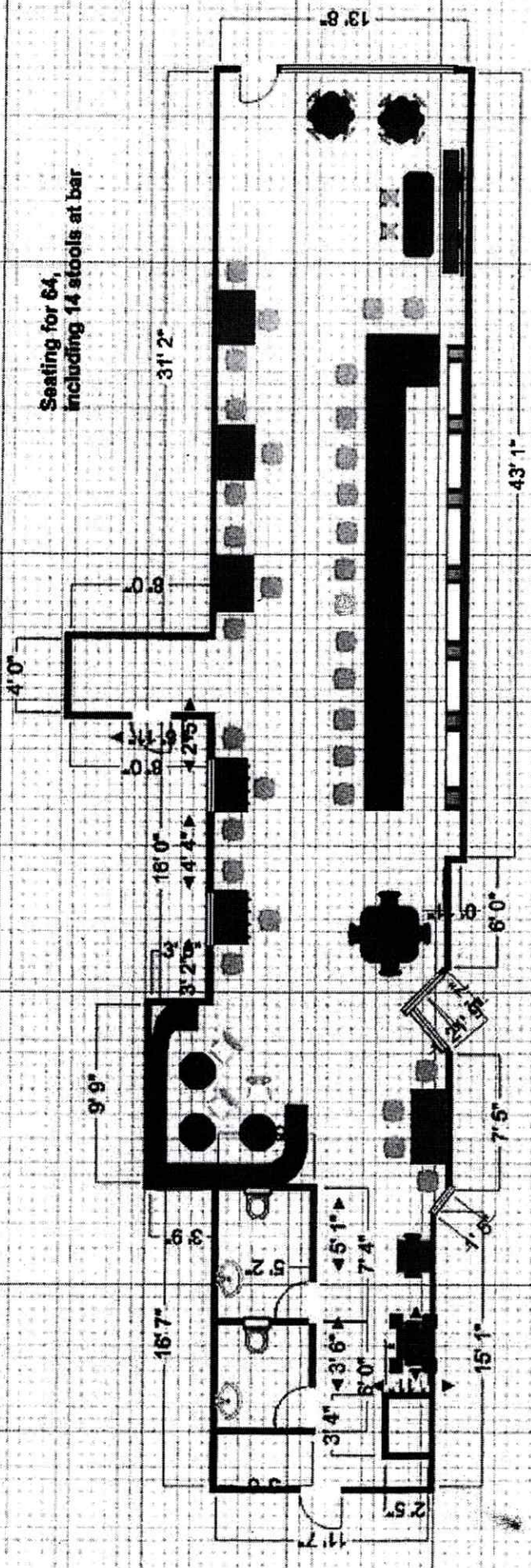


MAIL SPACE FOR LEA

Daniel Kestenbaum
347.204.4935
DKestenbaum@ksrny.com

David Green
516.320.026
Dgreen@ksrny.co





Ground Floor - Two Doors Down Inc.
 650 9th Avenue
 New York, N.Y.



Thomas McCallen <sla@carrerasmccallen.com>

Re: Two Doors Down Inc - 650 9th Avenue, New York, NY 10036 - Outreach for Proposed New SLA License

1 message

RESEND

Thomas McCallen <sla@carrerasmccallen.com>

Wed, Nov 6, 2019 at 3:11 PM

To: block45@helskitchen.net, tangotanner@gmail.com, west45ba@gmail.com, chanawid@gmail.com, stephenfanto@gmail.com

West 45th Street and West 46th Street Block Associations


Please accept this eMail as outreach pursuant to Manhattan Community Board # 4 (MCB4) guidelines.

Attached please find Standardized Notice Form for a proposed bar/tavern premises that was submitted to MCB4.

Please contact this firm if you have any questions regarding the foregoing.

--

Thomas J. McCallen, Esq.
Carreras & McCallen PLLC
11 Park Place, Suite 1210
New York, NY 10007
Telephone: 212.732.3640
Facsimile: 212.732.3670
eMail: sla@carrerasmccallen.com

 **2Doors.MCB4.Notice.Form.Outreach.pdf**
764K



Thomas McCallen <sla@carrerasmccallen.com>

Re: Two Doors Down Inc - 650 9th Avenue, New York, NY 10036 - Outreach for Proposed New SLA License

Thomas McCallen <sla@carrerasmccallen.com>

Wed, Nov 6, 2019 at 3:13 PM

To: block45@hellskitchen.net

Resend

[Quoted text hidden]

--

Please acknowledge receipt of this eMail.

[Quoted text hidden]

