

5A-2



Town of Aurora Town Board  
300 Glead Avenue, East Aurora, New York 14052

### Special Use Permit Application Form

#### I. PROJECT INFORMATION (Applicant/Petitioner):

Business/Project Name: The Blueberry Treehouse Farm  
 Business/Project Address: 1897 Davis Rd. West Falls, NY 14170  
 Applicant Name: Jyl Rivera  
 Mailing Address: 1897 Davis Rd.  
 City West Falls State NY ZIP 14170  
 Phone 716-560-0874 Fax 716-833-8733 Email Jyl@buffalotreehouse.com  
 Interest in the property (ex: owner/purchaser/developer) owner

#### II. PROPERTY OWNER INFORMATION (If different than Applicant AND the Owner does not sign below, please submit and original, notarized "Owner Authorization" form - attached):

Property Owner(s) Name(s) \_\_\_\_\_  
 If a corporate, please name a responsible party/designated officer: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

#### III. SPECIAL USE AND PROPERTY INFORMATION:

Property Address 1897 Davis Rd. West Falls, NY 14170  
 SBL# 199.03-1-9.21

Describe Special Use requested (use additional pages if needed): As an existing established u-pick blueberry farm we would like to offer alcoholic beverages (beer, wine & cider) during our prime blueberry season and possible future events. We would also like to extend our visitor season from 2 to 6 months

Property size in acres 5.4 Property Frontage in feet \* 0 *as a way to increase revenue.*  
 Zoning District B2 Surrounding Zoning B2 *\* PER TAX MAP 10/09 FRONTAGE*  
 Current Use of Property Organic u-pick blueberry Farm  
 Size of existing building(s): 0 sf Size of proposed building(s) 0 sf  
 Present/Prior tenant/use: u-pick blueberry farm  
 Parking spaces: Existing: 80 Proposed additional spaces: \_\_\_\_\_ Total #: \_\_\_\_\_

Proposed water service: \_\_\_\_\_ public  private (well) \_\_\_\_\_ n/a Is this existing  Y/N  
 Proposed sanitary sewer: \_\_\_\_\_ public \_\_\_\_\_ private (septic)  n/a Is this existing Y/N

Hours of operation (if applicable):

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	By Appt.
Hours	12-9	12-9	12-9	12-9	12-9	12-9	12-4	

Peak hours: 12-5

Number of employees (if applicable): Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal 2

Upon approval of this application, the applicant intends to apply for: (Check all that apply)

- a. Building Permit N/A
- b. Sign Permit N/A

**IV. SIGNATURE** (This application must be signed by the applicant/petitioner. If the applicant is not the owner of the property, a separate owner authorization form must be submitted – see pg. 4)

Jul Rivera

Signature of Applicant/Petitioner

Jul Rivera

Print name of Applicant/Petitioner

State of New York; County of Erie

On the 2 day of June in the year 2020 before me, the above individual appeared, personally known to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same for the purposes therein stated.

Martha Librock  
Notary Public

MARTHA L. LIBROCK  
Notary Public, State of New York  
(Notary stamp) No. 01LI5028312  
Qualified in Erie County  
My Commission Expires May 31, 2022

Office Use Only: Date received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

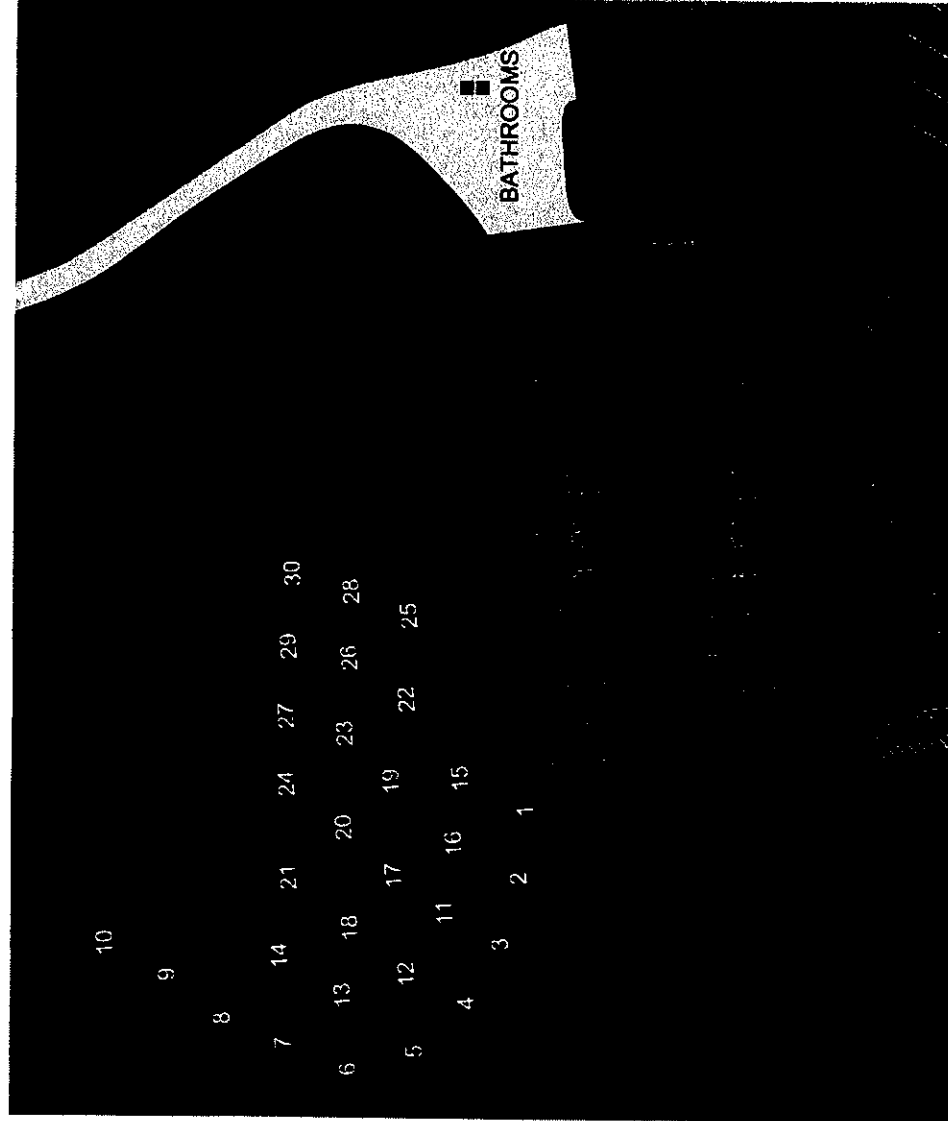
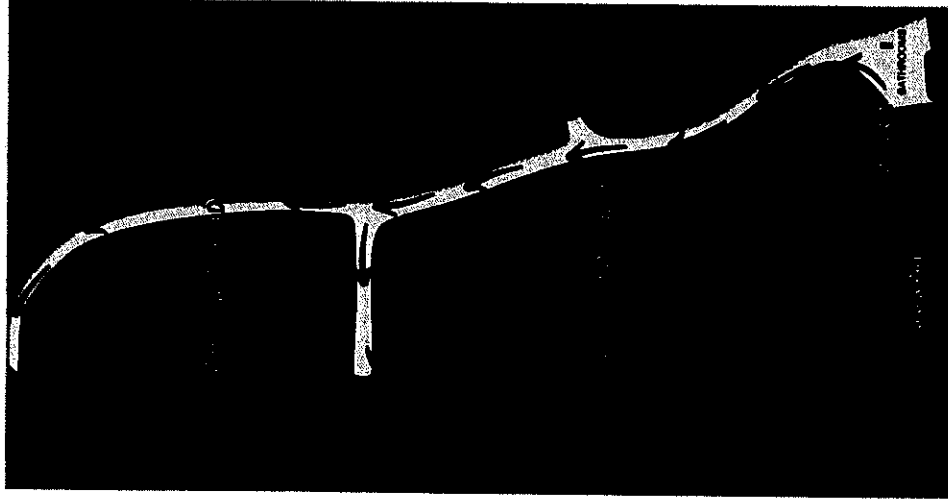
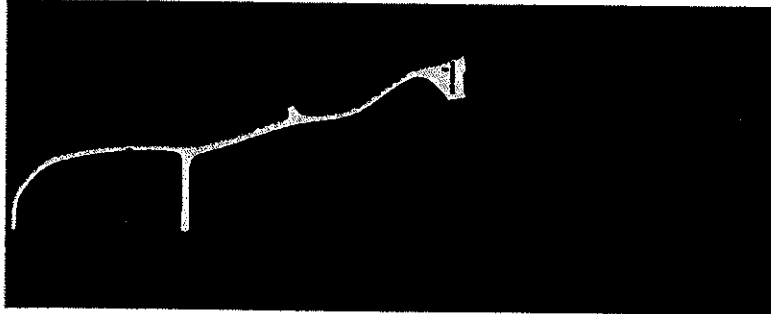
Application reviewed by: \_\_\_\_\_

