	OFFICE	LICE ONLY	
		USE ONLY	
) Original	Amended	Date	

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Standardized <u>NOTICE FORM</u> for Providing <u>30-Day Advance Notice</u> to a <u>Local Municipality or Community Board</u>

1. Date Notice was Sent:	5/13/2019 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							
For Renewal applicar For Alteration applica For Corporate Chang For Removal applicar For Class Change app	answer each question below using all information known to date ints, answer all questions ants, attach a complete written description and diagrams depicting the proposed alteration(s) the applicants, attach a list of the current and proposed corporate principals ints, attach a statement of your current and proposed addresses with the reason(s) for the relocation ilicants, attach a statement detailing your current license type and your proposed license type ation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes						
This 30-Day Advance No	tice is Being Provided to the Clerk of the Following Local Municipality or Community Board:						
3. Name of Municipality or	Community Board 3 Manhattan Community Board 3						
Applicant/Licensee Infor	mation:						
4. Licensee Serial Number (i	if applicable): Expiration Date (if applicable):						
5. Applicant or Licensee Na	East Moon Corp.						
6. Trade Name (if any): Joe's Shanghai							
7. Street Address of Establis	shment: 46 Bowery						
8. City, Town or Village:	New York , NY Zip Code: 10013						
9. Business Telephone Num	ber of Applicant/Licensee: (212) 233-8888						
10. Business E-mail of Appli	cant/Licensee: Luckyjoesi@yahoo.com						
11. Type(s) of alcohol sold o	or to be sold:						
12. Extent of Food Service:							
Full food menu; full	kitchen run by a chef or cook O Menu meets legal minimum food availability requirements; food prep area at minimum						
13. Type of Establishment:	Restaurant (full kitchen and full menu required)						
14. 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): Rec'd By Community Board 3, Man						
	THE LOW DESCRIPTION OF THE PARTY OF THE PART						
L5. Licensed Outdoor Area: (check all that apply)	None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure						
	Sidewalk Cafe Other (specify):						

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16. List the floor(s) of the	building that th	ne establishme	nt is located	on: groun	d floor and	basement		
17. List the room number((s) the establish	nment is locate	d in within t	the building, if	appropriate:	Not applicable)	
18. Is the premises located	d within 500 fe	et of three or n	nore on-pre	mises liquor e	stablishments?	• Yes	No	
19. Will the license holder	or a manager	be physically p	resent withi	n the establish	ment during all	hours of operation	? • Yes	O No
20. If this is a transfer app	lication (an exi	sting licensed b	ousiness is b	eing purchase	d) provide the n	ame and serial num	ber of the licens	ee:
		Name				Soria	l Number	
21. Does the applicant or I	licensee own tl		hich the est	tablishment is	located?	Yes (if YES, SKIP 23-		
							-0, 0110	
	0	wner of the B	Building in	Which the Li	censed Establi	shment is Locate	d	
22. Building Owner's Full N	Name: Chir	na Arcade,	LLC					
23. Building Owner's Stree	et Address:	183 Centre	e Street,	6th floor				
24. City, Town or Village:	New York	(State: NY		Zip Code:	10013
25. Business Telephone Nu	umber of Build	ing Owner:	212) 219	9-9000				-
		[22			-			- 10

						in Connection with nent Identified in		
26. Representative/Attorn	iey's Full Name	: Ann Hsi	iung					
27. Representative/Attorn	ey's Street Ado	dress: 70-7	4 Bower	y, Suite L	L-3			
28. City, Town or Village:	New York				State: NY		Zip Code:	10013
29. Business Telephone Nu			rney: (2	12) 227-0				
30. Business E-mail Addres					yahoo.cor	m		
50. Business E-mail Addres	ss of Represent	ative/Attorney	ariinis	siui igesqe	yarioo.coi	11		
I am the	e annlicant or	licensee hold	ler or a pri	ncinal of the	legal entity the	at holds or is appl	ving for the lice	ance
Represent	ations in this	form are in co	onformity v	with represer	ntations made	in submitted doci	uments relied ι	ipon by
						ns made in this fo plication or revoc		
		•						
Бу Піў	Signature, i a	mrm - under	renalty of	rerjury - (na	it trie represer	ntations made in t	nis form are tru	ie.
31. Printed Principal Na	me: Kiu	Sang Si			Title:	President		
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		V	1		2			
Principal Signatu	ıre:	N	my	0				