

OFFICE USE ONLY									
Original	Amended	Date							



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

1. Date Notice Sent:	03/16/2022 La. Delivered by: Certified Mail Return Receipt Requested									
 Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License: For premises outside the City of New York: New Application Removal Class Change 										
_	For premises in the City of New York:									
_	New Application New Application and Temporary Retail Permit Temporary Retail Permit Removal									
Class Change	Class Change O Method of Operation O Corporate Change O Renewal O Alteration									
For New and Temporary Retail Permit 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										
	ll documents as noted above. Failure to do so may result in disapproval of the application.									
	ance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:									
3. Name of Municipa	ity or Community Board: Manhattan Community Board #3									
Applicant/License	ee Information:									
4. Licensee Serial Nur	nber (if applicable): Pending Expiration Date (if applicable):									
5. Applicant or Licens	ee Name: YS Omakase Inc									
6. Trade Name (if any	Domakase									
7. Street Address of E	stablishment: 23 Avenue B									
8. City, Town or Villag	New York , NY Zip Code: 10009									
9. Business Telephon	e Number of applicant/ Licensee: (480) 955-7773									
10. Business E-mail of	Applicant/Licensee: domakase@gmail.com									
11. Type(s) of alcohol	sold or to be sold: O Beer & cider O Wine, Beer & Cider O Liquor, Wine, Beer & Cider									
13 Figure of Food Con										
	vice: O Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area require									
13. Type of Establishm	ent: Bar/Tavern Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke									
14. Method of Operati	on.									
(check all that app	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): MAR 2 1 2022									
15. Licensed Outdoor										
(check all that a										

		033331 (OFFICE USE					
	O	Original () Amended D	ate				49
16. List the floor(s) of the bu	uilding that the e	establishment is	located on: First Flo	or				
17. List the room number(s)) the establishme	ent is located in	within the building, if	ppropriate:	N/A			
18. Is the premises located v	within 500 feet c	of three or more	e on-premises liquor es	ablishments?	• Yes • No			
19. Will the license holder o	r a manager be p	ohysically prese	ent within the establish	nent during all	hours of operation?	Yes	O No	
20. If this is a transfer applic	ation (an existin	g licensed busin	ness is being purchased) provide the n	ame and serial number o	f the license	e:	
N/A	N	ame			Serial Nur	mhar		
21. Does the applicant or lic			h the establishment is	ocated?	Yes (if YES, SKIP 23-26)	⊙ No		
					, ,			
	Own	er of the Buil	ding in Which the Lic	ensed Establi	ishment is Located			
22. Building Owner's Full Na	me: 21/23 A	venue B Reali	ty LLC/ Terrance Lov	/enberg				
23. Building Owner's Street	Address: 419	9 Lafayette Sti	reet. 5th Fl					\equiv
24. City, Town or Village:	New York			State: NY		Zip Code:	10002	
		_		JULY INT] Lip code.	10003	
25. Business Telephone Nur	nber of Building	Owner: [(212	2) 661-2700					
	Represen	itative or Atto	orney Renresenting	he Annlicant	in Connection with th	ne.		
Į.					nent Identified in this			
26. Representative/Attorne	y's Full Name:	Anthony L. C	araballo					
27. Representative/Attorne	y's Street Addre:	ss: 111 Atlar	ntic Avenue					
28. City, Town or Village:	Brooklyn			State: NY		Zip Code:	11201	=
L				State. 141		zip code.	11201	
29. Business Telephone Nun	iber of Represer	ntative/Attorne	y: (718) 875-2929					
30. Business E-mail Address	of Representativ	/e/Attorney:	Anthony@cblservice	s.com				
					at holds or is applying in submitted documer			
		-			ns made in this form viplication or revocation			
By my s	ignature, I affir	rm - under Pe i	naity of Perjury - tha	tne represer	ntations made in this fo	orm are tru	e.	
31. Printed Principal Nam	ie: Voor Lee			Title:	Vice-President			
	TOOREGE				VIOC-1 TOSIGETI			
		A to distantial and a street and a soft of the street of t	and the second s					
Principal Signatur	'e:							