To Whom it may concern,

As an existing established u-pick blueberry farm we would like to hold weekly performance art on Thursday evenings after hours to extend our picking time. Those times would be primarily every Thursday in the month of July and August from 6:30pm – 8:30pm. We would like to offer alcoholic beverages to our customers during regular picking hours which are Monday -Saturday from 9-6 and Sunday 10-4. We would be serving alcohol on Monday, Tuesday, Wednesday, Friday and Saturday from 12-6pm, Thursday from 12-9pm and Sunday 12-4. We have partnered with Ellicottville Brewing Company this year to create a berry brand beer that promotes both of our companies. This partnership was created before the Covid pandemic and they have produced this brand in mass quantities that is being distributed throughout NY, PA & OH. The partnership was dependent on our ability to cross promote the brand through our establishment. In addition to Thursday evening events our vision for the future included offering private party space, weddings, birthdays, etc. The food on premises will be offered through local food truck vendors that operate under their own license. We have already secured the umbrella policies required to support these kinds of events. Our farm is a family friendly establishment in West Falls, NY that offers fun for the entire family. Our Thursday after hour picking is also extremely popular with families and a great place to listen to live music with their children, we always have a kid activity planned as well (scavenger hunt, face painting, etc). We have 55 parking spaces available, the West Falls Fire Department as well as The West Falls Center for the Arts have offered additional parking for us as well which would be 100 additional parking spaces. Our events that we would like to hold in the future include a touch a truck to support the local fire dept, a charity event for Make A Wish as well as a fundraiser for Buffalo Underdog Rescue. These events are not scheduled however they would occur during the day. We have been in discussion with a local couple who desire to be married here at the end of August 2020 with a guest list of 50 people, we would love to be able to offer them alcohol beverages. We have attached a map that shows positions for sitting, parking, picking, bathrooms, food truck location, ingress and egress, etc. The reason we are going for this type of permit is because we are not a brewery or a manufacture of alcoholic beverages and are told by our SLA advisor that the Beer & Wine License is the next best thing. We look forward to the opportunity to move forward in a positive light. Thank you for your consideration.

Sincerely,

Ricardo & Jyl Rivera



**SITE MAP ● U-PICK FLOW DIAGRAM ● BLUEBERRY JAMS SOCIAL DISTANCING SEATING CHART**

**Short Environmental Assessment Form**  
**Part 1 - Project Information**

5A-1  
a+b

**Instructions for Completing**

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information		
Name of Action or Project: To acquire a beer & wine license		
Project Location (describe, and attach a location map): 1897 Davis Rd. West Falls, NY 14170		
Brief Description of Proposed Action: As an existing established u-pick blueberry farm we would like to acquire a beer + wine license so that we can offer beverages during our picking season. As well as after hour picking on Thursday which helps to get the berries off the bushes for the health of our field. One way to get people there was to offer live music, drinks and food truck while picking blueberries on Thursday evenings.		
Name of Applicant or Sponsor: Jyl Rivera	Telephone: 716-540-0874	E-Mail: jyl@buffalotreehouse.com
Address: 1897 Davis Rd.		
City/PO: West Falls, NY 14170	State: NY	Zip Code: 14170
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:	NO	YES
SLA-Beer & wine license, Special Use Permit	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?	5.4 acres	
b. Total acreage to be physically disturbed?	0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?	6.7 acres	
4. Check all land uses that occur on, adjoining and near the proposed action.		
<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland		

