



State Liquor Authority

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

28

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

(Page 1 of 2 of Form)

MAY 17 2017

1. Date Notice Was Sent: 05/12/2017 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
[X] New Application [ ] Renewal [ ] Alteration [ ] Corporate Change [ ] Removal [ ] Class Change

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: Manhattan Community Board 3

Applicant/Licensee Information

4. License Serial Number, if Applicable: N/A - New Applicant Expiration Date, if Applicable: N/A - New Applicant

5. Applicant or Licensee Name: ABC Cooking Studio USA, Inc

6. Trade Name (if any): N/A

7. Street Address of Establishment: 99 2nd Avenue 2nd Floor

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

9. Business Telephone Number of Applicant/Licensee: Contact Representative- 212.390.0806

10. Business Fax Number of Applicant/Licensee: Contact Representative- 888.502.5620

11. Business E-mail of Applicant/Licensee: Contact Representative- info@rezzonatorservices.com

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

13. Extent of Food Service: [X] 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: Restaurant (Full Kitchen & Full Menu required)

15. Method of Operation: (Check all that apply)
[ ] Seasonal Establishment [ ] Juke Box [ ] Disc Jockey [X] 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): N/A

16. Licensed Outdoor Area: (Check all that apply)
[X] None [ ] Patio or Deck [ ] Rooftop [ ] Garden/Grounds [ ] Freestanding Covered Structure
[ ] Sidewalk Cafe [ ] Other (specify):

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(Page 2 of 2 of Form)

17. List the floor(s) of the building that the establishment is located on:
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:
24. Building Owner's Street Address:
25. City, Town or Village:  State:  Zip Code:
26. Business Telephone Number of Building Owner:

**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:
28. Street Address:
29. City, Town or Village:  State:  Zip Code:
30. Business Telephone Number of Representative/Attorney:
31. Business Email Address:

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:  Title:

Signature: X Eiko Okamoto