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1. Date Notice Sent:	July 5th 2022 1a. Delivered by: CMRRR
Select the type of App For premises outside	plication that will be filed with the Authority for an On-Premises Alcoholic Beverage License: the City of New York:
New Application	Removal Class Change
For premises in the C	ity of New York:
New Application	New Application and Temporary Retail Permit
O Class Change O	Method of Operation Corporate Change Renewal Alteration
For Renewal applican For Alteration applica For Corporate Chang For Removal applicar For Class Change app	rary Retail Permit applicants, answer each question below using all information known to date ofts, answer all questions ants, answer all questions ants, attach a complete written description and diagrams depicting the proposed alteration(s) are applicants, attach a list of the current and proposed corporate principals ofts, attach a statement of your current and proposed addresses with the reason(s) for the relocation elicants, attach a statement detailing your current license type and your proposed license type atton Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes
	locuments as noted above. Failure to do so may result in disapproval of the application.
This 30-Day Advan	ce Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:
3. Name of Municipality	or Community Board 3M
Applicant/Licensee	
4. Licensee Serial Numb	er (if applicable): Expiration Date (if applicable):
5. Applicant or Licensee	Name: LLC to be formed by Mike Droney
6. Trade Name (if any):	TBD
7. Street Address of Esta	ablishment: 33 Avenue A
8. City, Town or Village:	New York , NY Zip Code: 1000 8
9. Business Telephone N	Number of applicant/Licensee: (212) 6 23 - 5550
0. Business E-mail of Ap	plicant/Licensee: mdroney Qgmc; 1. Com
1. Type(s) of alcohol sol	d or to be sold: O Beer & cider O Wine, Beer & Cider Cider Cider
2. Extent of Food Servic	e: Stull Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area required
.3. Type of Establishmen	t: Restaurent
and the temperature	Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
 Method of Operation (check all that apply) 	
	☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment 0 8 2022
	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
	Other (specify):
L5. Licensed Outdoor Ar (check all that app	Though the second the control of the

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				-	
5. List the floor(s) of the building tha	t the establishment is loc	ated on:	9£	bescmen	+
. List the room number(s) the estab	lishment is located in wit	hin the building.	,		
. Is the premises located within 500) feet of three or more on	-premises liquor	establishments	? Ofes On	lo
. Will the license holder or a manag	er be physically present v	vithin the establi	shment during	all hours of operation?	O Yes O No
. If this is a transfer application (an	existing licensed business	s is being purchas	sed) provide the	e name and serial numb	er of the licensee:
	Name			Serial	Number
L. Does the applicant or licensee ow	n the building in which th	e establishment	is located?	Yes (if YES, SKIP 23-2	6) O No
	Owner of the Buildin	g in Which the	Licensed Esta	ıblishment is Located	I
. Building Owner's Full Name:	61/ 1	- A		1: 12	
	EV Aven	oe /		ties LP	
. Building Owner's Street Address:	767 Fin	fth Are	50th +	"loor	
. City, Town or Village: Ve	u york		State:	NY	Zip Code: 10/53
Business Talanhana Number of B	uilding Ourner:				
. Business Telephone Number of B	alluling Owner.			,	
Applicati Applicati 5. Representative/Attorney's Full Na	oresentative or Attorn on for a License to Tra	ffic in Alcohol a	at the Establis	thment Identified in 1	this Notice
s. hepresentative/Attorney s run w	Frank VV. Palli				
7. Representative/Attorney's Street	Address: Sixty Broad	d Street, Suite	3504		
3. City, Town or Village: New Yo	rk		State: Ne	ew York	Zip Code: 10004
). Business Telephone Number of Re	epresentative/Attorney:	(212) 227-1	640		
). Business E-mail Address of Repres	sentative/Attorney: Fv	vpalillo@gmai	Lcom		
203111232 2 1110117101010000 0 111010100		· pailile@gi.liai			
	it or licensee holder or				
·	this form are in conform	,			
	n granting the license. Ise representations ma				
apon, and macra	ise representations me	ay i court iii arou	ppiosai oi cit	application of revoc	action of the meenser
By my signature	Laffirm under Bone	•			
	e, i aimini - unuei Pena	•	that the repre	esentations made in t	his form are true.
	e, i ammi - under Fena	•	that the repre	esentations made in t	his form are true.
1. Printed Principal Name:	40 15	lty of Perjury -			
1. Printed Principal Name:	40 15	•		7	
1. Printed Principal Name:	M; Ke Dr	lty of Perjury -			
Printed Principal Name: Principal Signature: X	40 15	lty of Perjury -			

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Original	Amended	Date	



1. Date Notice Sent:	JULY 11, 2022 1a. Delivered by: Certified Mail Return Receipt Requested
Select the type of Appropriet in premises outside	plication that will be filed with the Authority for an On-Premises Alcoholic Beverage License: the City of New York:
O New Application	Removal Class Change
For premises in the C	
New Application	New Application and Temporary Retail Permit
_	Method of Operation O Corporate Change ORenewal O Alteration
For Renewal applicant For Alteration applicant For Corporate Change For Removal applicant For Class Change appli For Method of Operat Please include all do	ary Retail Permit applicants, answer each question below using all information known to date its, answer all questions ints, attach a complete written description and diagrams depicting the proposed alteration(s) applicants, attach a list of the current and proposed corporate principals its, attach a statement of your current and proposed addresses with the reason(s) for the relocation icants, attach a statement detailing your current license type and your proposed license type icon Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes occuments as noted above. Failure to do so may result in disapproval of the application. Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:
	or Community Board: MANHATTAN COMMUNITY BOARD 3
Applicant/Licensee In	
4. Licensee Serial Number	r (if applicable): N/A Expiration Date (if applicable): N/A
5. Applicant or Licensee N	lame: ENTITY TO BE FORMED BY NATHAN ADLER
6. Trade Name (if any):	
7. Street Address of Estab	
8. City, Town or Village:	,
	mber of applicant/ Licensee: Pending
10. Business E-mail of Appli	cant/Licensee: c/o HEATHER@HELBRAUNLEVEY.COM
11. Type(s) of alcohol sold o	or to be sold:
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:	Restaurant (full kitchen and full menu required)
14. Method of Operation: (check all that apply)	Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☐ Recorded Music ☐ Karaoke ☐ Give details i.e., rock bands, acoustic, jazz, etc.):
	Patron Dancing
	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personne!
	Other (specify):
15. Licensed Outdoor Area: (check all that apply)	None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure ☐ Sidewalk Cafe ☐ Other (specify): DOT outdoor seating

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16. List the floor(s) of the building that	t the establishment is located on: GRO	UND FLOOR + BASEMENTCELLAR	
17. List the room number(s) the estab	lishment 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? ② Yes ③ No	
19. Will the license holder or a manage	er be physically present within the establis	shment during all hours of operation?	O Yes O No
20. If this is a transfer application (an e	xisting licensed business is being purchase	ed) provide the name and serial number	of the licensee:
N/A		N/A	
24 December and the state of	Name	Serial Nu	mber
21. Does the applicant or licensee own	the building in which the establishment is	s located?	⊙ No
(Owner of the Building in Which the L	icensed Establishment is Located	
22. Building Owner's Full Name:	STIN ZUCKER		
23. Building Owner's Street Address:	250 PARK AVENUE SUITE 1901		
24. City, Town or Village: NEW YORK	(State: NY	Zip Code: 10177
25. Business Telephone Number of Build	ding Owner: 516-713-9407		
	0.07.00.07		
Renre	sentative or Attorney Representing	the Applicant in Connection with th	
Application	for a License to Traffic in Alcohol at t	the Establishment Identified in this	Notice
26. Representative/Attorney's Full Name	JOSEPH LEVEY; HELBRAUN	I & LEVEY LLP	
27. Representative/Attorney's Street Ad	dress: 40 FULTON STREET, FLC	OOR 28	
28. City, Town or Village: NEW YOR	K	State: NEW YORK	Zip Code: 10038
29. Business Telephone Number of Repre	esentative/Attorney: 212 219 1193		
30. Business E-mail Address of Represent	ative/Attorney: HEATHER@HELB	RAUNLEVEY.COM	
l am the applicant or Representations in this	licensee holder or a principal of the liferm are in conformity with represen	egal entity that holds or is applying f	or the license.
the Authority when gra	iorin are in comorning with represent	rations made in submitted documen	ts relied upon by
	anting the license. I understand that i	representations made in this form w	ili also pe relled
upon, and that false r	anting the license. I understand that i epresentations may result in disappro	representations made in this form wo oval of the application or revocation	of the license.
	anting the license. I understand that i representations may result in disappro ffirm - under Penalty of Perjury - that	oval of the application or revocation	of the license.
	representations may result in disappro	oval of the application or revocation	of the license.
	representations may result in disappro	oval of the application or revocation	of the license.
By my signature, I a	representations may result in disappro	oval of the application or revocation the representations made in this fo	of the license.
By my signature, I a 31. Printed Principal Name: JOSEP	representations may result in disappro	oval of the application or revocation the representations made in this fo	of the license.
By my signature, I a	representations may result in disappro	oval of the application or revocation the representations made in this fo	of the license.



