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NYS ABC LAW CONSULTING
LIQUOR LICENSE CONSULTANT
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RECEIVED
OCT 14 2025
TOWN CLERK
TOWN OF LYSANDER

October 14, 2025

Town of Lysander
8220 Loop Rd
Baldwinsville, NY 13027

Re:
TRAPPERS BAR & GRILL LLC
1140 MORGAN RD
MEMPHIS, NY 13112

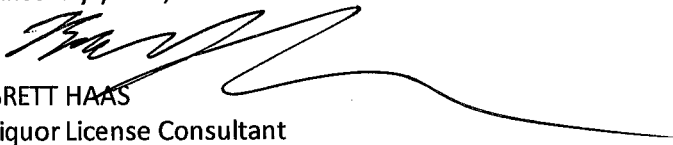
Dear Town Clerk:

Enclosed herewith is the 30-Day Notice to the Municipality for the above-mentioned TRAPPERS BAR & GRILL LLC part of the NYS Liquor Authority application for a Liquor License.

We respectfully request a waiver of the 30-day wait period so that the applicant can proceed quickly with submitting the license application to the NYSLA. This is a ten (10) month process, and a waiver will expedite the process

If you have any questions or need more information, please contact me.

Sincerely yours,


BRETT HAAS
Liquor License Consultant

Encl.

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

1. Date Notice Sent:

10/14/2025

1a. Delivered by:

Personal Delivery with Proof of Receipt

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

☒ New Application ☐ Removal ☐ Class Change

For premises in the City of New York:

☐ New Application ☐ New Application and Temporary Retail Permit ☐ Temporary Retail Permit ☐ Removal
☐ Class Change ☐ Method of Operation ☐ Corporate Change ☐ Renewal ☐ AlterationFor **New** and Temporary Retail Permit applicants, answer each question below using all information known to dateFor **Renewal** applicants, answer all questionsFor **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 principalsFor **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocationFor **Class Change** applicants, attach a statement detailing your current license type and your proposed license typeFor **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: TOWN OF LYSANDER

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): _____ Expiration Date (if applicable): _____

5. Applicant or Licensee Name: TRAPPERS BAR & GRILL LLC

6. Trade Name (if any): PENDING

7. Street Address of Establishment: 1140 MORGAN ROAD

8. City, Town or Village: MEMPHIS, NY Zip Code: 13112

9. Business Telephone Number of applicant/ Licensee: 315-430-6867

10. Business E-mail of Applicant/Licensee: hmcavan@gmail.com

11. Type(s) of alcohol sold or to be sold: ☐ Beer & cider ☐ Wine, Beer & Cider ☒ Liquor, Wine, Beer & Cider12. Extent of Food Service: ☐ Full Food menu; full kitchen run by a chef/cook ☒ Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Bar/Tavern

☐ Seasonal Establishment ☒ Juke Box ☒ Disc Jockey ☒ Recorded Music ☒ Karaoke14. Method of Operation: ☒ Live Music (give details i.e., rock bands, acoustic, jazz, etc.): AMERICAN, ROCK, BLUES, COUNTRY☒ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment☒ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel☒ Other (specify): POOL TABLE, DART BOARDS15. Licensed Outdoor Area: ☐ None ☒ Patio or Deck ☐ Rooftop ☒ Garden/Grounds ☐ Freestanding Covered Structure
(check all that apply) ☐ Sidewalk Cafe ☐ Other (specify): _____

16. List the floor(s) of the building that the establishment is located on: **BASEMENT, GROUND**
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:
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: **MCAVAN PROPERTIES LLC**
23. Building Owner's Street Address: **219 GILLESPIE AVENUE**
24. City, Town or Village: **SYRACUSE** State: **NY** Zip Code: **13219**
25. Business Telephone Number of Building Owner: **315-430-6867**

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: **RACHEL CROUTHAMEL REPRESENTATIVE**
27. Representative/Attorney's Street Address: **PO BOX 42**
28. City, Town or Village: **MEMPHIS** State: **NY** Zip Code: **13112**
29. Business Telephone Number of Representative/Attorney: **718-802-5141**
30. Business E-mail Address of Representative/Attorney: **RACHEL@LIQUORAUTHORITY.ORG**

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: **HEATHER M. MCAVAN** Title: **LLC MEMBER**

Principal Signature: 