

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

1. Date Notice was Sent: 04/14/2020 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 ☐ Method of Operation Change

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

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

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. Licensee Serial Number (if applicable): _____ Expiration Date (if applicable): _____

5. Applicant or Licensee Name: Eastern District Operations LLC

6. Trade Name (if any): TBD

7. Street Address of Establishment: 177 Ludlow Street

8. City, Town or Village: New York, NY Zip Code: 10002

9. Business Telephone Number of Applicant/Licensee: PENDING

10. Business E-mail of Applicant/Licensee: info@brooklynballfactory.com

11. Type(s) of alcohol sold or to be sold: ☐ Beer & Cider ☐ Wine, Beer & Cider ☒ 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 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): _____

15. Licensed Outdoor Area: (check all that apply)

- ☒ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure

☐ Sidewalk Cafe ☐ Other (specify): _____

☐ Original☐ Amended

Date _____

16. List the floor(s) of the building that the establishment is located on:

1

17. List the room number(s) the establishment 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?

☐ Yes☐ No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation?

☒ Yes☐ No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

Name

Serial Number

21. Does the applicant or licensee own the building in which the establishment is located?

☐ Yes (if YES, SKIP 23-26)☒ No**Owner of the Building in Which the Licensed Establishment is Located**

22. Building Owner's Full Name:

177 LUDLOW SM DE, LLC

23. Building Owner's Street Address:

185 Great Neck Road, Suite 250

24. City, Town or Village:

Great Neck

State:

New York

Zip Code:

11021

25. Business Telephone Number of Building Owner:

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:

Samuel Ahne, Ahne & Ji, LLP

27. Representative/Attorney's Street Address:

1220 Broadway, Suite 502

28. City, Town or Village:

New York City

State:

NY

Zip Code:

10001

29. Business Telephone Number of Representative/Attorney:

212-594-1035

30. Business E-mail Address of Representative/Attorney:

samuelahne@gmail.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.

31. Printed Principal Name:

Makoto Suzuki

Title:

President

Principal Signature:



AHNE & JI LLP

1220 Broadway
Suite 502
New York, New York 10001

Tel: (212) 594-1035 Fax: (212) 967-1112
(samuelahne@gmail.com)

April 14, 2020

Manhattan Community Board No. 3
District Manager
59 East 4th Street
New York, NY 10003

Attn: District Manager

Re: Eastern District Operations LLC.
177 Ludlow Street, New York, NY 10002

Dear District Manager:

Undersigned is the attorney for the above applicant for an ON PREMISES LIQUOR LICENSE (OP 252) license and attached please find the required notice to the Community Board. Premises will be a full menu Japanese Restaurant.

Please contact me with any inquiries you may have on the nature of the business.

Very truly yours,
Ahne & JI LLP


Samuel S.H. Ahne

SHA
Certified Mail RRR