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: <u>Bottled Water</u>	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: <u>Porta Potties</u>	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input checked="" type="checkbox"/> Forest <input checked="" type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____ _____	NO	YES
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____ _____	NO	YES
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____ _____	NO	YES
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b> Applicant/sponsor name: <u>Jyl Rivera</u> Date: <u>7/7/2020</u> Signature: <u>Jyl Rivera</u>		

**PRINT FORM**

Agency Use Only [If applicable]

Project:

Date:

**Short Environmental Assessment Form  
Part 2 - Impact Assessment**

**Part 2 is to be completed by the Lead Agency.**

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**PRINT FORM**



Agency Use Only [If applicable]

Project:

Date:

### **Short Environmental Assessment Form Part 3 Determination of Significance**

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

\_\_\_\_\_  
Name of Lead Agency

\_\_\_\_\_  
Date

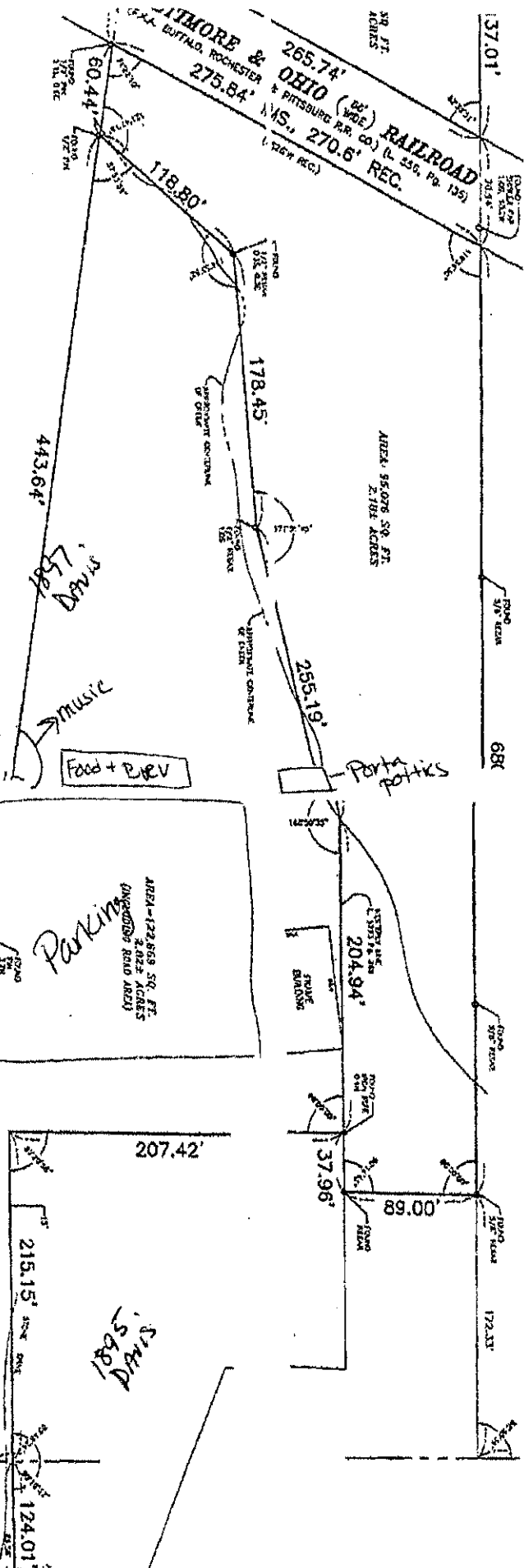
\_\_\_\_\_  
Print or Type Name of Responsible Officer in Lead Agency

\_\_\_\_\_  
Title of Responsible Officer

\_\_\_\_\_  
Signature of Responsible Officer in Lead Agency

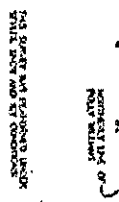
\_\_\_\_\_  
Signature of Preparer (if different from Responsible Officer)

