

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

11



**State Liquor Authority**

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

(Page 1 of 2)

1. Date Notice Was Sent: 10/11/17 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

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: The Clerk of Community Board #3

**Applicant/Licensee Information**

4. License Serial Number, if Applicable: \_\_\_\_\_ Expiration Date, if Applicable: \_\_\_\_\_

5. Applicant or Licensee Name: CHIBAOLA INC.

6. Trade Name (if any): \_\_\_\_\_

7. Street Address of Establishment: 152 2ND AVE. NEW YORK, NY 10003

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

9. Business Telephone Number of Applicant/Licensee: 718-661-2882

10. Business Fax Number of Applicant/Licensee: 718-760-5200

11. Business E-mail of Applicant/Licensee: AA@BLUERIBBONCPA.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: RESTAURANT

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): RESTAURANT

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

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

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(Page 2 of 2)

17. List the floor(s) of the building that the establishment is located on: 1ST FL

18. List the room number(s) the establishment is located in within the building, if appropriate: 1ST FL

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: 152 SECOND REALTY LLC

24. Building Owner's Street Address: 419 LAFAYETTE STREET, 5TH FLOOR

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

26. Business Telephone Number of Building Owner: 917-699-6178

**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: ERIC CHUNG

28. Street Address: 83-21 BROADWAY

29. City, Town or Village: ELMHURST State: NY Zip Code: 11373

30. Business Telephone Number of Representative/Attorney: 718-76-8800

31. Business Email Address: AA@BLUERIBONCPA.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: RICHARD LAM Title: PRESIDENT

Signature: