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	OFFIC	E USE ONLY	
Original		ded Date	





## NEW YORK STATE OF OPPORTUNITY Authority

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

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1. Date Notice Was Sent:	15/02/2018	1a. Delivered by:	Certified Mail Re	turn Receipt Requested	
2. Select the type of Applica	ation that will be filed with t	he Authority for an	On-Premises Ald	coholic Beverage License	
➤ New Application	Renewal Alteration	Corporate Change	Removal	Class Change	
For <b>Renewal</b> applicants, see For <b>Alteration</b> applicants, a For <b>Corporate Change</b> app For <b>Removal</b> applicants, at	reach question below using t forth your approved Metho attach a complete written de blicants, attach a list of the c tach a statement of your cui ts, attach a statement detail	od of Operation only escription and diagr urrent and proposed rrent and proposed	y. ams depicting t d corporate prin addresses with 1	cipals. the reason(s) for the reloca	ition.
This 30-Day Advance Notic	e is Being Provided to the	Clerk of the follow	ving Local Mun	icipality or Community B	oard
3. Name of Municipality or 0	Community Board: MANHA	ITAN COMMUNITY I	BOARD 3		
Applicant/Licensee Inform	ation				
4. License Serial Number, if	Applicable: PENDING		Expiration D	ate, if Applicable: PENDIN	G
5. Applicant or Licensee Na	me: S&D WAVE GROU	JP INC			
6. Trade Name (if any):	ISHI BADA				
7. Street Address of Establis	hment: 199 2ND AVE				
8. City, Town or Village: NE	W YORK			<b>,NY</b> Zip Code : 10003	
9. Business Telephone Num	ber of Applicant/Licensee:	PENDING			
10. Business Fax Number of	Applicant/Licensee: N/A				
11. Business E-mail of Applic	cant/Licensee: ABCLICENS	SE@GMAIL.COM			
12. Type(s) of Alcohol sold o	r to be sold: Beer 8	Cider Wine,	Beer & Cider	☑ Liquor, Wine, Beer & C	ider
13. Extent of Food Service:	⊠ Full food menu; Full Kitchen run by a ch		lenu meets lega ood prep area at	l minimum food availabilit t minimum	y requirements;
14. Type of Establishment:	RESTAURANT				
15. Method of Operation: (Check all that apply)	Seasonal Establishment Live Music (Give details: i Patron Dancing Em Video/Arcade Games Other (specify): RESTAU	.e. rock bands, acou ployee Dancing  Third Party Pro	stic, jazz, etc.):  Exotic Danci	Recorded Music	
6. Licensed Outdoor Area: (Check all that apply)	None	Rooftop Rec	Garden/Groun	Board 3, Man	ered Structure
		Annual Control			





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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:			N/A			
19. Is the premises located	l within 500 feet	t of three or	more on-premise	s liquor esta	ablis	ishments? •Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
20. Will the license holder	or a manager b	e physically	oresent within the	e establishn	nen	nt during all hours of operation? •Yes \ \ \ No
21. If this is a transfer appl	ication (an exist	ting licensed	business is being	purchased	) pr	rovide the name and serial number of the licensee.
N/A						
22. Does the applicant or I	icensee own the	e building in	which the establi	ishment is l	oca	ated? Yes (If Yes SKIP 23-26) No
	Owner of t	he Building	in Which the Lic	ensed Esta	blis	shment is Located
23. Building Owner's Full N	lame: JEDSS	GROUP LLC				
24. Building Owner's Stree	t Address: 17	RIDGE RD				
25. City, Town or Village:	LEN COVE			State:	NY	Y Zip Code : 11542
26. Business Telephone Nu	umber of Buildir	ng Owner:				
						n Connection with the ent identified in this notice
27. Representative/Attorne	ey's Full Name:	ABC LICEN	SE - SAM PARK			
28. Street Address:	35-23 FARRING	STON ST, 2NI	) FL			
29. City, Town or Village:	FLUSHING			State:	NY	Zip Code: 11354
30. Business Telephone Nu	ımber of Repres	entative/Att	orney: (718) 939	-1400		
31. Business Email Address : ABCLICENSE@GMAIL.COM						
in this form are in granting the license. To	conformity witl understand that may result	h representa t representat : in disappro	tions made in sub ions made in this val of the applicat	omitted doo form will al ion or revo	um Iso I cati	s or is applying for the license. Representations nents relied upon by the Authority when be relied upon, and that false representations tion of the license.
32. Printed Name: SE WOO	NG BAN			Tit	tle	PRESIDENT
Signature: <b>X</b> SE WOONG B	AN					