

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



State Liquor Authority

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

(Page 1 of 2 of Form)

APR 04 2016

1. Date Notice Was Sent: 3/17/16 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
 Change to the method of operation

For **New** applicants, answer each question below using all information known to date.
For **Renewal** applicants, set forth your approved Method of Operation only.
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.

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: CB3

Applicant/Licensee Information

4. License Serial Number, if Applicable: 1259532 Expiration Date, if Applicable: 12/31/2016

5. Applicant or Licensee Name: 6 SAINT MARKS INC

6. Trade Name (if any): SAINT MARKS KARAOKE

7. Street Address of Establishment: 6 ST MARKS PL

8. City, Town or Village: NEW YORK, NY Zip Code: 10003

9. Business Telephone Number of Applicant/Licensee: 212-228-6250

10. Business Fax Number of Applicant/Licensee: _____

11. Business E-mail of Applicant/Licensee: Info@karaokestmarks.com

12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider

13. 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

14. Type of Establishment: KARAOKE BAR

15. 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): _____

16. Licensed Outdoor Area: (Check all that apply)

None
 Patio or Deck
 Rooftop
 Garden/Grounds
 Freestanding Covered Structure
 Sidewalk Cafe
 Other (specify): _____

extend hours to 2:00AM SUN - THURS
4:00AM FRI, SAT

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



State Liquor Authority

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

(Page 2 of 2 of Form)

17. List the floor(s) of the building that the establishment is located on: FL 2, 3, 4
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? Yes No
20. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No
21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee.

22. 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

23. Building Owner's Full Name: KUNBING INC.
24. Building Owner's Street Address: 254 Canal Street Suite 2002
25. City, Town or Village: NEW YORK State: NY Zip Code: 10013
26. Business Telephone Number of Building Owner: 646-642-8480

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: Frank W. Palillo
28. Street Address: 60 Broad Street, Suite 3504
29. City, Town or Village: New York State: New York Zip Code: 10004
30. Business Telephone Number of Representative/Attorney: (212) 227-1640
31. Business Email Address: fwpalillo@gmail.com

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: CHOI, AE SOOK Title: PRESIDENT

Signature: X