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2010	OFFICE USE ONLY				
State Liquor	Original	Amended	Date		

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

Local Municipality of Community Board						
1. Date Notice was Sent: December 15, 2021 1a. Delivered by: CERTIFIED MAIL	\exists					
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						
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): 1256341 Expiration Date (if applicable): 10/31/2023						
5. Applicant or Licensee Name: SAIGONNYC LTD	ī					
6. Trade Name (if any):	Ħ					
7. Street Address of Establishment: 85 ORCHARD ST UNIT B	Ħ					
8. City, Town or Village: NEW YORK, NEW YORK 10002 , NY Zip Code: 10002	Ħ					
9. Business Telephone Number of Applicant/Licensee: PENDING	Ħ					
10. Business E-mail of Applicant/Licensee: heather@helbraunlevey.com.	Ŧ					
11. Type(s) of alcohol sold or to be sold:	_					
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 minimu	n					
13. Type of Establishment: RESTAURANT	\neg					
14. Method of Operation: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke Karaoke						
Live Music (give details i.e., rock bands, acoustic, jazz, etc.): (N/A)	Live Music (give details i.e., rock bands, acoustic, jazz, etc.): (N/A)					
Patron Dancing						
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel	أا عدد أدد.					
Other (specify): (N/A)						
15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure						
(check all that apply) Sidewalk Cafe Other (specify): BACKYARD / PATIO						

		OFFICE USE ONL	.Y	7
	Original O	Amended Date		_
16. List the floor(s) of the building tha	t the establishment is l	ocated on: GROUND I	FLOOR ONLY	
17. List the room number(s) the estab	lishment is located in w	vithin the building, if appr	opriate: (N/A)	
.8. Is the premises located within 500	feet of three or more	on-premises liquor establi	shments? 🛇 Yes 🕻) No
.9. Will the license holder or a manag	er be physically presen	t within the establishmen	t during all hours of operatio	in? ⊗Yes O No
0. If this is a transfer application (an e	existing licensed busine	ss is being purchased) pro	ovide the name and serial nu	mber of the licensee:
(N/A)		1)	√A)	
	Name		Ser	rial Number
1. Does the applicant or licensee owr	n the building in which t	the establishment is locat	ed? Yes (if YES, SKIP 2	3-26) 🚫 No
	Owner of the Buildi	ng in Which the License	ed Establishment is Locat	ed
2. Building Owner's Full Name: 259	9 BROOME LLC	CIO HVGH	KIRTLEY	
3. Building Owner's Street Address:		OME ST		
4. City, Town or Village:			te: NY	Zip Code: 1000 Z
5. Business Telephone Number of Bu		014)490 -		
	1	114) 4 10	2111 / 1 (914	1)472-9120
	n for a License to Tra		pplicant in Connection w stablishment Identified in LEVEY LLP	
7. Representative/Attorney's Street A	ddress: 40 FULTO	N FLOOR 28		
8. City, Town or Village: NEW YO	RK	Stat	e: NY	Zip Code: 10038
9. Business Telephone Number of Rep	presentative/Attorney:	212-219-1193		
0. Business E-mail Address of Represe	entative/Attorney: c/o	heather@helbraunley	zev.com.	
	,			
Representations in the the Authority when	is form are in conforr granting the license.	nity with representatio I understand that repre	entity that holds or is app ns made in submitted doo esentations made in this fo of the application or revo	cuments relied upon by orm will also be relied
By my signature, I	affirm - under Pena l	ty of Perjury - that the	representations made in	this form are true.
L. Printed Principal Name: JOSE	PH LEVEY		Title: ATTORNEY	
Principal Signature:	Kly			

HELBRAUN LEVEY

December 15, 2021

Susan Stetzer Manhattan Community Board 3 59 East 4th Street, New York, NY 10003

RE: SAIGONNYC LTD

85 ORCHARD ST UNIT B

NEW YORK, NEW YORK 10002

Dear Susan Stetzer

I am writing to you on behalf of my client in the subject of this letter. These applicants currently occupy space at the above address where they operate a restaurant.

Our client's intention is to apply to the New York State Liquor Authority for a/an corporate change application.

As you are aware, part of the licensing process requires that the Local Municipality or Community Board be notified to be given an opportunity to comment on the application. Please consider this letter notification of our intent to apply to the New York State Liquor Authority for the above referenced license.

Please forward any meeting notification information and/or documentation requirements to Heather Kirk in our Licensing Department, at the address indicated in my letterhead below, or to heather@helbraunlevey.com.

Sincerely,

bseph R. Levey