opla-rev 01/22/16 OFFICE USE ONLY Original Amended Date
Ctondendined NOTICE CORM for Describing 20 To A Landing
NEW YORK STATE OF OPPURTUNITY. Authority State Liquor State Liquor Authority State Liquor Stat
(Page 1 of 2 of Form)
1. Date Notice Was Sent: Apr 25, 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
3. Name of Municipality or Community Board: Manhattan Community Board 3
Applicant/Licensee Information
4. License Serial Number, if Applicable: 1290560 Expiration Date, if Applicable: Dec 31, 2018
5. Applicant or Licensee Name: 42 44 East Broadway Restaurant Inc.
6. Trade Name (if any): Hwa Yuan Szechuan
7. Street Address of Establishment: 42 44 East Broadway
8. City, Town or Village: New York ,NY Zip Code : 10002
9. Business Telephone Number of Applicant/Licensee: (917)3654499
10. Business Fax Number of Applicant/Licensee:
11. Business E-mail of Applicant/Licensee:
12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider \(\sum \) Liquor, Wine, Beer & Cider
13. Extent of Food Service: Full food menu; Menu meets legal minimum food availability requirements; Food prep area at minimum
14. Type of Establishment: Restaurant (Full Kitchen & Full Menu required
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

None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure

Other (specify):

Sidewalk Cafe Cther (specify):

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

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	OFFICE USE ONLY	
Original	Amended Date	



Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a

	TATE OF PPORTUNITY.		hority													
17. List the floor(s) of the building that the establishment is located on:									n: 1st Floor							
18. List the room number(s) the establishment is located in within the building, if appropriate:								4							4	
19. Is the	premises l	ocated	within 50	0 feet c	f three o	r more c	on-premise	s liquo	esta	blis	hments? Ye	es ONo				
20. Will th	e license h	older o	or a mana	ger be _l	ohysically	y presen	t within th	e estab	lishm	nent	during all hou	rs of operat	ion?	Yes	○No	
21. If this	is a transfe	er appli	cation (an	existin	g license	d busin	ess is being	purch	ased)) pro	ovide the name	and serial i	number	of the lie	censee.	
22. Does t	he applica	nt or lic							9)		ed? Yes (If		-26) 🥑) No		
23 Buildii	ng Owner'	e Full N	1		g's Hwa			ensed	Esta	blis	hment is Loca	ted —————				
	ng Owner':															
		_		422	14 East Bi	roadway						1				
25. City, I	own or Vil	lage: N	ew York	-			8	Sta	ite:	NY		Zip Code	: 10002			
26. Busine	ess Telepho	one Nu	mber of B	Building	Owner:	(212)9	666667									
	ä	Re applica	presenta	ative or a licens	Attorne e to traf	ey repre fic in ald	senting th	e Appl e estak	icant dishi	t in mer	Connection wint identified in	ith the this notice	2			
27. Repres	entative/A	ttorne	/'s Full Na	me:	ames Wa	ang										
28. Street	Address:		90 Bower	y, Suite	304											
29. City, To	own or Villa	age:	New York					Sta	te: [i	NY		Zip Code	10013			
30. Busine	ss Telepho	ne Nur	nber of Re	epresen	itative/A	ttorney:	(212)2193	3070								
31. Busine	ss Email Ad	ddress :	j.y.wang	g.ny@g	mail.com	l									\equiv	
l am the	e applicant n this form ng the lice	t or hole are in e nse. I u	d the licer conformit nderstand may i	nse or a ry with r d that re result ir	m a prin represent epresent n disappr	cipal of t tations r ations m oval of t	nade in sul nade in this the applica	omitted form v tion or	l doc vill al revoc	ume so b catio	or is applying for ents relied upon, pe relied upon, on of the licens ations made in	n by the Au and that fal e.	thority se repre	when		
32. Printed	Name: Ja	mes Wa	ang						Tit	le [consultant		.4			
Signature:	x				>	4	~	5		1						