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NEW YORK	State Liquor Authority
	Authority

OFFICE USE ONLY					
Original	0	Amended	Date		

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

Date Notice was Sent: 11 30 12020 1a. Delivered by: Electronically					
. Select the type of Applicati	ion that will be filed with the Authority for an On-Premises Alcoholic Beverage License:				
New Application	Renewal O Alteration O Corporate Change O Removal O Class Change O 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 inclu	ude all documents as noted above. Failure to do so may result in disapproval of the application.				
his 30-Day Advance Not	ice is Being Provided to the Clerk of the Following Local Municipality or Community Board:				
3. Name of Municipality or C	Community Board: CB3				
Applicant/Licensee Inform	mation:				
1. Licensee Serial Number (if	f applicable): Expiration Date (if applicable):				
5. Applicant or Licensee Nan	ne: OEC INTERNATIONAL INC				
6. Trade Name (if any):	OPPARAI				
7. Street Address of Establish	hment: 69A CLINTON ST				
B. City, Town or Village:	IEW YORK , NY Zip Code: 10002				
9. Business Telephone Numl	ber of Applicant/Licensee: (646) 882-0510				
10. Business E-mail of Applic	cant/Licensee: CHRISTY@YOPPARAINYC.COM				
11. Type(s) of alcohol sold o	r to be sold: O Beer & Cider O Wine, Beer & Cider Cider O Liquor, Wine, Beer & Cider				
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:	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 Employee Dancing Exotic Dancing Topless Entertainment				
	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel				
	Other (specify):				
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15. Licensed Outdoor Area: (check all that apply)	None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure				
•	☐ Sidewalk Cafe ☑ Other (specify): street dining per NYC Open Restaurants program				

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16. List the floor(s) of the building t	that the establishment is located on: groun	d floor			
17. List the room number(s) the es	tablishment is located in within the building, if	appropriate: n/a			
18. Is the premises located within 5	500 feet of three or more on-premises liquor e	stablishments?			
19. Will the license holder or a man	nager be physically present within the establish	nment during all hours of operation?	⊙ Yes ○ No		
20. If this is a transfer application (an existing licensed business is being purchase	d) provide the name and serial number o	f the licensee:		
**************************************	Name	Serial Nur	nber		
21. Does the applicant or licensee	own the building in which the establishment is	located? O Yes (if YES, SKIP 23-26)	9 No		
	Owner of the Building in Which the L	icensed Establishment is Located			
22. Building Owner's Full Name:	69 CLINTON LLC				
23. Building Owner's Street Addres	s: 519 8TH AVE, SUITE 800				
24. City, Town or Village: NEW	YORK	State: NY	Zip Code: 10018		
25. Business Telephone Number of	Building Owner: (212) 239-1117				
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: Frank Palillo					
27. Representative/Attorney's Stre					
28. City, Town or Village: New		State: NY	Zip Code: 10004		
29. Business Telephone Number of					
30. Business E-mail Address of Rep	resentative/Attorney: Fwpalillo@gm	ail.com			
Representations in the Authority wh upon; and that	ant or licensee holder or a principal of the n this form are in conformity with represe nen granting the license. I understand tha false representations may result in disap re, I affirm - under Penalty of Perjury - th	entations made in submitted docume it representations made in this form proval of the application or revocation	ents relied upon by will also be relied on of the license.		
31. Printed Principal Name: C	HRISTY RUPERT SHIBATA	Title: VICE PRESIDE	ENT		
Principal Signature: _	Cutshis				