	OFFICE	USE ONLY	
Original	Amended	Date	



1. Date Notice Sent:	07/14/2022 1a. Delivered by: Certified Mail Return Receipt Requested
Select the type of App For premises outside t	lication that will be filed with the Authority for an On-Premises Alcoholic Beverage License: the City of New York:
New Application	Removal Class Change
For premises in the Cit	ty of New York:
New Application	New Application and Temporary Retail Permit
O Class Change O	Method of Operation O Corporate Change O Renewal O Alteration
For Renewal applicant For Alteration applicar For Corporate Change For Removal applicant For Class Change appli For Method of Operati	nts, attach a complete written description and diagrams depicting the proposed alteration(s) applicants, attach a list of the current and proposed corporate principals is, attach a statement of your current and proposed addresses with the reason(s) for the relocation cants, attach a statement detailing your current license type and your proposed license type ion Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes
	ocuments as noted above. Failure to do so may result in disapproval of the application.
	e Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:
3. Name of Municipality of	or Community Board: Manhattan Community Board 3
Applicant/Licensee Ir	nformation:
4. Licensee Serial Number	r (if applicable): Pending Expiration Date (if applicable): N/A
5. Applicant or Licensee N	lame: Heaven's Cookies, LLC
6. Trade Name (if any):	Same
7. Street Address of Estab	lishment: 47 Second Avenue
8. City, Town or Village:	New York , NY Zip Code: 10003
9. Business Telephone Nu	mber of applicant/ Licensee: (718) 308-1083
10. Business E-mail of Appli	icant/Licensee: lepicerieandwine@gmail.com
11. Type(s) of alcohol sold of	or to be sold:
12. Extent of Food Service:	O Full Food menu; full kitchen run by a chef/cook Menu meets legal minimum food requirements; food prep area required
13. Type of Establishment:	Bar/Tavern
14. Method of Operation:	Seasonal Establishment Juke Box Disc Jockey Recorded Music Recorded Music
(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):

OFFICE USE ONLY Original Amended Date	
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16. List the floor(s) of the building that the establishment is located on: First Floor and basement	
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? O Yes	
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: N/A	
Name Serial Number	
21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26) ONO	
Owner of the Building in Which the Licensed Establishment is Located	
22. Building Owner's Full Name: Holliswood2ave, LLC	
23. Building Owner's Street Address: 1 Rockefeller Center, 11th FI	
24. City, Town or Village: New York State: NY 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: Anthony L. Caraballo	
27. Representative/Attorney's Street Address: 111 Atlantic Avenue	
28. City, Town or Village: Brooklyn State: NY Zip Code: 11201	
29. Business Telephone Number of Representative/Attorney: (718) 875-2929	
30. Business E-mail Address of Representative/Attorney: anthony@cblservices.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: Jondamien E. Delrio Title: LLC Member	
Principal Signature:	

	 *		
Original	Amended	Date	

1. Date Notice Sent:	05/31/2022	1a. Delivered by:	Certified Mail Return Receipt Requested
Select the type of Ap For premises outside	oplication that will be filed with the Authors the City of New York:	ority for an On-Premises Al	coholic Beverage License:
New Application	Removal Class Change		
For premises in the			
New Application	O New Application and Temporary Re	ail Permit O Temporary	Retail Permit Removal
	Method of Operation O Corporate		
For Renewal applicated For Alteration applicated For Corporate Change For Removal applicated For Class Change app	rary Retail Permit applicants, answer eachts, answer all questions ants, attach a complete written descriptive applicants, attach a list of the current ants, attach a statement of your current a slicants, attach a statement detailing your thing the policants attach a statement detailing your things applicants.	on and diagrams depicting and proposed corporate pi nd proposed addresses wi r current license type and	the proposed alteration(s) rincipals th the reason(s) for the relocation
Please include all d	locuments as noted above. Failure	to do so may result in d	isapproval of the application.
This 30-Day Advan	ce Notice is Being Provided to the C	erk of the Following Lo	cal Municipality or Community Board:
3. Name of Municipality	or Community Board: Manhattan C	Community Board 3	
Applicant/Licensee	Information:		
4. Licensee Serial Number	er (if applicable): 1282226	Expira	ation Date (if applicable): 01/31/2023
5. Applicant or Licensee	Name: Buddha Bodai Two Kosher V	egetarian Restaurant In	C.
6. Trade Name (if any):	Buddha Bodai Kosher Vegetarian Re	estaurant	
7. Street Address of Esta	blishment: 77 Mulberry Street		
8. City, Town or Village:	New York	,	NY Zip Code: 10013
9. Business Telephone N	umber of applicant/ Licensee:	212)233-2921	
10. Business E-mail of App	olicant/Licensee: buddhavegeta	rian@gmail.com	
11. Type(s) of alcohol sold	or to be sold:	O Wine, Beer & Cider	Liquor, Wine, Beer & Cider
12. Extent of Food Service	: • Full Food menu; full kitchen run by	a chef/cook O Menu med	ets legal minimum food requirements; food prep area required
13. Type of Establishment			
14. Method of Operation:	Seasonal Establishment Jul	e Box Disc Jockey	Recorded Music Karaoke
(check all that apply)	Live Music (give details i.e., rock ba	nds, acoustic, jazz, etc.):	Rec'd by Community Seard 3, inc.
	Patron Dancing Employee D		ing Topless Entertainment
	☐ Video/Arcade Games ☐ Third	Party Promoters S	ecurity Personnel JUN 0 2 2022
	Other (specify):		
15. Licensed Outdoor Area (check all that apply	a: ☑ None ☐ Patio or Deck ☐ Other (s		en/Grounds Freestanding Covered Structure

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16. List the floor(s) of the building the	nat the establishment is located on: 2				
17. List the room number(s) the esta	ablishment is located in within the building,	if annronriate:	Ground floor & basen		
				ient	
	00 feet of three or more on-premises liquor				
19. Will the license holder or a mana	ger be physically present within the establi	shment during a	Il hours of operation?	Yes	O No
20. If this is a transfer application (ar	n existing licensed business is being purchas	ed) provide the	name and serial number	of the license	ee:
	Name	\\ 	Serial Nu	mber	
21. Does the applicant or licensee ov	vn the building in which the establishment i	is located?	Yes (if YES, SKIP 23-26)	No	
	Our of the D. D. C.				
	Owner of the Building in Which the I	Licensed Estab	lishment is Located		
22. Building Owner's Full Name: B	ak Lee Tat International Inc.				
23. Building Owner's Street Address:	77 Mulberry Street				
24. City, Town or Village: New Yor		7 55.44		7	
		State: NY		Zip Code:	10013
25. Business Telephone Number of B	uilding Owner: 646-396-1350				
Ren	presentative or Attorney Representing	the Applicant	in Connection with the	_	
Applicati	on for a License to Traffic in Alcohol at	the Establish	nent Identified in this I	Notice	
26. Representative/Attorney's Full Na	me: James Wang				
27. Representative/Attorney's Street	Address: 146-14 24th Avenue				
28. City, Town or Village: Whitestor	ne	State: NY		Zip Code:	11357
29. Business Telephone Number of Re	presentative/Attorney: (212)219-3070				
30 Business E mail Address of Danses					
30. Business E-mail Address of Represe	entative/Attorney: j.y.wang.ny@gmail.	com			
l am the applicant	or licensee holder or a principal of the	legal entity th	at holds or is applying f	or the licen	se.
the Authority when	nis form are in conformity with represer granting the license. I understand that	ntations made	in submitted documen	ts relied up	on by
upon, and that fals	e representations may result in disapp	roval of the ap	plication or revocation	of the licer	156.
by my digitatare,	I affirm - under Penalty of Perjury - tha	it the represer	itations made in this fo	rm are true	: .
24.62.4.164.4.10					
31. Printed Principal Name: Kent	ZhiQiang Zhang	Title:	president		
Poster it is to as	4 - 28				
Principal Signature:	rant 2 3 have				<u></u>

Original	\bigcirc	Amend



Date



1. Date Notice Sent:	6/29/2022	1a. Delivered by:	Overnight Mail, Tracking Number and Pro
For premises outside t	Removal Class Change	nority for an On-Premises A	Alcoholic Beverage License:
	_		
	New Application and Temporary Re		ary Retail Permit Removal
O Class Change	Method of Operation Corporate	e Change Renewal	Alteration
For Renewal applicant For Alteration applicar For Corporate Change For Removal applicant For Class Change appli For Method of Operat Please include all do	ocuments as noted above. Failure	ation and diagrams depicting thand proposed corporate and proposed addresses we pur current license type and required, if you choose to see to do so may result in	ng the proposed alteration(s) principals with the reason(s) for the relocation ad your proposed license type submit, attach an explanation detailing those changes
	-		
	· · · · · · · · · · · · · · · · · · ·	OF NEW YORK MA	ANHATTAN COMMUNITY BOARD 3
Applicant/Licensee In	nformation:		
4. Licensee Serial Number	r (if applicable): 1347606, 134	7607 Exp	piration Date (if applicable):
5. Applicant or Licensee N	Name: SINZER, CHASE & PINSK	Y, JOSHUA	
6. Trade Name (if any):	SABO SP LLC		
7. Street Address of Estab	plishment: 90 EAST 10TH STREE	T	
8. City, Town or Village:	MANHATTAN		, NY Zip Code: 10003
	imber of applicant/ Licensee:	973-902-5011	, 141 25 5542. 10003
10. Business E-mail of Appl	licant/Licensee: chase@claud	dnyc.com	
11. Type(s) of alcohol sold	or to be sold:	Wine, Beer & Cide	er Diquor, Wine, Beer & Cider
12. Extent of Food Service:	: 🍳 Full Food menu; full kitchen run b	oy a chef/cook O Menu m	neets legal minimum food requirements; food prep area requirec
13. Type of Establishment:			Proc. P 4
14. Method of Operation: (check all that apply)	Live Music (give details i.e., rock):
15. Licensed Outdoor Area (check all that apply)	3: ✓ None ☐ Patio or Deck	Rooftop Ga	arden/Grounds Freestanding Covered Structure

