

	OFFICE	USE ONLY	
Original	○ Amended	Date	



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

1. Date Notice was Sent:	1a. Delivered by: Certified Mail Return Receipt Requested				
2. Select the type of Applica	ation that will be filed with the Authority for an On-Premises Alcoholic Beverage License:				
New Application					
For Renewa l applicar For Alteration applica For Corporate Chang For Removal applicar For Class Change app	answer each question below using all information known to date ints, answer all questions ants, attach a complete written description and diagrams depicting the proposed alteration(s) ge applicants, attach a list of the current and proposed corporate principals ints, attach a statement of your current and proposed addresses with the reason(s) for the relocation folicants, 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 those changes				
This 30-Day Advance No	tice 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 Infor	mation:				
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):					
5. Applicant or Licensee Nar	PURNGUN LLC				
6. Trade Name (if any):	TIPTARA				
7. Street Address of Establis	hment: 213 EAST BROADWAY				
8. City, Town or Village: NEW YORK , NY Zip Code: 10002					
9. Business Telephone Numl	ber of Applicant/Licensee: (646) 410-2222				
10. Business E-mail of Applic	cant/Licensee: TIPTARANYC@GMAIL.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 or cook				
13. Type of Establishment:					
14. Method of Operation: (check all that apply)	Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke				
	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 munity 30ard 3, Man				
	Other (specify):				
	JUL 0 1 2022				
5. Licensed Outdoor Area: (check all that apply)	✓ None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure				
	☐ Sidewalk Cafe ☐ Other (specify):				

opla-rev03292018	Original Amend	OFFICE USE ONLY led Date	
16. List the floor(s) of the buildi	ng that the establishment is located or	n: GROUND FLOOR	
17. List the room number(s) the	establishment is located in within the	building, if appropriate:	
18. Is the premises located with	in 500 feet of three or more on-premi	ises liquor establishments? O Ye	es ② No
19. Will the license holder or a r	nanager be physically present within t	he establishment during all hours of	operation?
20. If this is a transfer applicatio	n (an existing licensed business is bein	ng purchased) provide the name and	serial number of the licensee:
	Name		Serial Number
21. Does the applicant or license	ee own the building in which the estab		5, SKIP 23-26)
22 Building Owner's Full Names		hich the Licensed Establishment	is Located
22. Building Owner's Full Name:	H88 MANAGEMENT INC	<u>C</u>	
23. Building Owner's Street Add	ess: 213 EAST BROADW	/AY 3/FL	
24. City, Town or Village: NEV	W YORK	State: NY	Zip Code: 10002
25. Business Telephone Number	of Building Owner: (646) 881-1	 811	
	Representative or Attorney Reprication for a License to Traffic in A	esenting the Applicant in Conne Alcohol at the Establishment Ider	ction with the utified in this Notice
26. Representative/Attorney's Fu	Ill Name: JAMES LAM CPA		
27. Representative/Attorney's St	reet Address: 214-19 51ST A	VENUE	
28. City, Town or Village: OA	KLAND GARDENS	State: NY	Zip Code: 11364
29. Business Telephone Number	of Representative/Attorney: (646	3) 207-8989	
30. Business E-mail Address of Re	presentative/Attorney: JAMES	17676@GMAIL.COM	
Representations the Authority v upon, and tha By my signat	cant or licensee holder or a princig in this form are in conformity with when granting the license. I unders t false representations may result ture, I affirm - under Penaity of Pe	h representations made in submit stand that representations made in in disapproval of the application rjury - that the representations n	tted documents relied upon by in this form will also be relied or revocation of the license. nade in this form are true.
ರತ್ತು Printed Principal Name: 🤇	SILCHAI RATTANATHAMI	MAWAT Title: PRES	DENT

Principal Signature: 570 18 S