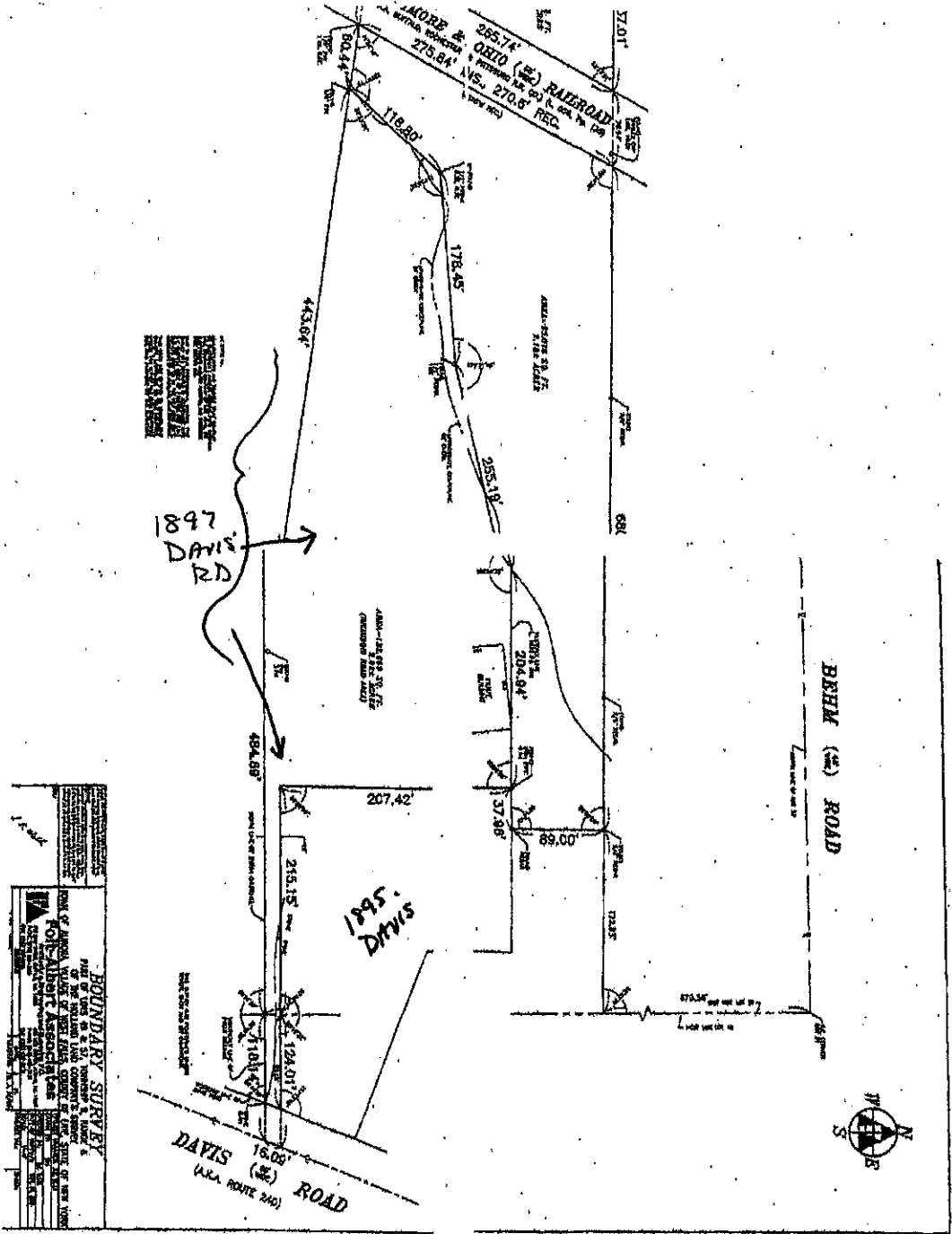
**PRINT FORM**



ALL DISTANCES  
 ARE GIVEN IN FEET AND DECIMALS THEREOF.  
 THIS SURVEY WAS MADE BY THE METHOD OF  
 TRIANGULATION AND THE DISTANCES WERE  
 MEASURED BY THE METHOD OF TAPING.  
 THE BEARING OF THE LINES WERE  
 DETERMINED BY THE METHOD OF  
 TRANSIT SIGHTING.  
 THE CORNER MARKS WERE SET BY  
 THE METHOD OF PLUMBING.  
 THE AREA OF THE PARCELS WAS  
 COMPUTED BY THE METHOD OF  
 COORDINATE GEOMETRY.  
 THE SURVEY WAS MADE ON THE  
 15TH DAY OF APRIL, 1958.  
 THE SURVEYOR IS NOT RESPONSIBLE  
 FOR THE ACCURACY OF THE  
 INFORMATION CONTAINED  
 HEREIN.

<b>BOUNDARY</b> PART OF LOTS 49 & 57, TOWNSHIP OF THE HIGHLAND LAND CORP. <b>Folt-Albert Associate</b> ARCHITECTS, ENGINEERS AND SURVEYORS 100 N. 10th St., St. Paul, Minn. 55102 1958 APR 15		THE SURVEY WAS MADE BY THE METHOD OF TRIANGULATION AND THE DISTANCES WERE MEASURED BY THE METHOD OF TAPING. THE BEARING OF THE LINES WERE DETERMINED BY THE METHOD OF TRANSIT SIGHTING. THE CORNER MARKS WERE SET BY THE METHOD OF PLUMBING. THE AREA OF THE PARCELS WAS COMPUTED BY THE METHOD OF COORDINATE GEOMETRY. THE SURVEY WAS MADE ON THE 15TH DAY OF APRIL, 1958. THE SURVEYOR IS NOT RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION CONTAINED HEREIN.
TOWN OF AIRPORT, VILLAGE OF WEST FALLS, COOK COUNTY, ILLINOIS	1/4 SECTION 18, TOWNSHIP 49 N., RANGE 12 E., COUNTY OF COOK, ILLINOIS	1/4 SECTION 18, TOWNSHIP 49 N., RANGE 12 E., COUNTY OF COOK, ILLINOIS





**BOUNDARY SURVEY**  
 FILE OF YORK & ST. YONKERS & LINDEN &  
 TOWN OF AMERICA, VILLAGE OF WEST LANS CORNER OF THE  
 FORT ALBION ASSOCIATION  
 YORK & ST. YONKERS & LINDEN &  
 TOWN OF AMERICA, VILLAGE OF WEST LANS CORNER OF THE  
 FORT ALBION ASSOCIATION  
 YORK & ST. YONKERS & LINDEN &  
 TOWN OF AMERICA, VILLAGE OF WEST LANS CORNER OF THE  