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16. List the floor(s) of the building that	the establishment is loc	ated on: cellar & b	asement			•
17. List the room number(s) the establi	shment is located in wit	thin the building, if a	propriate: n/a			
18. Is the premises located within 500 i	feet of three or more on	-premises liquor esta	blishments?	Yes @ No		
19. Will the license holder or a manage	r be physically present v	vithin the establishm	ent during all hours	of operation?	Yes	O No
20. If this is a transfer application (an e	xisting licensed busines	s is being purchased)	provide the name a	and serial number of	the license	e:
21. Does the applicant or licensee own	Name			Serial Num	nber	
	Owner of the Buildin		nsed Establishmo	ent is Located		
22. Building Owner's Full Name:	MAS 90 EAST 10TH	H LLC				
23. Building Owner's Street Address:	489 FIFTH AVENUE	, 7TH FLOOR				
24. City, Town or Village: NEW YOR	K .		State: NEW YOR	RK	Zip Code:	10017
25. Business Telephone Number of Buil	ding Owner: 212-37	1-5050				
	esentative or Attorne n for a License to Traf		Establishment I	dentified in this N	lotice	
27. Representative/Attorney's Street A						
28. City, Town or Village: BAY SHOP	RE		state: NEW YOR	K	Zip Code:	11706
29. Business Telephone Number of Rep	esentative/Attorney:	646-377-5369	!			
30. Business E-mail Address of Represer	ntative/Attorney: MA	DISON@CORNER	STONEPERMIT	.COM		
Representations in thi the Authority when g upon, and that false		ity with representa understand that re result in disappro	tions made in sul presentations ma ral of the applicat	bmitted documen ade in this form w tion or revocation	ts relied up ill also be r of the licer	oon by relied nse.
31. Printed Principal Name: CHAS	E SINZER		Title: PRI	NCIPAL		
Principal Signature: Chase	Sinzer		Digitally eigened by Chose State Oil one-Ocea Street, reducing Dear State of 11/1/22 oil	or D DD LLC, zu, emernehasseitzen@gener gen, enliß DD		



THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003 Phone (212) 533-5300 www.cb3manhattan.org - mn03@cb.nyc.gov

Paul Rangel, Board Chair

Susan Stetzer, District Manager

	Joshua Pinsky		, as a qualified rep	resentative	of	Sabo	Sp LLC
cated	at		Street	, No	w York, NY	agree to the follo	wing stipulations:
	I will operate a Kitchen open a	a full-service restaurar	nt, specifically a (ty	pe of resta	urant)		
	hours of opera on <u>5-12</u> u <u>5-12</u>	tion will be: ; Tue ; Fri	5-12 5-12	; Wed ; Sat	5-12 5-12	, , ; Sun;	5-12
							ess at specified closing hou
out	I may apply for		dbed dining as allo not have any musi	wed by the c, speakers	temporary C or tv monito	Open Restaurants	s program but will close all
at 1 pla	LO:00 P.M. ever	front or rear façade of right or when amplited to DJs, mances.	fied sound is	wi or	ndows excep when amplif	ot my entrance di fied sound is play	çade with no open doors or oor will close by 10:00 P.M. ring, including but not limite ousical performances.
l wi	Il not have 🗷 D formances, 🗖 n	Us, 🗷 live music, 🔀 p nore than priv	romoted events, I ate parties per	🛛 any even	t at which a	cover fee is charg	ged, 🗷 scheduled
		ient recorded backgro			er of TVs		
con	I will not apply ning before CB 3	for an alteration to the	ne method of oper	ation or for	any physical	alterations of ar	ny nature without first
X	I will not seek	a change in class to a t	full on-premises lic	quor license	without first	t obtaining appro	oval from CB 3.
X	I will not partic	ipate in pub crawls or	have party buses	come to my	establishme	ent.	
X	I will not have	unlimited drink specia	ls, including booz	brunches,	with food.		
end	I will not have	a happy hour or drink	specials with or w	ithout time	limitations <u>C</u>	<u>DR</u> □ I will have I	nappy hour and it will
X	I will not have	wait lines outside. 🛛 1	will have a staff p	erson respo	nsible for en	suring no loiterii	ng, noise or crowds outside.
		ously post this stipulat					
revi	Residents may sit the above-st	contact the manager/ ated method of opera	owner at the num	ber below.	Any compla	ints will be addre	essed immediately. I will mpact on my neighbors.
me: _	Joshua Pin	sky	dus	P	hone Numbe	er:97	73-902-5011
01	will:	T X	<u> </u>				
******				······································			Marian Company America
ereby	certify that the	information profide	d ahove is truthfu	l and accur	ita bacad un	an mar narranal	ballas
	TARM	y fruit	w unover is tractifu	i and accuir	rte baseu up		12/17/21 12 /21/
ned	75		*	**************************************	- 0	Dated	101
orn to	this of	_day of <u>lecember</u>	29 <u>1 2022</u>		LOG K	1010	ee that earthe most
			306	1	Joce a no	Notary Public	MS02250510 ON THE PROPERTY OF
				POLITICAL Y P	0.0170872	0544	A Linbilid, State of Sterk Yard JOSE E. POUMS

Qualified in New York C. Commission Exercise to 112



		USE ONLY	
Original	○ Amended	Date	



1. Date Notice Sent:	MAY 26, 2022	1a. Delivered by:	0 10 100 100
	1071 20, 2022	Ta. Delivered by:	Certified Mail Return Receipt Requested
Select the type of Ap For premises outside	oplication that will be filed with the Autho the City of New York:	ority for an On-Premises Al	coholic Beverage License:
New Application	Removal Class Change		
For premises in the (
New Application	New Application and Temporary Ret	tail Permit Temporary	Retail Permit Removal
Class Change	Method of Operation Corporate	Change Renewal	Alteration
For Alteration applica For Corporate Change For Removal applican For Class Change appl	ary Retail Permit applicants, answer each ats, answer all questions ants, attach a complete written description e applicants, attach a list of the current a ats, attach a statement of your current and licants, attach a statement detailing your tion Change applicants, although not rec	on and diagrams depicting and proposed corporate pr and proposed addresses with	the proposed alteration(s) incipals
Please include all de	ocuments as noted above. Failure t	o do so may result in di	isangroupl of the opplication
This 30-Day Advance	e Notice is Being Provided to the Cl	erk of the Following Lo	cal Municipality or Community Board:
3. Name of Municipality	or Community Board: MANHATTAN	1000	na traincipanty of Community Board:
		N CB 3	
Applicant/Licensee I			
4. Licensee Serial Numbe		Expira	tion Date (if applicable):
5. Applicant or Licensee N	lame: SOHOGOZO LLC		
6. Trade Name (if any):	ſBD		
7. Street Address of Estab	lishment: 91-93 BAXTER STREE	T	
8. City, Town or Village:	NEW YORK		Y Zip Code: 10013
_		12 365-4527	Y Zip Code: 10013
10. Business E-mail of Appli			
	LIVIAL.IVICE (C)	SIVIAIL.COIVI	
11. Type(s) of alcohol sold o	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	chaf/cook Manumous	alambata et al.
13. Type of Establishment:	Restaurant (full kitchen and full m		s legal minimum food requirements; food prep area required
	Seasonal Establishment Juke		Recorded Music Karaoke
14. Method of Operation: (check all that apply)	Live Music (give details i.e., rock ban	•	Transfer Masic
(or con an erac appry)	Patron Dancing Employee Da	L.	
			g Topless Entertainment curity Personnel
	Other (specify):		
15. Licensed Outdoor Area:	None Patio or Deck	Rooftop Garder	n/Grounds Freestanding Covered Structure
(check all that apply)	Sidewalk Cafe Other (spe	ecify): OPEN REST	

