rev 10/23/13	OFFICE USE ONLY Original Amended Date	49	
State of New York Executive Department Division of Alcoholic Beverage Con State Liquor Authority	Standardized NOTICE FORM for Providing 3 Local Munic	ipality or Community Board (Page 1 of 2 of Form)	
1. Date Notice was Sent: (mm/dd/	уууу) 5/8/2015	MAY 1 com a service	
2. Select the type of Application th	at will be filed with the Authority for an On-Premises Alcoholic Bevo	erage License 2015	
☐ New Application ☐ Renew	al 🛛 Alteration 🗌 Corporate Change		
This 30-Day Advance Notice is Bo	eing Provided to the Clerk of the following Local Municipality o	r Community Board	
3. Name of Municipality or Comm	unity Board Manhattan Community Board 3		
Applicant/Licensee Information			
4. License Serial Number, if not Ne	ew Application: 1263563 Expiration Date, if not	New Application: 10/31/16	
5. Applicant or Licensee Name:	SakaMai LLC		
6. Trade Name (if any): SakaMai			
7. Street Address of Establishment	:: 157 Ludlow Street		
8. City, Town or Village: New Yor	k ,NY	Zip Code : 10002	
9. Business Telephone Number of	Applicant/Licensee: (646) 590-0684		
10. Business Fax Number of Applie	cant/Licensee:		
11. Buisness E-mail of Applicant/L	icensee: natalie@sakamai.com		
For New applicants, provide description below using all information known to date. For Alteration applicants, attach complete description and diagram of proposed alteration(s). For Current Licensees, set forth approved Method of Operation only. Do Not Use This Form to Change Your Method of Operation.			
12. Type(s) of Alcohol sold or to be	e sold: ("X" One) Beer Only Wine & Beer Only X Liqu	or, Wine & Beer	
13. Extent of Food Service: ("X" On	Restaurant (Sale of food primarily:	Lounge/Adult Venue/Bar (Alcohol leets legal minimum food rements)	
14. Type of Establishment: Ca ("X" all that apply)	tron Dancing (small scale) Cabaret, Night Club (Large Scale Da	staurant Hotel	
15. Licensed Outdoor Area:	None Patio or Deck Rooftop Garden/Grounds Sidewalk Cafe Other (specify):	Freestanding Covered Structure	

	OFFICE USE	ONLY	
Original	○ Amended	Date	

State of New York

Standardized NOTICE FORM for Providing 30-Day	<u>, Advanced Notice</u> to a
	y or Community Board

Executive Department Division of Alcoholic Beverage Control State Liquor Authority			Local Munici	Pality or Community Board (Page 2 of 2 of Form	
16. List the floor(s) of the building that the establishment is located on:			Basement and 1st Floor		
17. List the room number(s) the establishment building, if appropriate:	t is located in within the n/a				
18. Is the premises located with 500 feet of thr	ree or more on-premises liquo	or establish	ments? 🔀 Yes	☐ No	
19. Will the license holder or a manger be phy	sically present within the esta	blishment	during all hours	of operation? X Yes No	
20. Does the applicant or licensee own the bui	ilding in which the establishm	ent is loca	ted? ("X" One) [Yes (If Yes SKIP 21-24) X No	
Owner of the B	Building in Which the Licens	ed Establi	shment is Locat	ted	
21. Building Owner's Full Name: Paul Ujlaky	У				
22. Building Owner's Street Address: 157 Lu	udlow Street				
23. City, Town or Village: New York		State: N	Υ	Zip Code : 10002	
Attorney Representing the Applicant	in Connection with the App Establishment Identified i	licant's Lic n this Noti	cense Application	on Noted as Above for the	
25. Attorney's Full Name: James D. DiPasquale	e				
26. Attorney's Street Address: 555 5th Avenue	e, 14th Floor				
27. City, Town or Village: New York		State: NY	′	Zip Code : 10017	
28. Business Telephone Number of Attorney:	646-383-4607		40 W 27 W 27		
29. Business Email Address of Attorney:	james@dlgnyc.com				
I am the applicant or hold the license or ar in this form are in conformity with re granting the license. I understand that re may result in By my signature, I affirm - und	epresentations made in submepresentations made in this fo disapproval of the application	itted docu rm will also n or revoca	ments relied upon, to be relied upon, ation of the licen	on by the Authority when , and that false representations se.	
30. Printed Name: James D. DiPasquale		Title	Attorney for A	pplicant	
Signature: X			10		





May 8, 2015

Manhattan Community Board 3 59 East 4th Street New York, New York 10003

RE:

30 Day Advance Notice - Alterations Application

SakaMai LLC d/b/a SakaMai

157 Ludlow Street, New York, New York 10002

Dear Sir or Madam:

I am the attorney for SakaMai LLC. Enclosed is my client's 30-Day Advance Notice of its proposed Alterations Application. The general purpose of this alteration is to increase seating capacity for diners while removing a large bar area that is under utilized. There are five areas of my client's establishment; those being the front pour bar, the main dining area, the rear bar, the salon, and the mezzanine. The alterations in each area are as follows:

<u>Front Pour Bar</u>: Expand bar by approximately 7 feet. Increase the number of bar stools from 5 to 10. Increase the number of seats from 10 to 12.

Main Dining Area. Reduce the number of tables from 6 to 5. Reduce the number of seats from 20 to 16.

<u>Rear Bar Area.</u> Remove the bar. Increase the number of tables from 3 to 12. Increase the number of seats from 18 to 38.

