State Liquor Authority

10 0	
- ZL*	

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

1. Date Notice Sent:	09/28/2023	1a. Delivered	Cortified Mail Detrum Bassist Bassastat
_			Certified Mail Heturn Neceipt Nequested
Select the type of App For premises outside t	olication that will be filed with the Autho the City of New York:	rity for an On-Premis	es Alcoholic Beverage Rich Sommunity Board 3, Man
New Application	Removal Class Change		OCT 0.2 0000
For premises in the Ci	ty of New York:		OCT 0 2 2023
New Application	New Application and Temporary Ret	ail Permit O Temp	orary Retail Permit Removal
Class Change	Method of Operation Corporate	Change ORenev	val O Alteration
For Renewal applicant For Alteration applicant For Corporate Change For Removal applicant For Class Change appli For Method of Operat	ary Retail Permit applicants, answer each is, answer all questions ints, attach a complete written description applicants, attach a list of the current acts, attach a statement of your current acts, attach a statement detailing your ion Change applicants, although not recocuments as noted above. Failure to	on and diagrams dep and proposed corpora nd proposed address r current license type quired, if you choose	icting the proposed alteration(s) ate principals es with the reason(s) for the relocation e and your proposed license type to submit, attach an explanation detailing those changes
			ng Local Municipality or Community Board:
	or Community Board: Manhattan C	Community Bo	ard 3
Applicant/Licensee In			
4. Licensee Serial Number	r (if applicable):		Expiration Date (if applicable):
5. Applicant or Licensee N	lame: Feichangchenggong In	IC.	
6. Trade Name (if any):	Vonderland		
7. Street Address of Estab	lishment: 96 2nd Ave		
8. City, Town or Village:	lew York		, NY Zip Code: 10003
		646-331-9403	,
10. Business E-mail of Appl			am .
	worldchardbar	nyc @gman.cc	2011
11. Type(s) of alcohol sold	or to be sold: Deer & cider	Wine, Beer &	Cider
12. Extent of Food Service:	Full Food menu; full kitchen run by	a chef/cook O Men	u meets legal minimum food requirements; food prep area required
13. Type of Establishment:	Restaurant (full kitchen	and full menu	required)
14. Method of Operation:	Seasonal Establishment Jul	ke Box Disc Jo	ckey Recorded Music Karaoke
(check all that apply)	Live Music (give details i.e., rock ba	ands, acoustic, jazz, e	etc.):
	Patron Dancing Employee D	ancing 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 Sidewalk Cafe Dother (s	Rooftop D	Garden/Grounds

_/	lЧ

16. List the floor(s) of the building that the establishment is located on: Ground level, backyard patio, and partial baseme	nt					
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?						
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:						
Name Serial Number 21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26) No						
Owner of the Building in Which the Licensed Establishment is Located						
22. Building Owner's Full Name: Crystal Apartments LLC c/o Alto Property Managers, LLC						
23. Building Owner's Street Address: 421 7th Avenue, 15th Floor						
24. City, Town or Village: New York State: NY Zip Code: 10001						
25. Business Telephone Number of Building Owner: 212-564-7250						
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: Eugene M. Suh, Esq.						
27. Representative/Attorney's Street Address: 1979 Marcus Ave Suite 210						
28. City, Town or Village: Lake Success State: NY Zip Code: 11042						
29. Business Telephone Number of Representative/Attorney: 917-584-0497						
30. Business E-mail Address of Representative/Attorney: Slayoon6@gmail.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: Zhouyu Tso Title: Vice President						
Principal Signature: Zhouyu Tso V.P.						