 FORT ALBION ASSOCIATION

**SITE PLAN OR ZONING REFERRAL TO COUNTY OF ERIE, NY  
AND REPLY TO MUNICIPALITY**

Note: Please complete in triplicate. Send original and one copy (with attachments) to Erie County Division of Planning, Room 1053, 95 Franklin Street, Buffalo, N.Y. 14202. Retain last copy for your files.

DO NOT WRITE IN THIS SPACE

Case No.: ZR-20-233

Received: 6/3/20

The proposed action described herein is referred in accordance with the provisions of the General Municipal Law, which provides that if no reply is received in 30 days after receipt of full information including a SEQR EAF if applicable, the municipal agency may take final action without considering such reply. If, however, reply is received at any time prior to municipal Action, such reply must be considered.

**Description of Proposed Action**

1. Name of Municipality: Town of Aurora

2. Hearing Schedule:      Date 6/22/2020      Time 7pm      Location 300 Gleed Ave., E. Aurora

3. Action is before:       Legislative Body       Board of Appeals       Planning Board

4. Action consists of:       New Ordinance       Rezone/Map Change       Ordinance Amendment  
 Site Plan       Variance       Special Use Permit       Other

5. Location of Property:       Entire Municipality       Specific as follows      1897 Davis Road, PO W. Falls, Town of Aurora

6. Referral required as Site is within 500' of:       State or County Property/Institution       Municipal Boundary       Farm Operation located in an Agricultural District  
 Expressway       County Road       State Highway       Proposed State or County Road, Property, Building/Institution, Drainageway

7. Proposed change or use: (be specific)      Seasonal event center serving wine,beer,cider; with live and recorded music.

8. Other remarks: (ID#, SBL#, etc.)      SBL#199.03-1-9.21

9. Submitted by:      Martha Librock, Town Clerk      6/3/2020  
300 Gleed Avenue, E. Aurora, NY 14052

**Reply to Municipality by Erie County Division of Planning**

Receipt of the above-described proposed action is acknowledged on 6/3/20. The Division herewith submits its review and reply under the provisions of applicable state and local law, based on the information submitted with this referral.

1.  The proposed action is not subject to review under the law.
2.  Form ZR-3, Comment on Proposed Action is attached hereto.
3.  The proposed action is subject to review; the Division makes the recommendation shown on Form ZR-4, Recommendation on Proposed Action, which is attached hereto.
4.  No recommendation; proposed action has been reviewed and determined to be of local concern

By the Division of Planning: Sarah E. Gatti      Date: 6/3/20



ROBERT HEIL

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5008 MOUNT VERNON BLVD.

HAMBURG, NY 14075

716-512-5018

[info@slasolutions.com](mailto:info@slasolutions.com)

[www.slasolutions.com](http://www.slasolutions.com)

**REQUEST FOR WAIVER OF THE 30 DAY MUNICIPALITY NOTIFICATION**

Date: 05/26/2020

To the Municipality of: TOWN OF AURORA

Please be advised that a waiver of the 30 day notification is being requested by JYL RIVERA, dba THE BLUEBERRY TREEHOUSE FARM located at 1897 DAVIS RD T/O AURORA, WEST FALLS, NY 14170 is applying for an ON PREMISE LIQUOR LICENSE serving , WINE, BEER, & CIDER in a TAVERN. This request is made to expedite the licensing process.

Thank You,

A handwritten signature in black ink, appearing to read "Robert Heil". The signature is fluid and cursive.

Robert Heil

If such waiver is granted, please write a letter to that effect, signed by an Official, on OFFICIAL municipality stationary and either fax, e-mail or forward it to:

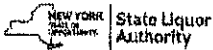
Robert Heil, Liquor License Consultant

5008 Mount Vernon Blvd.

Hamburg, NY 14075

FAX : 866-910-5025

E-MAIL : [info@slasolutions.com](mailto:info@slasolutions.com)



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: 05/26/2020      1a. Delivered by: Certified Mail Return Receipt Requested

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: TOWN OF AURORA

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable): N/A      Expiration Date (if applicable): N/A

5. Applicant or Licensee Name: JYL RIVERA

6. Trade Name (if any): THE BLUEBERRY TREEHOUSE FARM

7. Street Address of Establishment: 1897 DAVIS RD T/O AURORA

8. City, Town or Village: WEST FALLS, NY      Zip Code: 14170

9. Business Telephone Number of Applicant/Licensee: (716) 833-8753

10. Business E-mail of Applicant/Licensee: jyl@buffalotreehouse.com

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.): MIXED  
 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: 1

17. List the room number(s) the establishment is located in within the building, if appropriate: 1-bar, dining, food prep, office, restroom, s

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: N/A 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: RICHARDO RIVERA AND JYL RIVERA

23. Building Owner's Street Address: 1835 DAVIS RD

24. City, Town or Village: WEST FALLS State: NY Zip Code: 14170

25. Business Telephone Number of Building Owner: (716) 833-8739

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: ROBERT HEIL

27. Representative/Attorney's Street Address: 500B MOUNT VERNON BLVD

28. City, Town or Village: HAMBURG State: NY Zip Code: 14075

29. Business Telephone Number of Representative/Attorney: (716) 512-5018

30. Business E-mail Address of Representative/Attorney: info@slasolutions.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: JYL RIVERA Title: SOLE PROPRIETOR

Applicant Signature:

# 1897 Davis (2)

