

18

rev 1/22/16

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



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: 5/9/2018 Is Delivered by: CMRRR

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 alterations.
 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 MANHATTAN

Applicant/Licensee Information

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

5. Applicant or Licensee Name: HO MEI INC

6. Trade Name of Any: CLAY POT NYE

7. Street Address of Establishment: 58 SAINT MARKS PLACE

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

9. Business Telephone Number of Applicant/Licensee: 646-434-6449

10. Business Fax Number of Applicant/Licensee:

11. Business Email of Applicant/Licensee: WAYNEYIP1234@gmail.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: ASIAN RESTAURANT

15. Method of Operation (Check all that apply):

- Seasonal Establishment
- Auto Bar
- Disc Jockey
- Recorded Music
- Karaoke
- Live Music (Give details: i.e. rock band, acoustic, jazz, etc.)
- Patron Dancing
- Employee Dancing
- Back Barving
- Topless Entertainment
- Voluntary Tipping Schemes
- Third Party Performers
- Security Personnel
- Other (Specify): SIT IN RESTAURANT

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

- None
- Patio or Deck
- Rooftop
- Garden/grounds
- Preexisting covered structure
- Sidewalk Cafe
- Other (Specify):

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<input type="radio"/> Original	<input type="radio"/> Renewed	Date



State Liquor Authority

Standardized NOTICE FORM for Providing 10-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: GROUND
- 18. List the room number(s) the establishment is located in within the building, if appropriate:
- 19. Is the premises located within 300 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 license.
- 22. Does the applicant or licensee own the building in which the establishment is located? Yes If Yes SKIP 23-25 No

Owner of the Building in Which the Licensed Establishment is Located

23. Building Owner's Full Name: 58 ST. MARKS PLACE LLC

24. Building Owner's Street Address: 1946 CONEY ISLAND AVENUE

25. City, Town or Village: BROOKLYN State: NY Zip Code: 11223

26. Business Telephone Number of Building Owner: 718-376-5400

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: Frank W. Patis

28. Street Address: 50 Broad Street

29. City, Town or Village: New York State: New York Zip Code: 10004

30. Business Telephone Number of Representative/Attorney: 212-227-1640

31. Business Email Address: fwp@fwp.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: WAYNE YIP Title: PRESIDENT

Signature: