Number ly

	OFFICE	USE ONLY	
) Original	Amended	Date	



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

1.000 N. V.					
1. Date Notice was Sent: 1. Date Notice was Se	1a. Delivered by: Certified Mail Return Receipt Requested				
2. Select the type of Application that will be filed with the Authority for an					
New Application	hange Removal Class Change Method of Operation Change				
For New applicants, answer each question below using all informate For Renewal applicants, answer all questions For Alteration applicants, attach a complete written description and For Corporate Change applicants, attach a list of the current and professional applicants, attach a statement of your current and profess Change applicants, attach a statement detailing your current For Method of Operation Change applicants, although not required	nd diagrams depicting the proposed alteration(s) roposed corporate principals. oposed addresses with the reason(s) for the relocation				
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	ard #3 - Manhattan				
Applicant/Licensee Information:					
4. Licensee Serial Number (if applicable):	Expiration Date (if applicable):				
S. Applicant or Licensee Name: May Kaidee East Broadway LL					
6. Trade Name (if any): May Kaidee					
7. Street Address of Establishment: 215 East Broadway	——————————————————————————————————————				
8. City, Town or Village: New York	, NY Zip Code: 10002				
9. Business Telephone Number of Applicant/Licensee: (212) 448-120	00				
10. Business E-mail of Applicant/Licensee: eb@maykaidee.com					
11. Type(s) of alcohol sold or to be sold: O Beer & Cider O W	/ine, Beer & Cider Diquor, Wine, Beer & Cider				
12. Extent of Food Service:					
• Full food menu; full kitchen run by a chef or cook • • Menu mee	ets legal minimum food availability requirements; food prep area at minimum				
13. Type of Establishment: Restaurant (full kitchen and full m	nenu 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	Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment				
☐ Video/Arcade Games ☐ Third Party	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel				
Other (specify):					
15. Licensed Outdoor Area: None Patio or Deck Roofto (check ali that apply)	p Garden/Grounds Freestanding Covered Structure				
☐ Sidewalk Cafe ☐ Other (specify):					

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16. List the floor(s) of the buildin	ng that the establishment is lo	cated on: baser	ment		,
17. List the room number(s) the	establishment is located in w	thin the building, if	appropriate: baseme	∍nt	
18. Is the premises located withi	n 500 feet of three or more o	n-premises liquor e	stablishments?	s O No	
19. Will the license holder or a m	nanager be physically present	within the establish	oment during all hours of	operation? <b>©</b> Yes	O No
20 If this is a transfer application	n (an existing licensed busines	s is being purchase	d) provide the name and	serial number of the licer	isee:
	Name			Serial Number	
21. Does the applicant or license	e own the building in which t	ne establishment is	located? OYes (if YES	, SKIP 23-26) <b>©</b> No	
DD Duilding Orange British			censed Establishment i	s Located	
2. Building Owner's Full Name:	HC 215 Manageme	ent LLC			
3 Building Owner's Street Addr	ess: 213 East Broad	lway			
4 City, Town or Village: New	v York		State: N.Y>	Zip Code	10002
INON	<del></del>				
7.	of Building Owner: (646)	881-1811			
Appli  Representative/Attorney's Fu	Representative or Attornocation for a License to Tra	ey Representing t iffic in Alcohol at t n, Esq.	he Applicant in Conne	tion with the	
Appli  Representative/Attorney's Fu	Representative or Attornor cation for a License to Trail Name: Bruce Fento reet Address: PO Box 5	ey Representing t iffic in Alcohol at t n, Esq.	he Applicant in Conne	ition with the tified in this Notice	08721
Appli Representative/Attorney's Fu Representative/Attorney's Str City, Town or Village Bays	Representative or Attornocation for a License to Tra  Il Name: Bruce Fento rect Address: PO Box 5	ey Representing t iffic in Alcohol at t n, Esq.	he Applicant in Connecthe Establishment Iden	ition with the tified in this Notice	08721
Appli Representative/Attorney's Fu	Representative or Attornocation for a License to Tra  Il Name: Bruce Fento rect Address: PO Box 5  ville  of Representative/Attorney	ey Representing to ffic in Alcohol at to n, Esq.	he Applicant in Connecthe Establishment Iden  State N.J.	ition with the tified in this Notice	08721

Printed Principal Name:	Jonathan Daniel	Title	President	
Principal Signature:	J. Dul	***********	MANAGAMAT COMMITTER COMMIT	and the state of t

## BRUCE FENTON ATTORNEY AT LAW

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PO Box 50

Bayville, N.J. 08721 Tel.: (646) 338-4841 bfentonlaw@yahoo.com

Aug. 4, 2021

Certified, return receipt
Community Board 3 -Manhattan
59 East 4<sup>th</sup> Street
New York, N.Y. 10003

re: May Kaidee East Broadway LLC 215 East Broadway, New York, N.Y. Restaurant wine license application

Dear Sir or Madam,

Please be advised that I represent the above named limited liability company in regard to their application for a restaurant wine license.

Pursuant to the directive of the State Liquor Authority I am attaching the community board notice form.

Please note that I filed this notice with your board on Feb. 20. 2020 by certified mail, return receipt. I am refiling now as we never filed our application with the New York State Liquor Authority due to the pandemic

Thank you for your cooperation.

Bruce Fenton

BF/sn enclos.