	OFFICE USE ONLY	
9	Original Amended Date	
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16. List the floor(s) of the building that	the establishment is located on: FIRST FLOOR DINING AND BASEM	ENT STORAGE
17. List the room number(s) the establi	ishment is located in within the building, if appropriate:	
18. Is the premises located within 500 f	eet of three or more on-premises liquor establishments?)
19. Will the license holder or a manager	r be physically present within the establishment during all hours of operation?	Yes No
20. If this is a transfer application (an ex	xisting licensed business is being purchased) provide the name and serial numbe	r of the licensee:
31 Decaths and book of	Name Serial N	umber
21. Does the applicant or licensee own	the building in which the establishment is located?	S No
C	Owner of the Building in Which the Licensed Establishment is Located	
22. Building Owner's Full Name: CAN	NBAX REALTY CORP	
23. Building Owner's Street Address:		
24. City, Town or Village:	State:	Zip Code:
25. Business Telephone Number of Build	ling Owner:	
Repre	sentative or Attorney Representing the Applicant in Connection with t	he
Application		1 Pap
	for a License to Traffic in Alcohol at the Establishment Identified in this	Notice
26. Representative/Attorney's Full Name		Notice
	STACY L. WEISS, ESQ	Notice
26. Representative/Attorney's Full Name	stacy L. Weiss, Esq dress: 110 East 59TH STREET, 23RD FLOOR	Notice
26. Representative/Attorney's Full Name 27. Representative/Attorney's Street Add 28. City, Town or Village: NEW YORK	STACY L. WEISS, ESQ dress: 110 EAST 59TH STREET, 23RD FLOOR K State: NY	Zip Code: 10022
26. Representative/Attorney's Full Name 27. Representative/Attorney's Street Add 28. City, Town or Village: NEW YORI 29. Business Telephone Number of Repre	STACY L. WEISS, ESQ dress: 110 EAST 59TH STREET, 23RD FLOOR K State: NY sentative/Attorney: 212-521-0828	Notice
26. Representative/Attorney's Full Name 27. Representative/Attorney's Street Add 28. City, Town or Village: NEW YORK	STACY L. WEISS, ESQ dress: 110 EAST 59TH STREET, 23RD FLOOR K State: NY sentative/Attorney: 212-521-0828	Notice
26. Representative/Attorney's Full Name 27. Representative/Attorney's Street Add 28. City, Town or Village: NEW YORI 29. Business Telephone Number of Repre 30. Business E-mail Address of Representation	STACY L. WEISS, ESQ dress: 110 EAST 59TH STREET, 23RD FLOOR K State: NY sentative/Attorney: 212-521-0828 ative/Attorney: slweissattorney@aol.com	Zip Code: 10022
26. Representative/Attorney's Full Name 27. Representative/Attorney's Street Add 28. City, Town or Village: NEW YORI 29. Business Telephone Number of Repre 30. Business E-mail Address of Representation	STACY L. WEISS, ESQ dress: 110 EAST 59TH STREET, 23RD FLOOR K State: NY sentative/Attorney: 212-521-0828 ative/Attorney: slweissattorney@aol.com	Zip Code: 10022
26. Representative/Attorney's Full Name 27. Representative/Attorney's Street Add 28. City, Town or Village: NEW YORI 29. Business Telephone Number of Repre 30. Business E-mail Address of Representations in this the Authority when gra	STACY L. WEISS, ESQ dress: 110 EAST 59TH STREET, 23RD FLOOR K State: NY sentative/Attorney: 212-521-0828 ative/Attorney: slweissattorney@aol.com licensee holder or a principal of the legal entity that holds or is applying form are in conformity with representations made in submitted docume enting the license. I understand that representations made in this form	Tip Code: 10022 for the license. nts relied upon by will also be relied
26. Representative/Attorney's Full Name 27. Representative/Attorney's Street Add 28. City, Town or Village: NEW YORI 29. Business Telephone Number of Repre 30. Business E-mail Address of Representations in this the Authority when gra	STACY L. WEISS, ESQ dress: 110 EAST 59TH STREET, 23RD FLOOR K State: NY sentative/Attorney: 212-521-0828 ative/Attorney: slweissattorney@aol.com	Tip Code: 10022 for the license. nts relied upon by will also be relied
26. Representative/Attorney's Full Name 27. Representative/Attorney's Street Add 28. City, Town or Village: NEW YORI 29. Business Telephone Number of Repre 30. Business E-mail Address of Representations I am the applicant or Representations in this the Authority when graupori, and that false reserved.	STACY L. WEISS, ESQ dress: 110 EAST 59TH STREET, 23RD FLOOR K State: NY sentative/Attorney: 212-521-0828 ative/Attorney: slweissattorney@aol.com licensee holder or a principal of the legal entity that holds or is applying form are in conformity with representations made in submitted docume enting the license. I understand that representations made in this form	for the license. nts relied upon by will also be relied n of the license.
26. Representative/Attorney's Full Name 27. Representative/Attorney's Street Add 28. City, Town or Village: NEW YORI 29. Business Telephone Number of Repre 30. Business E-mail Address of Representations I am the applicant or Representations in this the Authority when graupori, and that false response to the Part of Representations in this state Authority when graupori, and that false response to the Part of Representations in this state Authority when graupori, and that false response to the Part of Representations in this state Authority when graupori, and that false response to the Part of Representations in this state Authority when graupori, and that false response to the Part of Representations in this state and the Part of Representations in this state Authority when graupori, and that false response to the Part of Representations in this state and the Part of Representations in the Part of Representa	STACY L. WEISS, ESQ dress: 110 EAST 59TH STREET, 23RD FLOOR K State: NY sentative/Attorney: 212-521-0828 ative/Attorney: slweissattorney@aol.com licensee holder or a principal of the legal entity that holds or is applying form are in conformity with representations made in submitted docume anting the license. I understand that representations made in this form representations may result in disapproval of the application or revocation ffirm - under Penalty of Perjury - that the representations made in this form	for the license. nts relied upon by will also be relied n of the license.
26. Representative/Attorney's Full Name 27. Representative/Attorney's Street Add 28. City, Town or Village: NEW YORI 29. Business Telephone Number of Repre 30. Business E-mail Address of Representations I am the applicant or Representations in this the Authority when graupori, and that false response to the Part of Representations in this state Authority when graupori, and that false response to the Part of Representations in this state Authority when graupori, and that false response to the Part of Representations in this state Authority when graupori, and that false response to the Part of Representations in this state Authority when graupori, and that false response to the Part of Representations in this state and the Part of Representations in this state Authority when graupori, and that false response to the Part of Representations in this state and the Part of Representations in the Part of Representa	STACY L. WEISS, ESQ dress: 110 EAST 59TH STREET, 23RD FLOOR K State: NY sentative/Attorney: 212-521-0828 ative/Attorney: slweissattorney@aol.com licensee holder or a principal of the legal entity that holds or is applying form are in conformity with representations made in submitted docume anting the license. I understand that representations made in this form representations may result in disapproval of the application or revocation	for the license. nts relied upon by will also be relied n of the license. orm are true.
26. Representative/Attorney's Full Name 27. Representative/Attorney's Street Add 28. City, Town or Village: NEW YORI 29. Business Telephone Number of Repre 30. Business E-mail Address of Representations I am the applicant or Representations in this the Authority when graupori, and that false response to the Part of Representations in this state Authority when graupori, and that false response to the Part of Representations in this state Authority when graupori, and that false response to the Part of Representations in this state Authority when graupori, and that false response to the Part of Representations in this state Authority when graupori, and that false response to the Part of Representations in this state and the Part of Representations in this state Authority when graupori, and that false response to the Part of Representations in this state and the Part of Representations in the Part of Representa	STACY L. WEISS, ESQ dress: 110 EAST 59TH STREET, 23RD FLOOR K State: NY sentative/Attorney: 212-521-0828 ative/Attorney: slweissattorney@aol.com licensee holder or a principal of the legal entity that holds or is applying form are in conformity with representations made in submitted docume anting the license. I understand that representations made in this form representations may result in disapproval of the application or revocation ffirm - under Penalty of Perjury - that the representations made in this form.	for the license. nts relied upon by will also be relied n of the license. orm are true.



	OFFICE	USE ONLY	
Original	Amended	Date	



1. Date Notice Sent:	07/17/2022 1a. Delivered by: Certified Mail Return Receipt Requested
	pplication that will be filed with the Authority for an On-Premises Alcoholic Beverage License: e the City of New York:
O New Application	Removal Class Change
For premises in the	City of New York:
O New Application	New Application and Temporary Retail Permit
O Class Change (Method of Operation Corporate Change
For Renewal application application application for Corporate Chan For Removal application for Class Change application for Change applicatio	prary Retail Permit applicants, answer each question below using all information known to date ants, answer all questions cants, attach a complete written description and diagrams depicting the proposed alteration(s) ge applicants, attach a list of the current and proposed corporate principals ants, attach a statement of your current and proposed addresses with the reason(s) for the relocation plicants, attach a statement detailing your current license type and your proposed license type retion Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes
	documents as noted above. Failure to do so may result in disapproval of the application.
	nce Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:
3. Name of Municipalit	y or Community Board: MANHATTAN COMMUNITY BOARD 3
Applicant/Licenses	Information:
4. Licensee Serial Num	ber (if applicable): 1323033 Expiration Date (if applicable): 09/30/2022
5. Applicant or License	e Name: FRIENDSHIP FOODS ONE INC
6. Trade Name (if any):	JIANG NAN
7. Street Address of Est	rablishment: 103 BOWERY
8. City, Town or Village	NEW YORK , NY Zip Code: 10002
9. Business Telephone	Number of applicant/ Licensee: (212) 775-8998
10. Business E-mail of Ap	pplicant/Licensee: ABCLICENSE@GMAIL.COM
11. Type(s) of alcohol so	ld or to be sold: O Beer & cider O Wine, Beer & Cider O Liquor, Wine, Beer & Cider
12. Extent of Food Servi	ce: 🧿 Full Food menu; full kitchen run by a chef/cook 🔿 Menu meets legal minimum food requirements; food prep area require
13. Type of Establishmer	- Secretary from Monters and Talk Michael
14. Method of Operation	I I live Music faire debath to most book or a constant of the first of
(check all that apply)	Patron Pancing Da
	☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment ☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
	Other (specify):
15. Licensed Outdoor Ar	ea: [7]
(check all that app	ea: ☑ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure [y] ☐ Sidewalk Cafe ☐ Other (specify):

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16. List the floor(s) of the building that	the establishment is lo	ocated on: 1ST FL	& BASEMENT			
17. List the room number(s) the establi	ishment is located in w	ithin the building, if	appropriate: N/A			
18. Is the premises located within 500 f	feet of three or more o	n-premises liquor es	tablishments?	Yes (C Na		
19. Will the license holder or a manage	er be physically present	within the establish	ment during all hours of	foperation?	• Yes • O	No
20. If this is a transfer application (an e	xisting licensed busine	ss is being purchased	l) provide the name and	serial number of	the licensee:	
N/A	Name			Serial Num	ber	
21. Does the applicant or licensee own		he establishment is	ocated? G Yes (if Y	ES, SKIP 23-26)	⊙ No	
	Owner of the Buildi	ng in Which the Li	ensed Establishmen	t is Located		
22. Building Owner's Full Name: BO	WERY 103 LLC					
23. Building Owner's Street Address:	15 W 37TH ST, 11	TH FLOOR				
24. City, Town or Village: NEW YOR			State: NY		Zip Code: 100	18
25. Business Telephone Number of Buil	lding Owner:		! !			
	,					
_						
	resentative or Attorr on for a License to Tra					
26. Representative/Attorney's Full Nan	ne: ABC LICENSE	- SAM PARK				
27. Representative/Attorney's Street A	ddress: 35-15 FAR	RINGTON ST				
28. City, Town or Village: FLUSHING	G		State: NY		Zip Code: 1135	54
29. Business Telephone Number of Rep	resentative/Attorney:	(718) 939-1400				
30. Business E-mail Address of Represer	ntative/Attorney: A	BCLICENSE@GM	AIL.COM			
	_					
I am the applicant of Representations in this	or licensee holder or					nv.
the Authority when g		I understand that	representations mad	le in this form wi	II also be relied	
	l affirm - under Pena					
by my signature, i	rammir under rena	ncy of reijury - tild	t the representations	made iii diis iOr	male uue.	
31. Printed Principal Name: JESS	ICA JIE SHI		Title: PRES	IDENT		
Principal Signature:	/s/ Jessica Jie	Shi				

