

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 Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License: **Rec'd By Community Board 3, Man**

- ☐ New Application    ☐ Renewal    ☐ Alteration    ☒ Corporate Change    ☐ Removal    ☐ Class Change    ☐ Method of Operation Change

**JUL 02 2024**

For **New** applicants, answer each question below using all information known to date  
For **Renewal** applicants, answer all questions  
For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)  
For **Corporate Change** applicants, attach a list of the current and proposed corporate principals  
For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation  
For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type  
For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

This 30-Day Advance 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 3**

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable): \_\_\_\_\_ Expiration Date (if applicable): \_\_\_\_\_

5. Applicant or Licensee Name: **WXY SUSHI INC**

6. Trade Name (if any): \_\_\_\_\_

7. Street Address of Establishment: **102 SAINT MARKS PLACE**

8. City, Town or Village: **NEW YORK**, NY Zip Code: **10009**

9. Business Telephone Number of Applicant/Licensee: **(646) 707-9901**

10. Business E-mail of Applicant/Licensee: **ACCFTG2022@GMAIL.COM**

11. Type(s) of alcohol sold or to be sold:    ☐ Beer & Cider    ☒ Wine, Beer & Cider    ☐ Liquor, Wine, Beer & Cider

12. Extent of Food Service:  
☐ Full food menu; full kitchen run by a chef or cook    ☒ Menu meets legal minimum food availability requirements; food prep area at minimum

13. Type of Establishment: **Bar/Tavern**

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

☐ Other (specify): \_\_\_\_\_

15. Licensed Outdoor Area: (check all that apply)

☒ None    ☐ Patio or Deck    ☐ Rooftop    ☐ Garden/Grounds    ☐ Freestanding Covered Structure

☐ Sidewalk Cafe    ☐ Other (specify): \_\_\_\_\_

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16. List the floor(s) of the building that the establishment is located on: **GROUND FLOOR**17. List the room number(s) the establishment is located in within the building, if appropriate: **STORE FRONT EAST**18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☒ Yes ☐ No19. 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: **C/O JAKOBSON PROPERTIES, LLC**23. Building Owner's Street Address: **11 WAVERLY PLACE**24. City, Town or Village: **NEW YORK**State: **NY**Zip Code: **10009**25. Business Telephone Number of Building Owner: **(212) 533-1300****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: **LING QIN**27. Representative/Attorney's Street Address: **136-31 41 AVE 5A**28. City, Town or Village: **FLUSHING**State: **NY**Zip Code: **11355**29. Business Telephone Number of Representative/Attorney: **(718) 888-7918**30. Business E-mail Address of Representative/Attorney: **LQINCPAEA@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: **LIN KE**Title: **PRESIDENT**

Principal Signature:



# WXY SUSHI INC

## Corporate Change Statement

### Current Corporate Principles

- 1 – Yi Zheng, President, 50% shareholders
- 2 – Xiao Zheng, Vice President, 50% shareholders

### Proposed Corporate Principles

- 1 – Lin Ke, President, 40% shareholders
- 2 – Ying Ke, Vice President, 40% shareholders
- 3 – Yu Chai Zhang, Director, 20% shareholders

**Section C****Identification of Individuals****Part 1. Current Approved Corporate Set-Up**

List below the names of all LLC members/managers, officers, directors and individual stockholders, that are currently licensed to hold an interest in the subject license, *attach additional sheets if necessary*.

Name	Current Title(s)	Current % of Interest	Current Number of Shares
YI ZHENG	PRESIDENT	50%	500
XIAO ZHENG	VICE PRESIDENT	50%	500

**Part 2. Proposed Corporate Set-Up**

List below the names of all LLC members/managers, officers, directors and individual stockholders, who will have an interest in the subject license upon approval of this corporate change. You must account for 100% of the ownership. *Attach additional sheets if necessary.*

Name	Proposed Title(s)	Proposed % of Interest	Proposed # of Shares	Check if New
LIN KE	PRESIDENT	40%	400	<input checked="" type="checkbox"/>
YING KE	VICE PRESIDENT	40%	400	<input checked="" type="checkbox"/>
YU CHAI ZHANG	DIRECTOR	20%	200	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

*All parties listed in Part 2 and are NEW to the corporation/LLC must complete a Personal Questionnaire as well as submit an original color photo, photo ID and proof of citizenship for themselves. The forms are available for download on our web site at: [www.sla.ny.gov](http://www.sla.ny.gov)*

**ALL NEW APPLICANT PRINCIPALS WILL BE REQUIRED TO BE FINGERPRINTED ELECTRONICALLY**

**NOTE:** Persons CURRENTLY licensed by the State Liquor Authority do not have to be fingerprinted. Each applicant principal that is required to be fingerprinted will be instructed to do so on the application Filing Receipt once the application is received by the Authority. Fingerprinting instructions are available on the Filing Receipt or on our website, [www.sla.ny.gov](http://www.sla.ny.gov).