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	OFFICE USE	ONLY	
Original	Amended	Date	



NEW YORK STATEOF STATE

OPPORTUNITY.	uthority	Local Municipality or Community Board (Page 1 of 2)
Date Notice Was Sent	t: 7112 19 2018 1a. Delivered by: A	21 0 2 12
	plication that will be filed with the Authority for an On-Pre	emires Alcaholic Poverera License
		Removal Class Change
For Renewal applicants, For Alteration applicants For Corporate Change For Removal applicants For Class Change applicants	swer each question below using all information known to s, set forth your approved Method of Operation only. Its, attach a complete written description and diagrams de applicants, attach a list of the current and proposed corpos, attach a statement of your current and proposed addres cants, attach a statement detailing your current license types.	epicting the proposed alteration(s). orate principals. sses with the reason(s) for the relocation. pe and your proposed license type.
	lotice is Being Provided to the Clerk of the following Lo	ocal Municipality or Community Board
3. Name of Municipality	out the wifted	Board 3 (three)
Applicant/Licensee Info	ormation	
4. License Serial Numbe	r, if Applicable: Not Applicable Exp	piration Date, if Applicable: Not Applicable
5. Applicant or Licensee	Name: Dim Sum Sar	n yon (president)
6. Trade Name (if any):	Dim Sum	0
7. Street Address of Esta	iblishment: 59 2 nd. Avenue	
8. City, Town or Village:	New YORK	,NY Zip Code: <u>1</u> 0003
9. Business Telephone N	lumber of Applicant/Licensee: 516.398.37	50
10. Business Fax Numbe	er of Applicant/Licensee: 646, 861, 305	7
11. Business E-mail of Ap	oplicant/Licensee: Trthur a m	2 Lawters. nyl
12. Type(s) of Alcohol so	old or to be sold: Beer & Cider Wine, Beer &	Cider Liquor, Wine, Beer & Cider
13. Extent of Food Servic		neets legal minimum food availability requirements; rep area at minimum
14. Type of Establishmer	nt: Thinese Dim Dum	Restaurant
15. Method of Operation	Josephinia Establishment Jake box Disest	ockey Recorded Music Karaoke
(Check all that apply)	Live Music (Give details: i.e. rock bands, acoustic, ja.	
	Patron Dancing Employee Dancing Exc	otic Dancing Topless Entertainment
	☐ Video/Arcade Games ☐ Third Party Promoter	Security Personnel
	Other (specify):	
6. Licensed Outdoor Are	ea: None Patio or Deck Rooftop Gard	den/Grounds Treestanding Covered Structure
(Check all that apply)		HIM 2 = 2010

rev 1/22/16 OFFICE USE ONLY
Original Amended Date
NEW YORK STATE OF OPPORTUNITY OPPORTUNITY Authority Standardized NOTICE FORM for Providing 30-Day Advanced Notice to
Additionty <u>Local Municipality or Community Boa</u>
(Page 2 of
17. List the floor(s) of the building that the establishment is located on: 71787 floor & Basemen 7
18. List the room number(s) the establishment is located in within the building, if appropriate:
19. Is the premises located within 500 feet of three or more on-premises liquor establishments? OFES ONO
20. Will the license holder or a manager be physically present within the establishment during all hours of operation?
21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensed
Not Applicable
22. Does the applicant or licensee own the building in which the establishment is located? Yes (If Yes SKIP 23-26) No
25 25, 15 10
Owner of the Building in Which the Licensed Establishment is Located
23. Building Owner's Full Name: 57-59 Second Ave. Torrence Lowenberra (Presiden 2)
24. Building Owner's Street Address: 419 Zafayette Street, 5th Floor
25. City, Town or Village: New York Zip Code: 1 6 6 3
26. Business Telephone Number of Building Owner: 212.661-2700
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
27. Representative/Attorney's Full Name: Anthur Orson Louissaint, Esquire
28. Street Address: 40 Wall Birect, 28th Floor
29. City, Town or Village: Very York State: New York Zip Code: 1005
30. Business Telephone Number of Representative/Attorney: 1-855 - 424 - 2254
31. Business Email Address: Arthur @ The Lawyers. NYC
I am the applicant or hold the license or am 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.
32. Printed Name: Title Omass 1.2

Signature: X

Print Form