 **2Doors.MCB4.Notice.Form.Outreach.pdf**
764K

First name	Last name	ORGANIZATION	E-MAIL
Bob	Benfatto	Hudson Yards Hell's Kitchen Alliance	rbenfatto@hyhkalliance.org
Patty	Gouris	Hudson Yards Hell's Kitchen Alliance	pgouris@hyhkalliance.org
Kathleen	Treat	HKNA (incl. Dog Run)	kathleentreat123@gmail.com
Frank	Strock	West 36th Street	mgee79@aol.com
Christine	Berthet	Chekpeets	cbertnet@me.com
Joe	Restuccia	CHDC (incl. Bob's & bird parks)	info@clintonhousing.org ; restuccia2@clintonhousing.org
Ryan	Marcano	CHDC (incl. Bob's & bird parks)	rmarcano@clintonhousing.org
Brian	Kehoe	500-506 West 42nd Street T.A.	
Eduardo	Zeiger	West 43rd Street (b. 9th/10th)	eduardozeiger@compuserve.com
Linda	Ashley	Manhattan Plaza T.A. (400 W. 43rd St.)	mpta@mptenants.com
Renee & Gordon	Stanley	West 44 Street Better Block Association	ashleyll@aol.com
Rudy	Papiri	West 44th Street (b. 9th/10th)	twocatsltd@worldnet.att.net
Fischer	John	West 44th Street (b. 9th/10th)	rapapiri@aol.com
Tim	Tanner	West 45 th Street (b. 8 th /9 th)	block45@hellskitchen.net
David C.	Stuart	West 45th Street BA	tangotanner@gmail.com ; west45ba@gmail.com
Chana	Widawski	West 45th Street (b. 9th/12th)	west45ba@gmail.com
Steve	Fanto	West 46 Street Block Association (8th Ave to 12th Ave)	chanawid@gmail.com
Elke	Fears	West 47th/48th Streets	stephenfanto@gmail.com
Larry	Roberts	West 47th/48th Streets	aefearshk@earthlink.net
Jim	Bogues	West 47th/48th Streets	jarmichaelroberts@gmail.com
Chuck	Vassallo	West 47th/48th Streets	jamesbogues@gmail.com
Stefan	Riedl	West 47th/48th Streets	chasmy@hotmail.com
Nancy	Roylance	West 47th/48th Streets	chluderernyc@yahoo.com
Karen	Nightengale	Flats Tenants Association	nancyroylance@gmail.com
Maria	Guzman	Harborview Terrace T.A. (525 W. 55th St.)	mariaqmys@aol.com
Ellen	Celnik	The Aurora	ecelnik@actorsfund.org
Richard	Pimentel	The Aurora	rpimentel@commonround.org
Derrick	Sage	The Aurora	dsage@commonround.org
Marjorie	Kagen	The Colonade	buzany@rcn.com
Nancy	Kyriacou	Oasis Gardens I 10th Ave., b. 51/52	nkyriacou@yahoo.com
Gary	Dipasquale	Oasis Gardens II 52nd St/10th Ave.	gdclay@aol.net
J.D.	Noland	Midtown North Pct. Council	jeandaniel@aol.com
John	Mudd	Midtown North/South Pct. Council	john.mudd@usa.net
William	Otterson	Midtown North/South Pct. Council	bill@midtownsouthcc.org
Paul	Loeb	Housing Conservation Coordinators [10th Ave., b.52/53]	 (212) 541-5996
Christine	Gorman	West 55th Block Association	ploeb315@aol.com
Steve	Belida	West 55th Block Association	west55ba@gmail.com
Jeff	Robins	50/51st Street Block Association	hk5051@gmail.com
Raul	Larios	50/51st Street Block Association	hk5051@gmail.com
Amanda	Cernitz	Hudson Hotel Residents	rlarios@hotmail.com
Anita	McDonagh	Westmore 333 W 57	acernitz@gmail.com
Jesse	Bondy	Parc Vendome 340 W 57th Street Colonnade 347 W 57th Street	awm3333@me.com jessbondy@aol.com

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

1. Date Notice was Sent: **10/04/2019** 1a. Delivered by: **U.S.P.S. 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: **Manhattan Community Board 4**

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): **To be determined** Expiration Date (if applicable): **N/A**

5. Applicant or Licensee Name: **Two Doors Down, Inc.**

6. Trade Name (if any): **To be determined**

7. Street Address of Establishment: **650 9th Avenue**

8. City, Town or Village: **New York, NY** Zip Code: **10036**

9. Business Telephone Number of Applicant/Licensee: **Pending**

10. Business E-mail of Applicant/Licensee: **Pending**

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: **Bar/Tavern**

14. Method of Operation: (check all that apply)
Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
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):

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: **Ground Floor, Street Level and Basement**

17. List the room number(s) the establishment is located in within the building, if appropriate: **"650"**

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) <input checked="" type="checkbox"/> No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: **Sudhakar Rayapudi**

23. Building Owner's Street Address: **P. O. Box 6356**

24. City, Town or Village: **Hillsborough** State: **New York** Zip Code: **08844**

25. Business Telephone Number of Building Owner: **732-301-2833**

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**

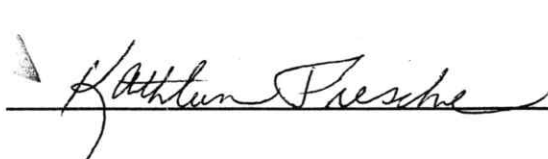
29. Business Telephone Number of Representative/Attorney: **212-732-3640**

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: **Kathleen Preschel** Title: **President**

Principal Signature: 

PRESS FIRMLY TO SEAL

P

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PRIORITY MAIL 1-DAY™

THOMAS J. MCCALLEN, ESQ.
CARRERAS & McCALLEN PLLC
11 PARK PLACE, SUITE 1210
NEW YORK NY 10007-2801

C017

SHIP TO: Manhattan Community Board 4
330 W 42nd St
New York NY 10036-6902

USPS TRACKING #



9405 5118 9956 1997 4052 81

Two Doors Down, Inc. (N-OP)

To schedule free
Package Pickup,
scan the QR code.



USPS.COM/PICKUP

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October 7, 2019 at 1:27 pm
Delivered, Front Desk/Reception/Mail Room
NEW YORK, NY 10036

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Tracking History



Product Information



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