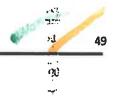


	OFFICE USE ONLY					
Original	0	Amended	Date	_		



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

1. Date Notice was Sent:	4/06/2022	2a. Delivered by:	Certified Mail Return Receip	t Requested
2. Select the type of Applica	tion that will be filed with the Author	ity for an On-Premises Alco	holic Beverage License:	
New Application	O Renewal O Alteration O Cor	porate Change O Remov	al Class Change O Method o	of Operation Change
Pan Billian ann llas uta				
	inswer each question below using all its, answer all questions	Information known to date		**
For Alteration applica	ints, attach a complete written descr	iption and diagrams depicti	ng the proposed alteration(s)	150 1
	e applicants, attach a list of the curre			90
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				
For Method of Opera	tion Change applicants, although not	required, if you choose to	submit, attach an explanation deta	
This 20-Day Advance No	tice is Being Provided to the Cleri	k of the Following Local	Municipality of Community De	2g}- manda omer
illis 30-bay Advance No	are is being Provided to the cier	K of the Pollowing Local	eviunicipality or Community Bo	aro: (,
Name of Municipality or 0	Community Board: Commun	ity Board 3 Mar	hattan	
Applicant/Licensee Infor	mation:	,		
				**
4. Licensee Serial Number (f		Ехріг	ation Date (if applicable):	
5. Applicant or Licensee Nar	ne: Congee House Inc.			
5. Trade Name (if any):				
7. Street Address of Establis	hment: 207 Bowery			
B. City, Town or Village:	lew York	, NY	Zip Code: 10002	·
9. Business Telephone Numl	per of Applicant/Licensee: (212)	334-9011		
10. Business E-mail of Applic	ant/Licensee: jsitu@sunsur	aroup.com		gell
11. Type(s) of alcohol sold o	100	O Wine, Beer & Cider	O Liquor, Wine, Beer & Cider	भार
	6 000 a 000	o vinio, acci a ciaci	O milator, while, beer a cider	F.3.
L2. Extent of Food Service:				1114
Full food menu; full	kitchen run by a chef or cook O M	lenu meets legal minimum	food availability requirements; foo	d prep area at minimum
i3. Type of Establishment:	Restaurant (full kitchen a	and full menu requ	ired)	u:
L4. Method of Operation:	Seasonal Establishment	uke Box Disc Jockey	Recorded Music Kar	aoke
(check all that apply)	Live Music (give details i.e., rock	-		
	Patron Dancing Employee			<u></u>
				: ·
		ird Party Promoters 🔃	Security Personnel	-
	Other (specify):			
.5. Licensed Outdoor Area: (check all that apply)	☐ None ☐ Patio or Deck [Rooftop Garden/	Grounds Freestanding Cove	red Structure,
✓ Sidewalk Cafe Other (specify):				
1				

1.51

OFFICE USE ONLY Original Amended Date	
Original Amended Date	Ĺ
	· ù
16. List the floor(s) of the building that the establishment is located on: Ground floor cellar	- Maria
erodna noor, oonar	
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 Ye	es O No
19. Will the license holder or a manager be physically present within the establishment during all hours of	operation?
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and s	serial number of the licensee:
Name	
•	Serial Number
21. Does the applicant or licensee own the building in which the establishment is located? OYes (if YES	, SKIP 23-26) ONo
Owner of the Building in Which the Licensed Establishment i	
DOWNLY Out Treatly LLC	-subst
23. Building Owner's Street Address: 207 Bowery, 2nd Floor	***
24. City, Town or Village: New york State: NY	Zip Code: 10002
25. Business Telephone Number of Building Owner: (212) 334-9011	
Representative or Attorney Representing the Applicant in Connec	tion with the
Representative or Attorney Representing the Applicant in Connec Application for a License to Traffic in Alcohol at the Establishment Ident	tion with the lified in this Notice
Representative or Attorney Representing the Applicant in Connec Application for a License to Traffic in Alcohol at the Establishment Ident 26. Representative/Attorney's Full Name: Ricky Liang, Esq.	tion with the Lified in this Notice
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26. Representative/Attorney's Full Name: Ricky Liang, Esq. 27. Representative/Attorney's Street Address: 207 Bowery, 3rd Floor	tified in this Notice
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	tified in this Notice
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