	OFFICE	USE ONLY	
Original	Amended	Date	

49

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

1. Date Notice Sent:	12/23/2023	1a. Delivered by:	Personal Delivery with Proof of Receipt
Select the type of App For premises outside	plication that will be filed with the Autho	ority for an On-Premises A	
	Removal Class Change		MECELV
For premises in the Ci			
	New Application and Temporary Re	+-!ID!	DEC 2 7 202
_			
	Method of Operation O Corporate		O Alteration
For Alteration applicant For Alteration applicar For Corporate Change For Removal applicant For Class Change appli For Method of Operati	ary Retail Permit applicants, answer eacts, answer all questions onto the actions of the complete written descriptions applicants, attach a list of the current acts, attach a statement of your current acts, attach a statement detailing you in Change applicants, although not recomments as noted above. Failure to comments as noted above. Failure to comments as noted above.	on and diagrams depicting and proposed corporate p nd proposed addresses w r current license type and quired, if you choose to su	ng the proposed alteration(s) principals vith the reason(s) for the relocation d your proposed license type submit, attach an explanation detailing those changes
			ocal Municipality or Community Board:
	or Community Board: TOWN OF N		Board.
		IEW PALTZ	
Applicant/Licensee In			
4. Licensee Serial Number	(if applicable):	Expir	ration Date (if applicable):
5. Applicant or Licensee Na	ame: TALIAFERRO FARMS SECC	ND GENERATION LLC	C
6. Trade Name (if any): N	/A		
7. Street Address of Establi	ishment: 187 PLAINS RD		
8. City, Town or Village: N			NW 7 Co.
			NY Zip Code: 12561
		453998483	
10. Business E-mail of Applic	ant/Licensee: TALIAFERROF	ARMS@GMAIL.	COM
11. Type(s) of alcohol sold or	r to be sold: O Beer & cider	• Wine, Beer & Cider	C Liquor, Wine, Beer & Cider
12. Extent of Food Service:	O Full Food menu; full kitchen run by a	chef/cook 🧿 Menu mee	ets legal minimum food requirements; food prep area required
13. Type of Establishment:	Bar/Tavern		The state of the s
[Seasonal Establishment Juke	Box Disc Jockey	■ Recorded Music
14. Method of Operation: (check all that apply)	Live Music (give details i.e., rock bar	nds, acoustic, jazz, etc.):	background acoustic (guitar/flute etz) occasionally
[Patron Dancing Employee Da		
	☐ Video/Arcade Games ☐ Third F		ecurity Personnel
	Other (specify):		
15. Licensed Outdoor Area: [(check all that apply)	None ✓ Patio or Deck ☐ Sidewalk Cafe ☐ Other (spe	Rooftop 🗸 Garde	en/Grounds Freestanding Covered Structure

6. List the floor(s) of the building that the establishment is loca	ted on: ground floor and basement	
.7. List the room number(s) the establishment is located in with	in the building, if appropriate: n/a	
18. Is the premises located within 500 feet of three or more on-p	premises liquor establishments? O Ye	s (No
19. Will the license holder or a manager be physically present wit	thin the establishment during all hours of o	peration? 🧿 Yes 🔘 No
20. If this is a transfer application (an existing licensed business is		
Name $oxed{1}.$ Does the applicant or licensee own the building in which the $oldsymbol{\epsilon}$		Serial Number
Does the applicant of neerisee own the building in which the e	establishment is located?	, SKIP 23-26) O No
Owner of the Building in	n Which the Licensed Establishment is	Located
2. Building Owner's Full Name: SYLVESTER TALIAFERRO)	
3. Building Owner's Street Address: 187 PLAINS RD		
. City, Town or Village: NEW PALTZ	State: NY	Zip Code: 12561
	State: NY	Zip Code: 12561
Business Telephone Number of Building Owner: 845-542-3 Representative or Attorney F	379 Representing the Applicant in Connec	tion with the
S. Business Telephone Number of Building Owner: 845-542-3 Representative or Attorney F Application for a License to Traffic S. Representative/Attorney's Full Name: JOHN SPRINGER		tion with the
Representative or Attorney F Application for a License to Traffic 6. Representative/Attorney's Full Name: JOHN SPRINGER	379 Representing the Applicant in Connec	tion with the
Representative or Attorney F Application for a License to Traffic 6. Representative/Attorney's Full Name: JOHN SPRINGER 7. Representative/Attorney's Street Address: PO BOX 497	379 Representing the Applicant in Connec	tion with the
Representative or Attorney F Application for a License to Traffic Representative/Attorney's Full Name: JOHN SPRINGER Representative/Attorney's Street Address: PO BOX 497 City, Town or Village: PORT JEFFERSON	379 Representing the Applicant in Connecin Alcohol at the Establishment Identi	tion with the fied in this Notice
Representative or Attorney F Application for a License to Traffic Representative/Attorney's Full Name: JOHN SPRINGER Representative/Attorney's Street Address: PO BOX 497 City, Town or Village: PORT JEFFERSON Business Telephone Number of Representative/Attorney: 63	Representing the Applicant in Connection Alcohol at the Establishment Identi	tion with the fied in this Notice
Representative or Attorney F Application for a License to Traffic 5. Representative/Attorney's Full Name: JOHN SPRINGER 7. Representative/Attorney's Street Address: PO BOX 497 8. City, Town or Village: PORT JEFFERSON 9. Business Telephone Number of Representative/Attorney: 63	Representing the Applicant in Connectin Alcohol at the Establishment Identi State: NY	tion with the fied in this Notice
Representative or Attorney F Application for a License to Traffic 6. Representative/Attorney's Full Name: JOHN SPRINGER 7. Representative/Attorney's Street Address: PO BOX 497 7. City, Town or Village: PORT JEFFERSON 8. Business Telephone Number of Representative/Attorney: 63	Representing the Applicant in Connectin Alcohol at the Establishment Identi State: NY 313313334 @NYBARGUY.COM ncipal of the legal entity that holds or in with representations made in submitte lerstand that representations made in	tion with the fied in this Notice Zip Code: 11777 S applying for the license. d documents relied upon by this form will also be relied
Representative or Attorney F Application for a License to Traffic 5. Representative/Attorney's Full Name: JOHN SPRINGER 7. Representative/Attorney's Street Address: PO BOX 497 8. City, Town or Village: PORT JEFFERSON 9. Business Telephone Number of Representative/Attorney: 63 9. Business E-mail Address of Representative/Attorney: JOHN 1 am the applicant or licensee holder or a pring Representations in this form are in conformity withe Authority when granting the license. I und	Representing the Applicant in Connectin Alcohol at the Establishment Identi State: NY 313313334 @NYBARGUY.COM ncipal of the legal entity that holds or in with representations made in submitted lerstand that representations made in sult in disapproval of the application or	tion with the fied in this Notice Zip Code: 11777 s applying for the license. d documents relied upon by this form will also be relied revocation of the license.