	OFFICE USE	ONLY	
Original	○ Amended	Date	

NEW YORK | State Liquor | Standardized NOTICE FORM for P

Authority Local Municipality or Community Board							
(Page 1 of 2)							
1. Date Notice Was Sent: 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 <b>New</b> applicants, answer each question below using all information known to date.  For <b>Renewal</b> applicants, set forth your approved Method of Operation only.  For <b>Alteration</b> applicants, attach a complete written description and diagrams depicting the proposed alteration(s).  For <b>Corporate Change</b> applicants, attach a list of the current and proposed corporate principals.  For <b>Removal</b> applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation.  For <b>Class Change</b> 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 YOLK ,NY Zip Cod 10803							
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; 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: (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: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure  (Check all that apply) Sidewalk Cafe Other (specify):							

Original

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NEWYORK STATE OF STATE OF Authority

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

(Page 2 of 2)

			1 4-2 - 5   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:						
19. Is the premises located within 500 feet of three or more on-premise	s liquor es	stablishments?	Yes  No			
20. Will the license holder or a manager be physically present within the actablishment during the						
21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee.						
			and agree reminder of the literisee.			
22. Does the applicant or licensee own the building in which the establ	ishment 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	7in Code 10002			
26. Business Telephone Number of Building Owner: 917-699-6178		LY	Zip Code : 10003			
Representative or Attorney representing the application for a license to traffic in alcohol at the	e Applica	nt in Connection	with the			
27. Representative/Attorney's Full Name: ERIC CHUNG	estabils	nment identified	in this notice			
20.6: 11.11						
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 en in this form are in conformity with representations made in subgranting the license. I understand that representations made in this may result in disapproval of the applications.	form will a on or revo	cuments relied upon ilso be relied upon ocation of the licen	on by the Authority when , and that false representations ise.			
By my signature, I affirm - under <b>Penalty of Perjury</b> - that the representations made in this form are true.						
32. Printed Name: RICHARD LAM	T	tle PRESIDENT				
Signature: X						