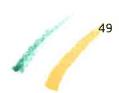
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	OFFICE	USE ONLY	
Original	Amended	Date	

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



1. Date Notice Sent: 71/22 1a. Delivered by: CEFT, wall return receipt					
 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: 					
O New Application New Application and Temporary Retail Permit O Temporary Retail Permit O 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:					
Applicant/Licensee Information:					
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):					
5. Applicant or Licensee Name: AYS Sush, LLC					
6. Trade Name (if any):					
7. Street Address of Establishment: 120 ST Wark's Place					
8. City, Town or Village: , NY Zip Code: \ \ 0009					
9. Business Telephone Number of applicant/ Licensee: (917) 932-4078					
10. Business E-mail of Applicant/Licensee: Hello@ Tabe to monyc					
11. Type(s) of alcohol sold or to be sold: O Beer & cider O Liquor, 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 required					
13. Type of Establishment: Res Taucant					
Seasonal Establishment					
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel ☐ 5 2022					
Other (specify):					
15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (check all that apply) Sidewalk Cafe Other (specify):					

PiB-16V 120 1202 !	OFFICE USE	ONLY				
	Original Amended	Date				
			49			
16. List the floor(s) of the building tha	at the establishment is located on:	D- (21				
17. List the room number(s) the estab	blishment is located in within the building, if	appropriate:				
18. Is the premises located within 500	O feet of three or more on-premises liquor e	stablishments? • Yes © No				
19. Will the license holder or a manag	ger be physically present within the establish	nment during all hours of operation?	No Yes O No			
20. If this is a transfer application (an	existing licensed business is being purchase	d) provide the name and serial number of	of the licensee:			
	Name	Serial Nu	m.h			
21 Dogotha applicant religences and			-			
21. Does the applicant or licensee ow	n the building in which the establishment is	located?				
	Owner of the Building in Which the Li	censed Establishment is Located				
22. Building Owner's Full Name:	120 ST marks	LLC				
23. Building Owner's Street Address:	120 ST Wark	s Pl				
24. City, Town or Village:	Hy	State: Ley	Zip Code: 10009			
25. Business Telephone Number of Bu	uilding Owner:					
Ren	presentative or Attorney Representing	the Applicant in Connection with the				
Application	on for a License to Traffic in Alcohol at	the Establishment Identified in this	Notice			
26. Representative/Attorney's Full Na	me: MICHAEL KELLY					
27. Representative/Attorney's Street	Address: 136 WAVERLY RD					
28. City, Town or Village: SCARSE	DALE	State: NY	Zip Code: 10583			
29. Business Telephone Number of Representative/Attorney: (914) 740-3580						
30. Business E-mail Address of Represe	entative/Attorney: KELLYMLK136@	CMAIL COM				
50, adsiress E-mail Address of Represe	entative/Attorney: RELETIVER 130@	GIVIAIL.COIVI				
	t or licensee holder or a principal of the his form are in conformity with represe					
the Authority when	n granting the license. I understand that lse representations may result in disapp	representations made in this form	will also be relied			
	, I affirm - under Penalty of Perjury - tha					
by my signature,	, rammin - under remailly of refjury - the	ac the representations made in this i	om are true.			
31. Printed Principal Name: MICI	HAEL KELLY	Title: AUTHORIZED RE	PRESENTATIVE			
Principal Signature:						