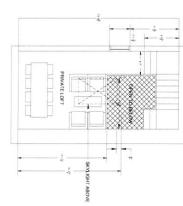
Salon. Increase the number of tables from 3 to 8. Increase the number of seats from 9 to 12.

<u>Mezzanine</u>. Extend Mezzanine by approximately 7 feet. Increase the number of seats from 8 to 16 to accommodate larger groups or private gatherings.

Should you have any questions or concerns regarding the foregoing, please do not hesitate to call.

Cordially, **DIPASQUALE LAW GROUP**

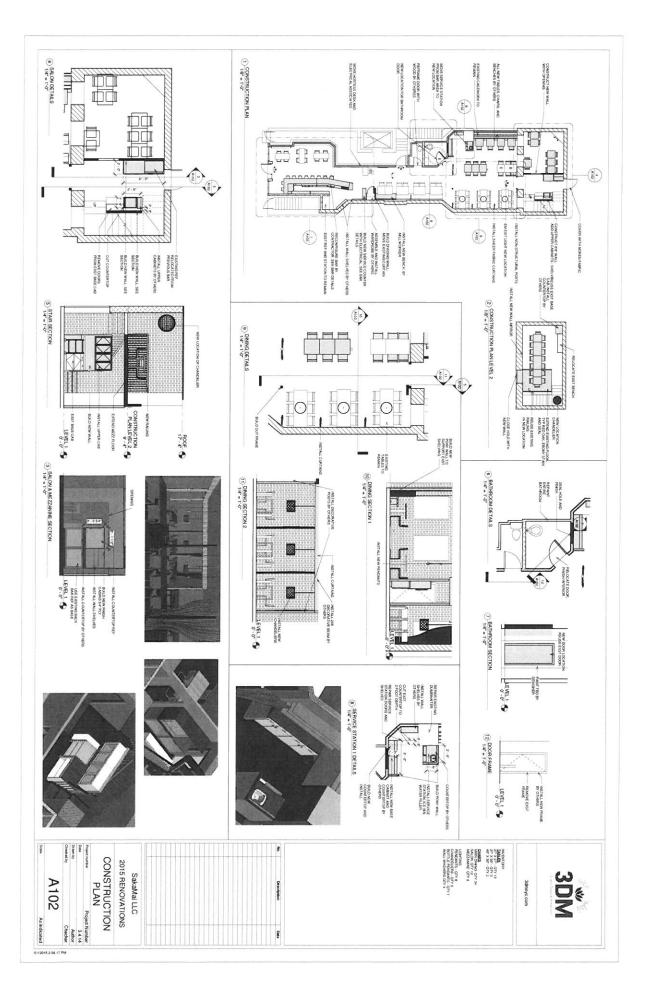
James D. DiPasquale james@dlgnyc.com



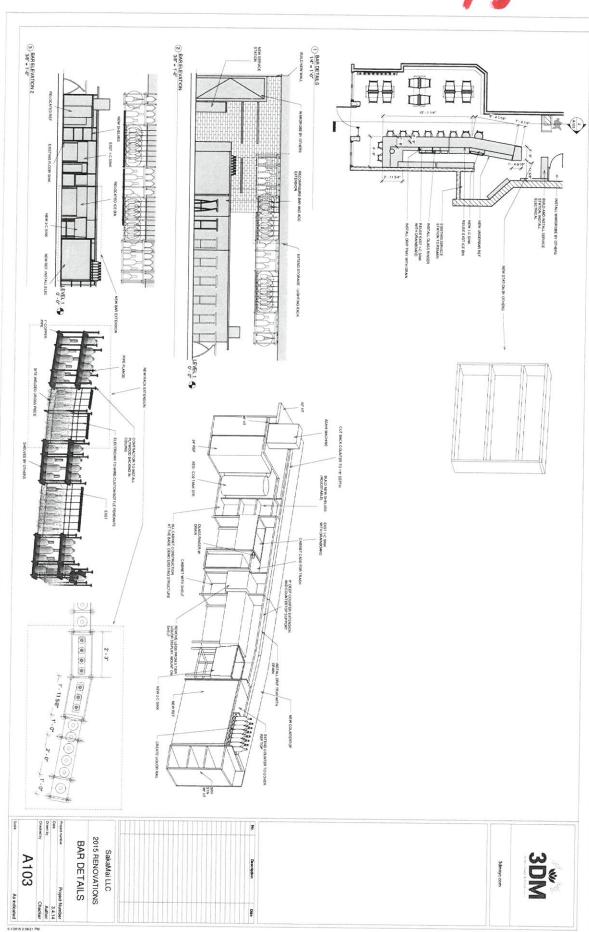
EXISTING

1st FLOOR PLAN Occupants = 105 persons	FERD COSTO CONTRACTOR	DOMA TO KITCHEN UP TO MEZZ	MEZZANINE PLAN Occupants = 8 persons	PRIVATE LOFT
	ADA, ADA, ADA, ADA, ADA, ADA, ADA, ADA,	NABLES OF THE PROPERTY OF THE	EATING & DRINKING ESTABLISHMENT USE GROUP 6 OCCUPANTS - INSPERSONS	SOCI CONTINUES OF THE PROPERTY
PAGE	PROJECT: 157 LUDIOW STREET 1518 CELLAR FLOORS NEW YORK, NY 10002 DATE: 6/13/2012 SCALE: 4'=1'-0' DWG: FF	SAKAMAI LLC (T) 808-38C-095 (E) NATALIE@SAKAMAI C)		





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Troposess