3597	State Liquo
	Authori

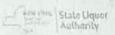
	OFFICE	USE ONLY	
Original	Amended	Date	

1. Date Notice Sent: JUNE 9, 2022 1a. Delivered by: Certified Mail Return Receipt Requested
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 Temporary Retail Permit Removal
O 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
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: MANHATTAN COMMUNITY BOARD 3
Applicant/Licensee Information:
4. Licensee Serial Number (if applicable): N/A Expiration Date (if applicable): N/A
5. Applicant or Licensee Name: JESS GOLDFARB TBD ENTITY
6. Trade Name (if any): PENDING
7. Street Address of Establishment: 109 LUDLOW STREET
8. City, Town or Village: NEW YORK , NY Zip Code: 10002
9. Business Telephone Number of applicant/ Licensee: Pending
10. Business E-mail of Applicant/Licensee: c/o RILEY.MAUD@HELBRAUNLEVEY,COM
11. Type(s) of alcohol sold or to be sold: O Beer & cider O Wine, Beer & Cider O Lique Wine Beer & Cider
12. Extent of Food Service: Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area require
13. Type of Establishment: Restaurant (full kitchen and full menu required) ☐ 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: None Patio or Deck Gooftop Garden/Grounds Freestanding Covered Structure (check all that apply) Sidewalk Cafe Other (specify): DOT outdoor seating

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l	Original Amended	Date	
16. List the floor(s) of the building that	the establishment is located on:	GROUND FLOOR + BASEMENT/CE	LLAR
17. List the room number(s) the establish	shment is located in within the bu	uilding, if appropriate: N/A	
18. Is the premises located within 500 fe	eet of three or more on-premises	i liquor establishments?	0
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 ex	isting licensed business is being p	ourchased) provide the name and serial number	er of the licenses
N/A		The state of the serior restriction of the s	or the licensee,
24 0	Name		lumber
21. Does the applicant or licensee own t	the building in which the establish	nment is located? Yes (if YES, SKIP 23-26) @ No
o	wner of the Building in Which	h the Licensed Establishment is Located	
22. Building Owner's Full Name: RON	GLAZER C/O AJ CLARKE	E ASSOCIATES	
23. Building Owner's Street Address:	250 WEST 57TH STREET.	SUITE 720	
24. City, Town or Village: NEW YORK		State: NY	Zip Code: 10107
25. Business Telephone Number of Buildi	Ing Owner: 917-686-5895		
	917-000-5895		
Application 1	JOSEPH LEVEY; HELB		Notice
27. Representative/Attorney's Street Add	ress: 40 FULTON STREE	T, FLOOR 28	
28. City, Town or Village: NEW YORK	(State: NEW YORK	Zip Code: 10038
29. Business Telephone Number of Repres	entative/Attorney: 212 219	1193	0 16-
30. Business E-mail Address of Representa	tive/Attorney: JOSEPH@H	ELBRAUNI EVEY COM	
			•
the Authority when grai upon, and that false re	orm are in conformity with rej nting the license. I understand epresentations may result in d	of the legal entity that holds or is applying presentations made in submitted docume that representations made in this form isapproval of the application or revocation. y - that the representations made in this f	nts relied upon by will also be relied n of the license.
the Authority when grai upon, and that false re	orm are in conformity with rej nting the license. I understand epresentations may result in d	presentations made in submitted docume d that representations made in this form	nts relied upon by will also be relied n of the license.
the Authority when grai upon, and that false re	orm are in conformity with reporting the license. I understand presentations may result in difference under Penalty of Perjury	presentations made in submitted docume d that representations made in this form lisapproval of the application or revocatio	nts relied upon by will also be relied n of the license.

Page 2 of 2



		OFFIC	E USE ONLY
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Date Notice Sent:	121/2020	1a. Delivered	d by:	200
2 Select the type of Applicati For premises outside the C		ne Authority for an On-Prem	nises Alcoholic Beverage Lic	ense:
New Application O				
For premises in the City of				
O New Application ON	, New Application and Temp	orary Retail Permit O Rer	newal O Alteration	O Removal
O Class Change O Me				
For Renewal applicants, a For Alteration applicants, For Corporate Change ap For Removal applicants, a For Class Change applicant	inswer all questions attach a complete written plicants, attach a list of the attach a statement of your	description and diagrams description and diagrams decurrent and proposed corpcurrent and proposed addressifing your current license type not required, if you choose to the contract of the co	epicting the proposed alter orate principals esses with the reason(s) for one and your proposed lice	ration(s)
		Failure to do so may res		
This 30-Day Advance N	Notice is Being Provided	to the Clerk of the Follo	wing Local Municipality	or Community Board:
3. Name of Municipality or C	Community Board:	Camunity.	Board 3	
Applicant/Licensee Info	ormation:			
4. Licensee Serial Number (i	if applicable):	N - Mayer - 1	Expiration Date (if appli	cable):
5 Applicant or Licensee Nan	me: COCO	to be fo	rmed	
6. Trade Name (If any):	TBO	s.,		
7. Street Address of Establis	shment: 141	Chrustie Stre	et	
8. City, Town or Village:	New York		, NY Zip Code:	10002
9 Business Telephone Num			42120	
10. Business E-mail of Applica	ant/Licensee:	Lyle @ street	0	
11. Type(s) of alcohol sold or	/	& cider		quor, Wine, Beer & Clder
12 Extent of Food Service:	Full Food menu; full kitc	then run by a chef/cook O	Menu meets legal minimur	n food requirements; food prep area required
13. Type of Establishment:	Soucer	Restaurant	/	
to tracked of Consentions	Seasonal Establishmen		sc Jockey Recorded	Music Karaoke and 3, Mar
(check all that apply)		I.e., rock bands, acoustic, ja Employee Dancing		iss Entergalnment 1999
	☐ Video/Arcade Games	☐ Third Party Promote	-	ILMS / / /M/C
	Other (specify):	Bestween Tree		
15. Licensed Outdoor Area: [(check all that apply)		or Deck Rooftop Other (specify):	Garden/Grounds	Freestanding Covered Structure

16. List the floor(s) of the building that the establishment is located on: Second Floor
18. Is the premises located within 500 feet of three or more on-premises liquor establishments?
19 Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes O No 20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee. Name Serial Number Serial Number 21 Does the applicant or licensee own the building in which the establishment is located? Q Yes (if YES, SKIP 23-26) O No Owner of the Building in Which the Licensed Establishment is Located 22. Building Owner's Full Name: Ly Chrystic Treet 23. Building Owner's Street Address: Ly Chrystic Treet 24. City Town or Village New York 24. City Town or Village 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: Chrystic Treet Chrystic
Owner of the Building in Which the Licensed Establishment is Located Owner's Full Name Chrystic Street Building Owner's Full Name: Chrystic Street City Town or Village: New York 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 Representative/Attorney's Street Address: City, Town or Village: Representative/Attorney's Street Address: City, Town or Village: Representative/Attorney's Street Address: City, Town or Village: City Town or Village: City Town of Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice City, Town or Village: City, Town or V
Name Serial Number Owner of the Building in which the establishment is located? Oyes (if YES, SKIP 23-26) Owner of the Building in Which the Licensed Establishment is Located Owner's Full Name: U Chrystic Street U
Owner of the Building in Which the Licensed Establishment is Located Owner's Full Name: U Chrystic Street U U Chrystic Street U U Chrystic Street U U U U U U U U U U
22. Building Owner's Full Name LY Chrystic Street 23. Building Owner's Street Address: LY L Chrystic Street 24. City Town or Village: New York 21. City Town or Village: 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: 29. Business Telephone Number of Representative/Attorney: 29. Business Telephone Number of Representative/Attorney: 20. Down Street 21. Chrystic Street 22. Down State: 23. Down State: 24. City Town or Village: 25. Business Telephone Number of Representative/Attorney: 26. City, Town or Village: 27. Business Telephone Number of Representative/Attorney: 28. City, Town or Village: 29. Business Telephone Number of Representative/Attorney: 20. Down State: 21. Down State: 22. Down State: 23. Down State: 24. Down State: 25. Down State: 26. Down State: 27. Down State: 28. City, Town Or Village: 29. Business Telephone Number of Representative/Attorney: 20. Down State: 20. Down State: 20. Down State: 20. Down State: 21. Down State: 22. Down State: 23. Down State: 24. Down State: 25. Down State: 26. Down State: 27. Down State: 28. Down State: 29. Do
23 Building Owner's Street Address: U Chry stie
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 Representative/Attorney's Full Name: Representative/Attorney's Street Address: Connection with the Applicant in Connection with the Establishment Identified in this Notice Representative/Attorney's Full Name: Representative/Attorney's Street Address: Connection with the Applicant in Connection with the Establishment Identified in this Notice Representative/Attorney's Full Name: Representative/Attorney's Street Address: Connection with the Applicant in Connection with the Establishment Identified in this Notice Representative/Attorney's Full Name: From Connection with the Applicant in Connection with th
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 Representative/Attorney's Full Name: Representative/Attorney's Full Name: Representative/Attorney's Street Address: City, Town or Village Description: State: State
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 Representative/Attorney's Full Name: Representative/Attorney's Street Address: City, Town or Village: Dead Street Sufe 3504 State: State: Zip Code: Business Telephone Number of Representative/Attorney: A Business Telephone Number of Representative/Attorney: Representative Attorney: A Business Telephone Number of Representative/Attorney:
8. City, Town or Village Den York State: NY Zip Code: 10004 9. Business Telephone Number of Representative/Attorney: (212) 227-1640
9. Business Telephone Number of Representative/Attorney: (313) 337 - 1640
0. Business E-mail Address of Representative/Attorney: + work 100 amail.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.
1. Printed Principal Name: Kyle Martino Title: OWNER
Principal Signature:

