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NEW YORK STATE OF OPPORTUNITY. State Liquor Authority Standardized NOTICE FORM for Providing 30-Day Advanced Notice to Local Municipality or Community Box (Page 1 of 2 of Formatting Page 1 of 2 of F
1. Date Notice Was Sent: Mar 20, 2018 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
Name of Municipality or Community Board: Manhattan Community Board 3
Applicant/Licensee Information
4. License Serial Number, if Applicable: Expiration Date, if Applicable:
5. Applicant or Licensee Name: A new entity to be formed by Huey Cheng
6. Trade Name (if any): TBD
7. Street Address of Establishment: 304 E. 6th Street
8. City, Town or Village: New York, ,NY Zip Code : 10003
9. Business Telephone Number of Applicant/Licensee: 212-777-1069
10. Business Fax Number of Applicant/Licensee: n/a
11. Business E-mail of Applicant/Licensee: h@c9hg.com
12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider \times Liquor, Wine, Beer & Cider
13. Extent of Food Service: Full food menu; Full Kitchen run by a chef or cook 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 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
16. Licensed Outdoor Area: (Check all that apply) None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure Sidewalk Cafe Other (specify): ** Sidewalk Cafe is Fully Enclosed

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STATE OF OPPORTUNITY AU	ate Liquor Ithority		uized <u>NOTIC</u>	<u>E FORIVI</u>		30-Day Advanced Notice t icipality or Community Bo (Page 2 of 2 of Fo		
17. List the floor(s) of the building that the establishment is located on:					: First Floor and Basement			
18. List the room number(s) the establishment is located in within the building, if appropriate:					n/a			
19. Is the premises located	d within 500 fo	eet of three or mo	re on-premises	liquor esta	ablishments? ①	Yes ONo		
20. Will the license holder	or a manage	be physically pre	sent within the	establishr	nent during all ho	urs of operation? •Yes O		
						ne and serial number of the licens		
Bytelogics Inc. (Serial #: 13	304247)							
22. Does the applicant or I					ocated? Yes (
23. Building Owner's Full	Name: Keit	th Siilats						
24. Building Owner's Street	et Address:	304 E. 6th Street						
25. City, Town or Village:	New York			State:	New York	Zip Code : 10003		
26. Business Telephone N	umber of Buil	ding Owner: (64	46) 881-4378					
applic 27. Representative/Attorno	ey's Full Name	zense to traffic in E: James D. DiPa	alcohol at the	e Applican establish	t in Connection v ment identified i	with the in this notice		
28. Street Address:	555 5th Aver	nue, 14th Floor						
29. City, Town or Village:	New York			State:	NY	Zip Code : 100171		
30. Business Telephone Nu	ımber of Repr	esentative/Attorn	ey: 646-383-46	507	·			
31. Business Email Address	:: James@DS	-LawOffices.com						
granting the license. I	understand the	nat representation ult in disapproval	ns made in subi is made in this i of the applicati	mitted doo form will a on or revo	cuments relied up lso be relied upon cation of the licen	for the license. Representations on by the Authority when and that false representations se.		
32. Printed Name: James D). DiPasquale		<u> </u>	Ti	Attorney for A	Applicant		
Signature: X	2	4						