rev 1/22/16 Original Office USE ONLY Original Office USE ONLY Amended Date
NEW YORK STATE OF OPPORTUNITY. State Liquorec'Standardized Notice to a Local Municipality or Community Board Local Municipality or Community Board (Page 1 of 2)
SEP 28 2017 (Page 1 of 2)
1. Date Notice Was Sent: 08/21/2017 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
New Application
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: COMMUNITY BOARD 3
Applicant/Licensee Information
4. License Serial Number, if Applicable: Expiration Date, if Applicable:
5. Applicant or Licensee Name: SOOOH NYC INC.
6. Trade Name (if any):
7. Street Address of Establishment: 108 E. 4TH STREET
8. City, Town or Village: NEW YORK ,NY Zip Code: 10003
9. Business Telephone Number of Applicant/Licensee: 917-991-0048
10. Business Fax Number of Applicant/Licensee: 212-537-7285
11. Business E-mail of Applicant/Licensee: WATERWAY1@HOTMAIL.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; Menu meets legal minimum food availability requirements; Full Kitchen run by a chef or cook Food prep area at minimum
14. Type of Establishment: RESTAURANT
15. Method of Operation: Seasonal Establishment Juke Box Disc Jockey X Recorded Music Karaoke
(Check all that apply) 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

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

⋉ None	Patio or Deck	Rooftop
Sidewa	ilk Cafe 🔲 Other	(specify):

Other (specify):

	Garden/Ground:	5
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Freestanding Covered Structure

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

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17. List the floor(s) of the building that the establishment is located on: GROU	JND FL	.00	DR .			
18. List the room number(s) the establishment is located in within the building, if appropriate:						i
19. Is the premises located within 500 feet of three or more on-premises liquo	or estal	olisl	hments? •Ye	s No		
20. Will the license holder or a manager be physically present within the esta	blishm	ent	during all hour	rs of operation	? •Yes	○No
21. If this is a transfer application (an existing licensed business is being purc	hased)	pro	ovide the name	and serial nun	ber of the	licensee.
22. Does the applicant or licensee own the building in which the establishme	nt is lo	cat	ed? O Yes (If '	Yes SKIP 23-26	● No	
Owner of the Building in Which the Licensed	d Estak	olis	hment is Locat	ted		
23. Building Owner's Full Name: MICHEAL KANE						
24. Building Owner's Street Address: 108 EAST 4TH STREET						
25. City, Town or Village: NEW YORK	tate:	NY		Zip Code : 10	003	
26. Business Telephone Number of Building Owner: 212-685-3982						
Representative or Attorney representing the App	olicant	in	Connection wi	ith the		
application for a license to traffic in alcohol at the esta	ablish	ner	nt identified in	this notice		
27. Representative/Attorney's Full Name: CORE ADVISORS LTD.						
28. Street Address: 61-43 186TH STREET, SUITE 585						
29. City, Town or Village: NEW YORK	tate:	NY		Zip Code : 11	365	
30. Business Telephone Number of Representative/Attorney: 212-658-1198						
31. Business Email Address : INFO.COREADVISORS@GMAIL.COM						
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I am the applicant or hold the license or am a principal of the legal entity t in this form are in conformity with representations made in submitt	ed doc	um	ents relied upo	in by the Authi	mty when	
granting the license. I understand that representations made in this form may result in disapproval of the application of	ı will al	so t	be relied upon,	and that raise	representat	ions
By my signature, I affirm - under Penalty of Perjury - that the					rue.	
By my signature, ramimi - under Penaity of Perjary and the						
32. Printed Name: SOOGIL LIM	Ti	tle	PRESIDENT			
Signature: X Social Cin						