	OFFICE	USE ONLY	
Original	Amended	Date	



SIXTY BROAD STREET
SUITE 8504
1. Date Notice was Sent: 6 00000000000000000000000000000000000
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:
FAX: (212) 54-0-1724 New Application Renewal Alteration Corporate Change Removal Class Change Method of Operation Change E-mail: fwpalillo@gmail.com
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: Community Board 3.
Applicant/Licensee Information:
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):
5. Applicant or Licensee Name: EL PRIMO RED TACOS NYC, LLC
6. Trade Name (if any): EL PRIMO RED TACOS
7. Street Address of Establishment: 151 AVENUE A
8. City, Town or Village: NEW YORK , NY Zip Code: 10009
9. Business Telephone Number of Applicant/Licensee: 2128639391
10. Business E-mail of Applicant/Licensee: TAQUERO@ELPRIMOREDTACOS.COM
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: Restaurant (full kitchen and full menu required)
14. Method of Operation: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
(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: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (check all that apply)
☑ Sidewalk Cafe ☐ Other (specify): ENCLOSED BACKYARD WITHIN THE SPACE

	Original O	OFFICE USE ONLY Amended Date	
the stronger	O ongman	7 Michael Bate	
6. List the floor(s) of the buil	lding that the establishment is I	ocated on: 1	
.7. List the room number(s) t	he establishment is located in v	within the building, if appropriate:	
.8. Is the premises located wi	ithin 500 feet of three or more	on-premises liquor establishments?	No .
.9. Will the license holder or	a manager be physically preser	nt within the establishment during all hours of op	eration? Yes No
20. If this is a transfer applica	ition (an existing licensed busin	ess is being purchased) provide the name and se	
14. Danatha annlianat anlian	Name	al a later and it is to be a second	Serial Number
.I. Does the applicant of fice	nsee own the building in which	the establishment is located? Yes (if YES,	SKIP 23-26)
	Owner of the Build	ing in Which the Licensed Establishment is	Located
22. Building Owner's Full Nan	N-		
23. Building Owner's Street A		nue, Suite 3000	
	070741177770		
24. City, Town or Village: N	EVV YORK	State: NY	Zip Code: 10152
A 26. Representative/Attorney	pplication for a License to T	rney Representing the Applicant in Connec raffic in Alcohol at the Establishment Ident	tified in this Notice
Lo. Hepreseriative/riccorney		la	
27. Danwarantaki in /Attamani			
19-	's Street Address: 60 Broa	nd Street, Suite 3504	
19-	's Street Address: 60 Broa		Zip Code: 10004
28. City, Town or Village: N	's Street Address: 60 Broa	od Street, Suite 3504 State: NY	Zip Code: 10004
28. City, Town or Village: N	's Street Address: 60 Broadew York	od Street, Suite 3504 State: NY	Zip Code: 10004
28. City, Town or Village: N	's Street Address: 60 Broadew York	state: NY 2122271640	Zip Code: 10004
28. City, Town or Village: N 29. Business Telephone Num 30. Business E-mail Address of I am the a Representation the Authorics.	lew York aber of Representative/Attorney: applicant or licensee holder of ions in this form are in confoity when granting the license.	state: NY 2122271640	or is applying for the license. tted documents relied upon by in this form will also be relied
28. City, Town or Village: N 29. Business Telephone Num 30. Business E-mail Address of I am the a Representation the Authoric upon, and	's Street Address: 60 Broadlew York The property of Representative/Attorney: [applicant or licensee holder of ions in this form are in confortity when granting the licenses that false representations repre	state: NY State: NY 2122271640 wpalillo@gmail.com or a principal of the legal entity that holds of the legal entity with representations made in submite. I understand that representations made	or is applying for the license. tted documents relied upon by in this form will also be relied or revocation of the license.
30. Business E-mail Address of lam the a Representati the Authori upon, and	lew York ber of Representative/Attorney applicant or licensee holder of ions in this form are in confoity when granting the license that false representations regnature, I affirm - under Per	state: NY State: NY 2122271640 Ewpalillo@gmail.com or a principal of the legal entity that holds of the legal entity with representations made in submite. I understand that representations made may result in disapproval of the application	or is applying for the license. tted documents relied upon by in this form will also be relied or revocation of the license. made in this form are true.



	OFFICE	USE ONLY	
Original	 Amended 	Date	

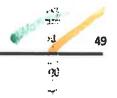


1. Date Notice Sent:	07/13/2022	1a. Delivered by	: Certified Mail Return Receipt Requested		
2. Select the type of A	Application that will be filed with the Author	- ority for an On-Premise:	Alcoholic Beverage License:		
For premises outsid	le the City of New York:				
New Application	Removal Class Change				
For premises in the	: City of New York:				
New Application	New Application and Temporary Re	tail Permit 🔘 Renewa	al O Alteration O Removal		
Class Change	Method of Operation O Corporate	Change			
For Renewal applic For Alteration appli For Corporate Chan For Removal applic For Class Change ap	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				
	documents as noted above. Failure				
This 30-Day Adva	nce Notice is Being Provided to the (Clerk of the Following	Local Municipality or Community Board:		
3. Name of Municipali	ty or Community Board: Manhattan	Community Bo	ard 3		
Applicant/License	e Information:				
4. Licensee Serial Num	ber (if applicable):	E	xpiration Date (if applicable):		
5. Applicant or Licensee Name: Caribea LLC					
6. Trade Name (if any)	Caribea				
7. Street Address of Es	tablishment: 203 Allen Street				
8. City, Town or Village	: New York		, NY Zip Code: 10002		
9. Business Telephone	Number of applicant/ Licensee:	347-671-1048			
10. Business E-mail of Applicant/Licensee: billyfigaro@caribeagrill.com					
11. Type(s) of alcohol sc	old or to be sold:	Wine, Beer & C	der		
12. Extent of Food Servi	ice: O Full Food menu; full kitchen run b	y a chef/cook O Menu	meets legal minimum food requirements; food prep area required		
13. Type of Establishment: Restaurant (full kitchen and full menu required)					
Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke					
14. Method of Operation (check all that apply	I I livo Mucio (civo doto) la la usala l	bands, acoustic, jazz, et	a): Soard 3, Man		
	Patron Dancing Employee	Dancing Exotic E	Pancing Topless Entertainment		
	☐ Video/Arcade Games ☐ Thir	rd Party Promoters	Security Personnel 15 2022		
	Other (specify):				
15. Licensed Outdoor A (check all that app			Garden/Grounds Freestanding Covered Structure		

Original Amended	Date	
		49
16. List the floor(s) of the building that the establishment is located on: Groun	d floor and basement	
17. List the room number(s) the establishment is located in within the building, if	The second secon	
18. Is the premises located within 500 feet of three or more on-premises liquor e		
19. Will the license holder or a manager be physically present within the establish	_	Yes No
20. If this is a transfer application (an existing licensed business is being purchase		
, , , , , , , , , , , , , , , , , , ,	a, provide the hame and scharnumber of	i the licensee.
Name	Serial Nur	nber
21. Does the applicant or licensee own the building in which the establishment is	located?	⊙ No
Owner of the Building in Which the Li	censed Establishment is Located	
22. Building Owner's Full Name: Allen House LLC	wa	
23. Building Owner's Street Address: 98 Cuttermill Road, Suite 494N		
24. City, Town or Village: Great Neck	State: NY	Zip Code: 11021
25. Business Telephone Number of Building Owner: 516-829-9600		
Representative or Attorney Representing Application for a License to Traffic in Alcohol at 1	the Applicant in Connection with th the Establishment Identified in this N	e
26. Representative/Attorney's Full Name: Kimberly A. Summers c/o DiPa	asquale & Summers LLP	lotice
26. Representative/Attorney's Full Name: Kimberly A. Summers c/o DiPa 27. Representative/Attorney's Street Address: 555 Fifth Avenue, 14th Flo		lotice
Tallbody 7t. Guillines 610 Bit 6		Zip Code: 10017
27. Representative/Attorney's Street Address: 555 Fifth Avenue, 14th Flo	Or State: NY	
27. Representative/Attorney's Street Address: 555 Fifth Avenue, 14th Flo 28. City, Town or Village: New York	Or State: NY	



OFFICE USE ONLY			
Original	0	Amended	Date



1. Date Notice was Sent:	04/06/2022 1a. Delivered by: Certified Mail Return Receipt Reque	ested
2. Select the type of Applica	ation that will be filed with the Authority for an On-Premises Alcoholic Beverage License:	
	O Renewal O Alteration O Corporate Change O Removal O Class Change O Method of Operation	ion Change
	answer each question below using all information known to date	-
	nts, answer all questions ranks are represented in the proposed alteration and diagrams depicting the proposed alteration (s)	:
For Corporate Chang	ge applicants, attach a list of the current and proposed corporate principals	81
For Removal applica	nts, attach a statement of your current and proposed addresses with the reason(s) for the relocation	* 1
For Method of Opera	plicants, attach a statement detailing your current license type and your proposed license type ation Change applicants, although not required, if you choose to submit, attach an explanation detailing tho	se changes
•	a transfer and a second of the	अंग्रे-
This 30-Day Advance No	otice is Being Provided to the Clerk of the Following Local Municipality or Community Board:	amer Le m
		00
3. Name of Municipality or	Community Board 3 Manhattan	٠٠٠٠٠٠
Applicant/Licensee Info	rmation:	mir .
4. Licensee Serial Number ((if applicable): Expiration Date (if applicable):	
5. Applicant or Licensee Na	me: Congee House Inc.	
5. Trade Name (if any):		
7. Street Address of Establis	shment: 207 Bowery	
8. City, Town or Village:	New York , NY Zip Code: 10002	
9. Business Telephone Num	aber of Applicant/Licensee: (212) 334-9011	
10. Business E-mail of Appli	icant/Licensee: jsitu@sunsungroup.com	ķil
11. Type(s) of alcohol sold o	or to be sold:).ÿ
12. Extent of Food Service:	s:	- 1,000-
• Full food menu; full	kitchen run by a chef or cook O Menu meets legal minimum food availability requirements; food prep a	业 rea at minimum
13. Type of Establishment:	Restaurant (full kitchen and full menu required)	ie:
14. Method of Operation:	Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke	
(check all that apply)	Live Music (give details i.e., rock bands, acoustic, jazz, etc.):	<u> </u>
	Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment	
	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel	
į	Other (specify):	
15. Licensed Outdoor Area: (check all that apply)	☐ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Strue	
	☑ Sidewalk Cafe ☐ Other (specify):	Df*

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Original Amended Date		n, den Anjoeren
		\$5 + <u>€.</u>
16. List the floor(s) of the building that the establishment is located on: Ground floor, cellar		- IPa
Groding Hoor, Ochia		
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? O Yes No		:
19. Will the license holder or a manager be physically present within the establishment during all hours of operation?	⊙ Yes	O No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number	of the licens	ee:
Name		
Serial Nu	mber	
21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26)	ONo	er gepal rengi
Owner of the Building in Which the Licensed Establishment is Located		7-
22. Building Owner's Full Name: Bowery Sun Realty LLC		ر انظری
23. Building Owner's Street Address: 207 Bowery, 2nd Floor		***
207 Bowery, 211d Floor		<u> </u>
	4	40000
24. City, Town or Village: New york State: NY	Zip Code:	10002
24 City Taym and Elland. De	Zip Code:	[10002
24. City, Town or Village: New york State: NY		10002
24. City, Town or Village: New york 25. Business Telephone Number of Building Owner: (212) 334-9011 Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this 26. Representative/Attorney's Full Name: Ricky Liang, Esq.		
24. City, Town or Village: New york 25. Business Telephone Number of Building Owner: (212) 334-9011 Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this 26. Representative/Attorney's Full Name: Ricky Liang, Esq. 27. Representative/Attorney's Street Address: 207 Bowery, 3rd Floor	e Notice	227
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24. City, Town or Village: New york 25. Business Telephone Number of Building Owner: (212) 334-9011 Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this 26. Representative/Attorney's Full Name: Ricky Liang, Esq. 27. Representative/Attorney's Street Address: 207 Bowery, 3rd Floor 28. City, Town or Village: New York State: NY 29. Business Telephone Number of Representative/Attorney: (212) 334-9011 30. Business E-mail Address of Representative/Attorney: rliang@sunsungroup.com I am the applicant or licensee holder or a principal of the legal entity that holds or is applying f Representations in this form are in conformity with representations made in submitted document the Authority when granting the license. I understand that representations made in this form and the license. I understand that representations made in this form and the license.	Zip Code:	10002 ise. lied on by
24. City, Town or Village: New York 25. Business Telephone Number of Building Owner: (212) 334-9011 Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this 26. Representative/Attorney's Full Name: Ricky Liang, Esq. 27. Representative/Attorney's Street Address: 207 Bowery, 3rd Floor 28. City, Town or Village: New York State: NY 29. Business Telephone Number of Representative/Attorney: (212) 334-9011 30. Business E-mail Address of Representative/Attorney: rliang@sunsungroup.com I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for Representations in this form are in conformity with representations made in submitted document the Authority when granting the license. I understand that representations made in this form with upon, and that false representations may result in disapproval of the application or revocation By my signature, I affirm - under Penalty of Perjury - that the representations made in this form	Zip Code:	10002 ise. lied on by
24. City, Town or Village: New york 25. Business Telephone Number of Building Owner: (212) 334-9011 Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this 26. Representative/Attorney's Full Name: Ricky Liang, Esq. 27. Representative/Attorney's Street Address: 207 Bowery, 3rd Floor 28. City, Town or Village: New York State: NY 29. Business Telephone Number of Representative/Attorney: (212) 334-9011 30. Business E-mail Address of Representative/Attorney: rliang@sunsungroup.com I am the applicant or licensee holder or a principal of the legal entity that holds or is applying f Representations in this form are in conformity with representations made in submitted documen the Authority when granting the license. I understand that representations made in this form will upon, and that false representations may result in disapproval of the application or revocation By my signature, I affirm - under Penalty of Perjury - that the representations made in this form will be my signature.	Zip Code:	10002 ise. iselied ise.
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24. City, Town or Village: New York 25. Business Telephone Number of Building Owner: (212) 334-9011 Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this 26. Representative/Attorney's Full Name: Ricky Liang, Esq. 27. Representative/Attorney's Street Address: 207 Bowery, 3rd Floor 28. City, Town or Village: New York State: NY 29. Business Telephone Number of Representative/Attorney: (212) 334-9011 30. Business E-mail Address of Representative/Attorney: rliang@sunsungroup.com I am the applicant or licensee holder or a principal of the legal entity that holds or is applying f Representations in this form are in conformity with representations made in submitted documen the Authority when granting the license. I understand that representations made in this form we upon, and that false representations may result in disapproval of the application or revocation By my signature, I affirm - under Penalty of Perjury - that the representations made in this form the Authority with the presentations made in this form we upon, and that false representations may result in disapproval of the application or revocation and that false representations may result in disapproval of the application or revocation and the presentations made in this form we upon, and that false representations may result in disapproval of the application or revocation and that false representations may result in disapproval of the application or revocation and that false representations may result in disapproval of the application or revocation and that false representations may result in disapproval of the application or revocation and the false representations may result in disapproval of the application or revocation and the false representations may result in disapproval of the application or revocation and the false representations made in this form the false representations made in this form the false representations made in this f	Zip Code:	10002 ise. iselied ise.

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Original	 Amended 	Date	



1. Date Notice Sent:	07 / 15 / 2022	1a. Delivered by:	Overnight Mail, Tracking Number and Pro
	oplication that will be filed with the Autho	ority for an On-Premises Al	
	Removal Class Change		
For premises in the (
	New Application and Temporary Ref	tail Parmit Panawal	Alteration
	Method of Operation O Corporate		Alteration Removal
For Renewal applicate For Alteration applicate For Corporate Chang For Removal applicate For Class Change applicate For Method of Operate Please include all descriptions	locuments as noted above. Failure	on and diagrams depicting and proposed corporate p nd proposed addresses w r current license type and quired, if you choose to su to do so may result in o	g the proposed alteration(s) rincipals ith the reason(s) for the relocation your proposed license type ibmit, attach an explanation detailing those changes
	or Community Board: Manhattan C		
Applicant/Licensee		ommanity Dodra No	
4. Licensee Serial Numb		Expir	ration Date (if applicable): n/a
	Name: Entity to be formed by Ronan		The state of the s
6. Trade Name (if any):	TBD		
7. Street Address of Esta			
8. City, Town or Village:			NY Zip Code: 10009
ı.	-	(646) 319-7333	NY Zip Code: 10009
10. Business E-mail of App			
11. Type(s) of alcohol solo	for to be sold:	Wine, Beer & Cider	Ciquor, Wine, Beer & Cider
12. Extent of Food Service	e: O Fuli Food menu; full kitchen run by	a chef/cook O Menu me	eets legal minimum food requirements; food prep area required
13. Type of Establishment		1 10	
		ke Box Disc Jockey	Recorded Music Karaoke
14. Method of Operation: (check all that apply)	Live Music (give details i.e., rock b	ands, acoustic, jazz, etc.):	Jazz
	Patron Dancing Employee [Dancing Exotic Dan	By Community -
	☐ Video/Arcade Games ☐ Third	Party Promoters	Security Personnel
	Other (specify):		JUL 18 2022
15. Licensed Outdoor Are (check all that apply			den/Grounds Freestanding Covered Structure

