

**PALEUDIS LAW FIRM, LLC**  
ATTORNEYS AND COUNSELORS AT LAW

MICHAEL J. PALEUDIS, MEMBER +♦★Δ  
LEONARD M. FOGELMAN, OF COUNSEL +  
DAVID M. DAHAN, OF COUNSEL +Ω  
DEMETRIOS K. TSATIS, OF COUNSEL +  
ADAM I. KLEINBERG, OF COUNSEL +  
PAUL C. TAYLOR, OF COUNSEL Δ  
ADMITTED TO PRACTICE  
+NY, ♦CT, ★PA, ΔNJ, ΩMA

December 20, 2021

*Via Federal Express Overnight Delivery*

Village of Pleasantville  
80 Wheeler Avenue  
Pleasantville, NY 10570

Attn.: Deputy Village Clerk

*Re: Jacob Burns Film Center, Inc.; Liquor License Application*

To Whom It May Concern:

Our firm represents Jacob Burns Film Center, Inc., a corporation that intends to open and operate a restaurant utilizing an on-premises liquor license at 364 Manville Road, Pleasantville, New York.

Please accept the enclosed Standardized 30-Day Notice for filing. If you require any additional information or have any questions or concerns, please do not hesitate to contact me at [mjp@paleudislaw.com](mailto:mjp@paleudislaw.com) or (212) 835-6768.

Yours truly,



Michael J. Paleudis, Esq.

Enclosures

cc: Kendra Ekelund, *via email*

RECEIVED  
DEC 22 2021  
VILLAGE OF PLEASANTVILLE  
VILLAGE CLERK

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

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

1. Date Notice was Sent:  1a. Delivered by:

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

**Please include all documents as noted above. Failure to do so may result in disapproval of the application.**

**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. Licensee Serial Number (if applicable): \_\_\_\_\_ Expiration Date (if applicable):

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 E-mail of Applicant/Licensee:

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:

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: **Third floor**
17. List the room number(s) the establishment is located in within the building, if appropriate: **N/A**
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:
- |       |               |
|-------|---------------|
| _____ | _____         |
| Name  | Serial Number |
21. Does the applicant or licensee own the building in which the establishment is located? ☒ Yes (if YES, SKIP 23-26) ☐ No

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

22. Building Owner's Full Name: \_\_\_\_\_
23. Building Owner's Street Address: \_\_\_\_\_
24. City, Town or Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
25. Business Telephone Number of Building Owner: \_\_\_\_\_

**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: **Michael Paleudis, Esq.**
27. Representative/Attorney's Street Address: **100 Canal Pointe Boulevard, Suite 125**
28. City, Town or Village: **Princeton** State: **NJ** Zip Code: **08540**
29. Business Telephone Number of Representative/Attorney: **(212) 835-6768**
30. Business E-mail Address of Representative/Attorney: **mjp@paleudislaw.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: **Mary Jo Ziesel** Title: **Principal**




Principal Signature: \_\_\_\_\_



TITLE	12.20.21 - 30 Day Notice (to client).pdf
FILE NAME	12.20.21%20-%2030...o%20Client%29.pdf
DOCUMENT ID	d36a0cca2227b64f38a024dc7562f40c4a95896f
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	● Completed

This document was requested from [app.clio.com](https://app.clio.com)

## Document History

 SENT	<b>12 / 20 / 2021</b> 15:30:10 UTC	Sent for signature to Mary Jo Ziesel (mjziesel@burnsfilmcenter.org) from aac@paleudislaw.com IP: 71.168.210.13
 VIEWED	<b>12 / 20 / 2021</b> 20:55:30 UTC	Viewed by Mary Jo Ziesel (mjziesel@burnsfilmcenter.org) IP: 94.176.0.252
 SIGNED	<b>12 / 20 / 2021</b> 20:55:57 UTC	Signed by Mary Jo Ziesel (mjziesel@burnsfilmcenter.org) IP: 72.68.143.219
 COMPLETED	<b>12 / 20 / 2021</b> 20:55:57 UTC	The document has been completed.