1640001420	10

-	-	OFFI	CE USE ONLY	
Original	0	Amended	Date	

1427	
44657	
1607	4
ACMIENT.	,

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

1. Date Notice was Sent: 03/13/2019 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				
For New applicants, answer each question below using all information known to date For Renewal applicants, answer all questions 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 For Method of Operation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes				
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 No. 3				
Applicant/Licensee Information:				
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):				
5. Applicant or Licensee Name: DA YU MANHATTAN LLC				
6. Trade Name (if any):				
7. Street Address of Establishment: 81 Bowery				
8. City, Town or Village: New York , NY Zip Code: 10002				
9. Business Telephone Number of Applicant/Licensee: (845) 798-2988				
10. Business E-mail of Applicant/Licensee: da.yu.hotpot@gmail.com				
11. Type(s) of alcohol sold or to be sold: O Beer & Cider O Wine, Beer & Cider O Liquor, Wine, Beer & Cider				
12. 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 minim				
13. Type of Establishment: Restaurant (full kitchen and full menu required)				
4. Method of Operation: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke (check all that apply) Live Music (give details i.e., rock bands, acoustic, jazz, etc.):				
Patron Dancing				
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel				
Other (specify):				
15. Licensed Outdoor Area: None Patio or Deck Gooftop Garden/Grounds Freestanding Covered Structure (check all that apply)				
(check all triat apply) Sidewalk Cafe				

Ohis-IAND35A50 LO	OFFICE US Original Amended	Date	7				
16. List the floor(s) of the building that	t the establishment is located on: Grou	ınd Floor, Basement					
17. List the room number(s) the estab	lishment is located in within the building,	if appropriate: n/a					
18. Is the premises located within 500	feet of three or more on-premises liquor	establishments?					
19. Will the license holder or a manage	er be physically present within the establi	shment during all hours of operation?	⊙ Yes O No				
20. If this is a transfer application (an e	existing licensed business is being purchas	ed) provide the name and serial number o	of the licensee:				
	Name	Serial Nu	mber				
21. Does the applicant or licensee own	the building in which the establishment i		⊙ No				
Owner of the Building in Which the Licensed Establishment is Located							
22. Building Owner's Full Name: 81	Bowery Realty Corp.						
23. Building Owner's Street Address:	97 Bowery						
24. City, Town or Village: New Yor	rk	State: NY	Zip Code: 10002				
25. Business Telephone Number of Buil	ding Owner: (917) 682-8999	3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
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 26. Representative/Attorney's Full Name: Mifchell Segal. Esg.							
27. Representative/Attorney's Street Ad	The state of the s	and Suite 208					
28. City, Town or Village: Great No.		State: New York	Zip Code: 11021				
29. Business Telephone Number of Repr	P		24 code. [1 102]				
30. Business E-mail Address of Representative/Attorney: msegal@restaurantesq.com							
I am the applicant or licensee holder or 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.							
Representations in this the Authority when go upon, and that false	form are in conformity with represent ranting the license. I understand that representations may result in disapp	ntations made in submitted documen representations made in this form w roval of the application or revocation	nts relied upon by ill also be relied of the license.				
Representations in this the Authority when go upon, and that false	form are in conformity with represer ranting the license. I understand that representations may result in disappoints. Iffirm - under Penalty of Perjury - that	ntations made in submitted documen representations made in this form w roval of the application or revocation	nts relied upon by ill also be relied of the license.				