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16. List the floor(s) of the buildin	g that the est	ablishment is k	ocated on: First Fl	oor					
									_
17. List the room number(s) the	establishmen [.]	t is located in w	vithin the building, if	appropr	iate: n/a	l .			
18. Is the premises located withi	n 500 feet of t	three or more o	on-premises liquor es	tablishn	nents?	⊙ Yes ○ No			
19. Will the license holder or a m	anager be ph	ysically present	t within the establish	ment du	ring all ho	urs of operation?	Yes	O No	
20. If this is a transfer application	n (an existing l	licensed busine	ess is being purchase	d) provid	e the nam	e and serial number o	of the license	ee:	
	Nan					Serial Nur	nber		
21. Does the applicant or license	e own the bui	ilding in which t	the establishment is	ocated?	G-Yes	s (if YES, SKIP 23-26)	⊙ No		
	Owner	of the Buildin	ng in Which the Lie	encod	Establish	mont is Located			
			ing an awarden the co	criseu	Latabilati				
22. Building Owner's Full Name:	BFC Partn	ners							
23. Building Owner's Street Addr	ess: 150 N	Ayrtle Avenue							
24. City, Town or Village: Broo	kiyn			State:	NY		Zip Code:	11201	
25. Business Telephone Number	of Building Ov	vner: (718) 4	422-9999						
		Limite in the second							
		79 00 27	N						
Appli	Representa cation for a l	tive or Attorn License to Tra	ney Representing t affic in Alcohol at t	he App he Esta	licant in (blishmen	Connection with th t Identified in this N	e Votice	VI.	
						e la citation in tillo	votice		
26. Representative/Attorney's Fu	ll Name: M	lichael J. Palei	udis, Esq.						
27. Representative/Attorney's Str	eet Address:	100 Canal F	Pointe Boulevard, S	Suite 12	5				
28. City, Town or Village: Prince	eton			State:	NJ		Zip Code:	08540	
29. Business Telephone Number o	f Representat	tive/Attorney:	212-566-5021	100.1					
30. Business E-mail Address of Rep	oresentative/	Attorney: mj	jp@kplawyers.com						\neg
			И						
I am the appli	rant or licen	see holder or	a principal of the l	anal ent	ity that h	olds or is applying f	as tha liaar		
Representations	in this form	are in conforn	nity with represen	tations	made in s	submitted documen	or the licer ts relied ui	ise. oon by	
the Authority w	hen granting	g the license. I	I understand that i	eprese	ntations r	made in this form w	ill also be	relied	
upon, and that	: false repres	sentations ma	y result in disappr	oval of t	he applic	ation or revocation	of the lice	nse.	
By my signat	ure, I affirm;	- under Penal	Ity of Perjury - that	the rep	resentat	ions made in this fo	rm are tru	e.	
		P	450 =	x d ^{la t}					
31. Printed Principal Name:	Ronan Downs	S			Title: Pr	incipal			
-					-	> 11			
	1								
Principal Signature:	9 . 6								

	OFFIC	E USE ONLY
Original	Amended	Date



-	
1. Date Notice Sent:	July 7, 2022 1a. Delivered by: Certified Mail Return Receipt Requested
Select the type of App For premises outside	olication that will be filed with the Authority for an On-Premises Alcoholic Beverage License: the City of New York:
New Application	Removal Class Change
For premises in the C	
New Application	New Application and Temporary Retail Permit
O Class Change O	Method of Operation O Corporate Change
For Renewal applicant For Alteration applicant For Corporate Change For Removal applicant For Class Change applicant For Method of Operate Please include all de	ry Retail Permit applicants, answer each question below using all information known to date its, answer all questions onts, attach a complete written description and diagrams depicting the proposed alteration(s) applicants, attach a list of the current and proposed corporate principals its, attach a statement of your current and proposed addresses with the reason(s) for the relocation cants, attach a statement detailing your current license type and your proposed license type ion Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes occuments as noted above. Failure to do so may result in disapproval of the application.
This 30-Day Advanc	e 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 I	nformation:
4. Licensee Serial Numbe	r (if applicable): New Application Expiration Date (if applicable): New Application
5. Applicant or Licensee N	lame: Fat Social Club, LLC
6. Trade Name (if any):	Cafe Joah
7. Street Address of Estab	lishment: 212 Avenue A
8. City, Town or Village:	New York , NY Zip Code: 10009
9. Business Telephone Nu	mber of applicant/ Licensee: To be provided
10. Business E-mail of App	icant/Licensee: info@cafejoah.com
11. Type(s) of alcohol sold	
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:	Restaurant
	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
•	Video/Arcade Games Third Party Promoters Security Personnel on occasion or in connection with a special event.
	Other (specify):
15. Licensed Outdoor Area (check all that apply)	La ratio of Deck La Robitop La Garden/Grounds La Freestanding Lovered Structure

opia 104 1230202 1	OFFICE US	SE ONLY	
	Original Amended	Date	
			49
16. List the floor(s) of the building that	the establishment is located on: 1		
17. List the room number(s) the establi	ishment is located in within the building,	if appropriate: N/A	
18. Is the premises located within 500 f	feet of three or more on-premises liquor o	establishments?	0
19. Will the license holder or a manage	er be physically present within the establis	shment during all hours of operation?	• Yes • No
20. If this is a transfer application (an ex	xisting licensed business is being purchase	ed) provide the name and serial numbe	r of the licensee:
N/A		N/A	
	Name	Serial N	lumber
21. Does the applicant or licensee own	the building in which the establishment is	s located?) ⊙ No
	Owner of the Building in Which the L	icensed Establishment is Located	
22. Building Owner's Full Name:	C Del Este Commercial LLC		
23. Building Owner's Street Address:	c/o Donald Capoccia, 150 Myrtle Av	renue, 2nd Floor	
24. City, Town or Village: Brooklyn		State: NY	Zip Code: 11201
25. Business Telephone Number of Build	ding Owner: 718-422-9999		
Repre Application 26. Representative/Attorney's Full Nam	esentative or Attorney Representing or for a License to Traffic in Alcohol at he: Arthur Goldstein, Esq.	the Applicant in Connection with the Establishment Identified in thi	the s Notice
27. Representative/Attorney's Street Ad	ddress: 605 Third Avenue, 34th Floo	or	
28. City, Town or Village: New York		State: NY	Zip Code: 10158
29. Business Telephone Number of Repre	resentative/Attorney: (212) 557-3280	0	
30. Business E-mail Address of Represent	tative/Attorney: agg@dhclegal.com		
Representations in this the Authority when gr upon, and that false	or licensee holder or a principal of the s form are in conformity with represe ranting the license. I understand that representations may result in disapp affirm - under Penalty of Perjury - tha	ntations made in submitted docum representations made in this form roval of the application or revocation	ents relied upon by will also be relied on of the license.
31. Printed Principal Name: Arthur	Goldstein	Title: Attorney for Applica	
Aithur	Olidatelli	Title: Attorney for Applica	mt .
Principal Signature: Ast	hur Goldstein		



1. Date Notice Sent:	JULY 11, 2022	1a. Delivered by:	Certified Ma	ail Return Receipt Requested	
Select the type of A For premises outside	pplication that will be filed with the Author e the City of New York:	rity for an On-Premises A	Alcoholic Beverage	License:	
New Application	Removal Class Change				
For premises in the	City of New York:				
New Application	New Application and Temporary Reta	nil Permit 🔘 Tempora	ry Retail Permit	○ Removal	
	Method of Operation Corporate C		O Alteration		
For Renewal applica For Alteration applic For Corporate Chang For Removal applica For Class Change app For Method of Opera	prary Retail Permit applicants, answer each ants, answer all questions cants, attach a complete written description ge applicants, attach a list of the current annots, attach a statement of your current an plicants, attach a statement detailing your ation Change applicants, although not required to the clean complete to the complete to the Clean complete to the Clean complete to the Clean complete to the clean complete to the complete to	n and diagrams depictir nd proposed corporate d proposed addresses v current license type and uired, if you choose to s o do so may result in	ng the proposed alt principals vith the reason(s) f d your proposed lic submit, attach an ex disapproval of th	eration(s) for the relocation lense type explanation detailing those changes the application.	
				y or Community Board:	7
	y or Community Board: MANHATTA	N COMMUNIT	Y BOARD 3		
Applicant/Licensee	Information:				
4. Licensee Serial Numb	er (if applicable): N/A	Ехр	iration Date (if app	licable): N/A	
5. Applicant or Licensee	Name: TWO SNAKES LLC				7
6. Trade Name (if any):	PENDING				ī
7. Street Address of Esta	ablishment: 318 GRAND ST				i
8. City, Town or Village:	NEW YORK		, NY Zip Code:	10002	1
7.5		ending		10002	
10. Business E-mail of App		ELBRAUNLEVEY.	2014		7
	SHOOM COURSE	ELDRAUNLEVET.	JOIN		1
11. Type(s) of alcohol solo	d or to be sold:	O Wine, Beer & Cide	r 🧿 Lio	quor, Wine, Beer & Cider	
12. Extent of Food Service	e: O Full Food menu; full kitchen run by a	chef/cook Menu m	eets legal minimun	n food requirements; food prep area requi	red
13. Type of Establishment	Bar/Tavern			Pould D. C.]
14. Method of Operation: (check all that apply)		Box Disc Jockey		Music Karaoke Mmunity 8	oar T
(cirect an triat apply)	Patron Dancing			ss Entertainment JUL 1 4 2022	J
			Security Personnel		
	Other (specify): BOWLING L				1
15. Licensed Outdoor Are (check all that apply	a: None Patio or Deck	Rooftop Gar	den/Grounds	Freestanding Covered Structure	1

26. Representative/Attorney's Full Name: JOSEPH LEVE	EY; HELBRAUN & LEVEY LLP		
27. Representative/Attorney's Street Address: 40 FULTON STREET, FLOOR 28			
28. City, Town or Village: NEW YORK	State: NEW YORK Zip Code: 10038		
29. Business Telephone Number of Representative/Attorney: 212 219 1193			
30. Business E-mail Address of Representative/Attorney: HEATHER@HELBRAUNLEVEY.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:	JOSEPH LEVEY	Title:	ATTORNEY

Principal Signature:

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