

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

10
OCT 28 2018

1. Date Notice was Sent: 10/22/2018 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: YING MA CORP

6. Trade Name (if any): _____

7. Street Address of Establishment: 20 PELL ST.

8. City, Town or Village: NEW YORK, NY Zip Code: 10013

9. Business Telephone Number of Applicant/Licensee: 212-406-2746

10. Business E-mail of Applicant/Licensee: gidaamy@yahoo.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

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): _____

- 16. List the floor(s) of the building that the establishment is located on: GROUND FLOOR
- 17. List the room number(s) the establishment is located in within the building, if appropriate: _____
- 18. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No W/B
- 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

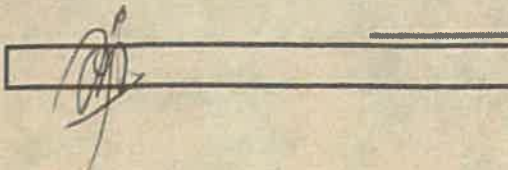
- 22. Building Owner's Full Name: HONG KONG SEAFOOD KING INC.
- 23. Building Owner's Street Address: 20-22 PELL STREET.
- 24. City, Town or Village: NEW YORK State: N.Y. Zip Code: 10013
- 25. Business Telephone Number of Building Owner: 516-456-5969

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:  Title: PRES.

Principal Signature: