



OFFICE USE ONLY  
 Original  Amended Date \_\_\_\_\_

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

1. Date Notice was Sent: **OCT 15 2018**

1a. Delivered by: **Certified Mail**

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: **Community Board 3**

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable):

Expiration Date (if applicable):

5. Applicant or Licensee Name: **Kotex & Chib Restaurant Inc**

6. Trade Name (if any): **Ichibantei**

7. Street Address of Establishment: **20 ST MARKS PL, 1ST FLOOR**

8. City, Town or Village: **New York, NY** Zip Code: **10003**

9. Business Telephone Number of Applicant/Licensee:

10. Business E-mail of Applicant/Licensee: **ichibantei401@gmail.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: **Restaurant (full kitchen and full menu required)**

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):

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

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- 16. List the floor(s) of the building that the establishment is located on: **1st Floor**
- 17. List the room number(s) the establishment is located in within the building, if appropriate: **1**
- 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
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- 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: **ST MARKS NY LLC**
- 23. Building Owner's Street Address: **150 Great Neck Rd, Suite 304**
- 24. City, Town or Village: **Great Neck** State: **NY** Zip Code: **11021**
- 25. Business Telephone Number of Building Owner: **516-773-0010**

**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: **Frank W. Palillo**
- 27. Representative/Attorney's Street Address: **Sixty Broad Street, Suite 3504**
- 28. City, Town or Village: **New York** State: **New York** Zip Code: **10004**
- 29. Business Telephone Number of Representative/Attorney: **(212) 227-1640**
- 30. Business E-mail Address of Representative/Attorney: **Fwpalillo@gmail.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: **Anton Wong** Title: **Principal**

Principal Signature: 