

|                                |                               |            |
|--------------------------------|-------------------------------|------------|
| OFFICE USE ONLY                |                               |            |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

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

1. Date Notice was Sent:  1a. Delivered by:

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:

**Applicant/Licensee Information:**

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

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village:  , NY Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business E-mail of Applicant/Licensee:

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:

14. Method of Operation: (check all that apply)

|   |  |   |  |                                  |
|---|--|---|--|----------------------------------|
| <input type="checkbox"/> Seasonal Establishment   | <input type="checkbox"/> Juke Box              | <input type="checkbox"/> Disc Jockey        | <input checked="" type="checkbox"/> Recorded Music | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Live Music (give details i.e., rock bands, acoustic, jazz, etc.): <input type="text"/> |  |   |  |                                  |
| <input type="checkbox"/> Patron Dancing   | <input type="checkbox"/> Employee Dancing      | <input type="checkbox"/> Exotic Dancing     | <input type="checkbox"/> Topless Entertainment     |                                  |
| <input type="checkbox"/> Video/Arcade Games   | <input type="checkbox"/> Third Party Promoters | <input type="checkbox"/> Security Personnel |  |                                  |
| <input type="checkbox"/> Other (specify): <input type="text"/>  |  |   |  |                                  |

Rec'd By Community Board 3, Man

MAR 02 2022

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

|  |   |                                  |   |   |
|--|---|----------------------------------|---|---|
| <input type="checkbox"/> None          | <input type="checkbox"/> Patio or Deck  | <input type="checkbox"/> Rooftop | <input type="checkbox"/> Garden/Grounds | <input type="checkbox"/> Freestanding Covered Structure |
| <input type="checkbox"/> Sidewalk Cafe | <input checked="" type="checkbox"/> Other (specify): <input type="text" value="Open Restaurant Program"/> |                                  |   |   |

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16. List the floor(s) of the building that the establishment is located on: **GROUND FLOOR AND MEZZANINE**

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:

|            |               |
|------------|---------------|
| <b>N/A</b> |               |
| 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: **Derby Bow 9, LLC**

23. Building Owner's Street Address: **41 Madison Avenue, 40th Floor**

24. City, Town or Village: **New York** State: **NY** Zip Code: **10010**

25. Business Telephone Number of Building Owner: **[REDACTED] 212-464-7334**

**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: **Shimpei Kawasaki**

27. Representative/Attorney's Street Address: **225 Broadway, Suite 3005**

28. City, Town or Village: **New York** State: **NY** Zip Code: **10007**

29. Business Telephone Number of Representative/Attorney: **(917) 546-9255**

30. Business E-mail Address of Representative/Attorney: **shimpei@kawasakilaw.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: **Yasutomo Kawano** Title: **President**

Principal Signature: 



March 1, 2022

*Via USPS Overnight Mail*  
**Manhattan Community Board 3**  
59 East 4th Street  
New York, NY 10003

**RE: Corporate Change Application**  
**Applicant: E.OCHI, INC. (d.b.a. YAKINIKU WEST)**  
**License Serial Number: 1121866**  
**Address: 218 E 9<sup>th</sup> Street, New York, NY 10003**

Dear Manhattan Community Board Three,

The applicant wishes to file a Corporate Change Application with the New York State Liquor Authority for the following license: License Serial Number: 1121866 (On-Premises - OP 252).

**CHANGES TO BE REQUESTED**

Current Approved Corporate Set-Up

|                 |                   |               |           |
|-----------------|-------------------|---------------|-----------|
| Yasutomo Kawano | Owner / President | 100% Interest | 200 Share |
|-----------------|-------------------|---------------|-----------|

Proposed Corporate Set-Up

|                 |                   |               |           |
|-----------------|-------------------|---------------|-----------|
| Chiei Hanamatsu | Owner / President | 100% Interest | 200 Share |
|-----------------|-------------------|---------------|-----------|

Enclosed is the requisite 30-Day Advance Notice.

If you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

A handwritten signature in cursive script that reads 'Shimpei Kawasaki'.

Shimpei Kawasaki, Esq.

**KAWASAKI LAW OFFICE PLLC**  
225 Broadway, Suite 3005  
New York, NY 10007

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Fax: 917-722-2462  
Email: [shimpei@kawasakilaw.com](mailto:shimpei@kawasakilaw.com)

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