

OFFICE USE ONLY
Original Amended Date

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

1. Date Notice was Sent: 06/04/2019 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: Manhattan Community Board 3

Applicant/Licensee Information:

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

5. Applicant or Licensee Name: KOP KG ONE LLC

6. Trade Name (if any): King of Party Karaoke

7. Street Address of Establishment: 100 East Broadway

8. City, Town or Village: New York, NY Zip Code: 10022

9. Business Telephone Number of Applicant/Licensee: (917) 847-6264

10. Business E-mail of Applicant/Licensee: dj.liu@kgenesis.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): Rec'd By Community Board 3, Man

JUN 07 2019

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

9

16. List the floor(s) of the building that the establishment is located on: **1st floor, 2nd floor, and 3rd floor**

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:  

_____	_____
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: **Two Pike LLC**

23. Building Owner's Street Address: **15 Pike Street, Basement**

24. City, Town or Village: **New York** State: **New York** Zip Code: **10002**

25. Business Telephone Number of Building Owner: **(646) 739-6815**

**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: **Kimberly A. Summers**

27. Representative/Attorney's Street Address: **555 Fifth Floor**

28. City, Town or Village: **New York** State: **New York** Zip Code: **10017**

29. Business Telephone Number of Representative/Attorney: **(646) 383-4607**

30. Business E-mail Address of Representative/Attorney: **Kimberly@DS-LawOffices.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: **Kimberly A. Summers** Title: **Attorney for Applicant**

Principal Signature: *Kimberly A. Summers*