			OFFICE	USE ONLY	02/09/2024
0	Original	00	Amended	Date	02/08/2024

Revised!

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

1. Date Notice Sent: 1/	19/2023 La. Delivered by: Certified Mail with Return Receipt aro J. Mail								
Select the type of Appli For premises outside th	email to:echan@cb.nyc.gov cation that will be filed with the Authority for an On-Premises Alcoholic Beverage License: e City of New York: FEB 13 2024								
O New Application For premises in the City	Removal Class Change of New York:								
	O New Application O New Application and Temporary Retail Permit O Temporary Retail Permit O Removal								
	Class Change O Method of Operation O Corporate Change ORenewal O Alteration								
For New and Temporar For Renewal applicants For Alteration applicant For Corporate Change : For Removal applicants For Class Change applic	y Retail Permit applicants, answer each question below using all information known to date, answer all questions to the complete written description and diagrams'depicting the proposed alteration(s) applicants, attach a list of the current and proposed corporate principals, attach a statement of your current and proposed addresses with the reason(s) for the relocation ants, attach a statement detailing your current license type and your proposed license type on Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes								
Please include all do	cuments as noted above. Fallure 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 o	r Community Board: Manhattan Community Board #3								
Applicant/Licensee In	formation:								
4. Licensee Serial Number	(If applicable): Expiration Date (if applicable):								
5. Applicant or Licensee N	ame: Thy Team Inc.								
6. Trade Name (if any): P	ending								
7. Street Address of Establ	ishment: 108 Stanton Street a/k/a 162 Ludlow Street								
8. City, Town or Village: N									
L									
10. Business E-mail of Appli	xiongying198931@gmail.com								
11. Type(s) of alcohol sold o	or to be sold: O Beer & cider O Wine, Beer & Clder O Liquor, Wine, Beer & Cider								
12. Extent of Food Service:	Full Food menu; full kitchen run by a chef/cook 🌣 Menu meets legal minimum food requirements; food prep area required								
13. Type of Establishment:	Bar/Tavem								
	Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke								
14. Method of Operation:	Live Music (give details i.e., rock bands, acoustic, fazz, etc.):								
(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 Area: (check all that apply)									

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ocuSign Envelope ID: 8D865A95-8855-4	3D7-963F-8C35376AA31D ::ce +i	SE ONLY	
	Original O Amended	Date	
L			
16. List the floor(s) of the building that	the establishment is located on: Grou	nd floor	
17. List the room number(s) the establish	hment is located in within the building,	if appropriate:	
18. Is the premises located within 500 for	set of three or more on-premises liquor	establishments? O Yes C No	
19. Will the license holder or a manager	be physically present within the establi	shment during all hours of operation?	O Yes O No
20. If this is a transfer application (an ex	isting licensed business is being purchas	sed) provide the name and serial number	of the licensee:
	Name	5 5 1 10	
		Serial Nu	
21. Does the applicant or licensee own	he building in which the establishment	is located?	ONO
	Owner of the Building in Which the I	Licensed Establishment is Located	
! 22. Building Owner's Full Name: Ying	Lung Corp		
23. Building Owner's Street Address:	108 Stanton Street a/k/a162 Ludlow	/ Street	
		7	12.01
24. City, Town or Village: New York		State: NY	Zip Code: 10002
25. Business Telephone Number of Build	ling Owner: 917 - 268 - :	2298	
Repre Application	sentative or Attorney Representing for a License to Traffic in Alcohol at	the Applicant in Connection with th the Establishment Identified in this i	e Votice
26. Representative/Attorney's Full Name	Michael Floyd Inc. / Jian J. Du		
7. Representative/Attorney's Street Ad	dress: 38-08 Union Street, Suite 11	D.	
8. City, Town or Village: Flushing		State: NY	Zip Code: 11354
9. Business Telephone Number of Repre	esentative/Attorney: 718-939-8046		A
O. Business E-mail Address of Represent	ative/Attorney: mjfloyd.fiqlicense@	gmail.com	
Representations in this the Authority when gr upon, and that false i	form are in conformity with represe anting the license. I understand that representations may result in disapp	legal entity that holds or is applying for ntations made in submitted document trepresentations made in this form warrowal of the application or revocation at the representations made in this for	its relied upon by rill also be relied of the license.
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1. Printed Principal Name: Ying, Xi	ong	Title: President	
Principal Signature: Yill 9	aby:		