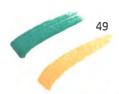


	OFFICE	USE ONLY	
Original	○ Amended	Date	

AMENDED 07/10/24

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



1. Date Notice Sent:	1a. Delivered by: Overnight Mail, Tracking Number and Proof of Delivery Mar
Select the type of App For premises outside t	olication that will be filed with the Authority for an On-Premises Alcoholic Beverage License: the City of New York:
New Application	Removal Class Change
For premises in the Ci	ty of New York:
New Application	New Application and Temporary Retail Permit
Class Change O	Method of Operation O Corporate Change O Renewal O Alteration
For Renewal applican For Alteration applica For Corporate Change For Removal applican For Class Change appl	ary Retail Permit applicants, answer each question below using all information known to date ts, answer all questions ints, attach a complete written description and diagrams depicting the proposed alteration(s) applicants, attach a list of the current and proposed corporate principals its, attach a statement of your current and proposed addresses with the reason(s) for the relocation licants, attach a statement detailing your current license type and your proposed license type tion Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes
Please include all d	ocuments as noted above. Failure to do so may result in disapproval of the application.
This 30-Day Advance	ce Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:
3. Name of Municipality	or Community Board: Manhattan Community Board No. 3
Applicant/Licensee	Information:
4. Licensee Serial Number	er (if applicable): TBD Expiration Date (if applicable): TBD
5. Applicant or Licensee	Name: Norigami Inc.
6. Trade Name (if any):	Boka & Shiro Kuro
7. Street Address of Esta	ablishment: 103 2nd Avenue
8. City, Town or Village:	New York , NY Zip Code: 10003
	lumber of applicant/ Licensee: (917) 748-7318
10. Business E-mail of Ap	plicant/Licensee: jameseunlim@gmail.com
11. Type(s) of alcohol sol	d or to be sold: O Beer & cider O Wine, Beer & Cider Cider Cider
12. Extent of Food Servic	e: 🍳 Full Food menu; full kitchen run by a chef/cook 🔘 Menu meets legal minimum food requirements; food prep area required
13. Type of Establishmen	t: Restaurant (full kitchen and full menu required) 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	

opla-rev1	2312021	
-----------	---------	--

OFFICE USE ONLY Original Amended Date	
	49
16. List the floor(s) of the building that the establishment is located on: Ground floor and basement	
17. List the room number(s) the establishment is located in within the building, if appropriate: n/a	
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? O Yes	
19. Will the license holder or a manager be physically present within the establishment during all hours of 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? O Yes (if YES, SKIP 23-26) O No	
Owner of the Building in Which the Licensed Establishment is Located	
22. Building Owner's Full Name: Due Milla Realty Group	
23. Building Owner's Street Address: P.O. Box 3557	
24. City, Town or Village: New Hyde Park State: NY Zip Code: 11040	
25. Business Telephone Number of Building Owner: (718) 343-1336	
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: Michael J. Paleudis, Esq.	
27. Representative/Attorney's Street Address: 100 Canal Pointe Boulevard, Suite 125	
28. City, Town or Village: Princeton State: NJ Zip Code: 08540	
29. Business Telephone Number of Representative/Attorney: (212) 837-8482	
30. Business E-mail Address of Representative/Attorney: mjp@kplawyers.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: James Eun Lim Title: President	
James Lim	
Principal Signature:	