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	OFFICE	USE ONLY	
Original	Amended	Date	

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

1. Date Notice Sent:	10/6/2023 1a. Delivered by: Overnight Mail with Tracking Number	
	pplication that will be filed with the Authority for an On-Premises Alcoholic Beverage License: e the City of New York:	
O New Applciation	Removal Class Change	
For premises in the 0	City of New York:	
New Application	New Application and Temporary Retail Permit	130
O Class Change C	Method of Operation C Corporate Change	
For Alteration application For Corporate Change For Removal applications For Class Change approximately For Method of Operations Please include all Control of Change and Change	rary Retail Permit applicants, answer each question below using all information known to date onts, 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 unts, 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 atton Change applicants, although not required, if you choose to submit, attach an explanation detailing those documents as noted above. Failure to do so may result in disapproval of the application.	e changes
	nce Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board	l:
3. Name of Municipality	y or Community Board: Manhattan Community Board No. 3	
Applicant/Licensee	Information:	
4. Licensee Serial Numb	per (if applicable): Expiration Date (if applicable):	
5. Applicant or Licensee	e Name: Yokox Omakase Inc	
6. Trade Name (if any):	TBD	
7. Street Address of Esta	rablishment: 41 Avenue B	
8. City, Town or Village:	New York , NY Zip Code: 10009	
	Number of applicant/ Licensee: 347-891-1888	
10. Business E-mail of Ap	oplicant/Licensee: owen12323@gmail.com	
11. Type(s) of alcohol sol	ld or to be sold:	
12. Extent of Food Service	ce: O Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; foo	od prep area required
13. Type of Establishmen	nt: Sushi Eatery (TW)	
	Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke	
14. Method of Operation (check all that apply)		
	Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment	
	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel	
	Other (specify):	
15. Licensed Outdoor Ar (check all that app	— rest of bear and the color of	vered Structure

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16. List the floor(s) of the building that the establishment is located on: 15th Floor and Basement (Storage)	
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? Yes No	
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? • Yes • N	0
15. Will die lacense holder of a manager be physically present with the establishment damage in our or operation.	
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?	
Owner of the Building in Which the Licensed Establishment is Located	
22. Building Owner's Full Name: Avenue B Equities LLC	
23. Building Owner's Street Address: 270 North Park Avenue	
24. City, Town or Village: New York State: NY Zip Code: 100	17
25. Business Telephone Number of Building Owner: 646-834-9476	
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: Max Bookman, Esq Pesetsky and Bookman, P.C.	
27. Representative/Attorney's Street Address: 325 Broadway - Suite 501	
28. City, Town or Village: New York State: NY Zip Code: 1000	7
29. Business Telephone Number of Representative/Attorney: 212-513-1988	
30. Business E-mail Address of Representative/Attorney: max@pb.law; sorraya@pb.law	
50. Business E main Address of Representative / Internet	
	-
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 be 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: Kai Bin Ou Title: Owner	
Principal Signature: Kaibipou	