	OFFICE	USE ONLY	
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Original	Amended	Date	

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

1. Date Notice was Sent: 3/11/2020 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					
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 Please include all decomposeds.					
rease include all documents as noted above. Failure to do so may result in disapproval of the analysis					
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:					
1. Licensee Serial Number (if applicable): Expiration Date (if applicable):	7				
5. Applicant or Licensee Name: Temakase NYC LLC					
6. Trade Name (if any): Temakase					
7. Street Address of Establishment: 157 2nd Ave					
8. City, Town or Village: New York , NY Zip Code: 10003					
9. Business Telephone Number of Applicant/Licensee: Please Contact Representative (212) 390-0806					
10 Pusinger Fire II Carlo					
11. Type(s) of alcohol sold or to be sold:					
12. Extent of Food Service: O Beer & Cider O Wine, Beer & Cider O Liquor, Wine, Beer & Cider					
Full food menu; full kitchen run by a chef or cook Menu meets legal minimum food availability requirements; food prep area at minimum					
Bar/Tavern	_				
. Method of Operation: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke					
Live Music (give details i.e., rock bands, acoustic, jazz, etc.):	7				
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment	7				
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel					
Other (specify): Rec'd By Community Board 3, Inc.	1				
Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure	1				
Sidewalk Cafe Other (specify):					

opla-rev02282020 OFFICE USE ONLY Original Amended Date 49 16. List the floor(s) of the building that the establishment is located on: |1st Floor 17. List the room number(s) the establishment is located in within the building, if appropriate: 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? O 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) Owner of the Building in Which the Licensed Establishment is Located 22. Building Owner's Full Name: East Village at Second Avenue Partners, LP 23. Building Owner's Street Address: C/O Citi Urban Management 6 Grace Ave Suite 400 24. City, Town or Village: | Great Neck State: NY Zip Code: 11021 25. Business Telephone Number of Building Owner: (516) 466-3588 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: Gen Harris Of Rezzonator Services 27. Representative/Attorney's Street Address: 244 5th Ave S251 28. City, Town or Village: | New York Zip Code: 10001 State: NY 29. Business Telephone Number of Representative/Attorney: (212) 390-0806 30. Business E-mail Address of Representative/Attorney: info@rezzonatorservices.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:	Liron Michaeli	Title: LLC Member
Principal Signature:	Liron Michaeli	