

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



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

2. 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
 Renewal
 Alteration
 Removal
 Class Change
 Method of Operation
 Corporate Change

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

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/cook
 Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment:

- Seasonal Establishment
 Juke Box
 Disc Jockey
 Recorded Music
 Karaoke

14. Method of Operation: (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):

15. Licensed Outdoor Area: (check all that apply)
 None
 Patio or Deck
 Rooftop
 Garden/Grounds
 Freestanding Covered Structure
 Sidewalk Cafe
 Other (specify):

Rec'd by Community Board 3, Man
 MAY 31 2022

- 16. List the floor(s) of the building that the establishment is located on:
- 17. List the room number(s) the establishment is located in within the building, if appropriate:
- 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:

<input type="text"/>	<input type="text"/>
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:
- 23. Building Owner's Street Address:
- 24. City, Town or Village: State: Zip Code:
- 25. Business Telephone Number of Building Owner:

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:
- 27. Representative/Attorney's Street Address:
- 28. City, Town or Village: State: Zip Code:
- 29. Business Telephone Number of Representative/Attorney:
- 30. Business E-mail Address of Representative/Attorney:

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: Title:

Principal Signature: 

May 26th, 2022

To: Manhattan Community Board 3
59 East 4th St.
New York, NY 10003

Re: Restaurant Wine License Application for:
Chef Tan NYU Inc.
37 St Marks Pl
New York, NY 10003

Dear Sir or Madam:

Please be advised that I, Tan, QingWen, the president of Chef Tan NYU Inc. would like to submit this letter to inform you that I'm going to apply Restaurant Wine License for my restaurant located at the above mentioned address. For details, please see attached NOTICE FORM.

If you have any questions please contact my representative:

Ying Xu
NY Restaurant Consulting, Inc
8512 88th St., Woodhaven, NY 11421
Tel: 718-697-9925
Email: yxlamco@gmail.com

Thanks a lot.

Sincerely yours,



Tan, QingWen
President