

	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 Sent: 11/12/2024 1a. Delivered by: CERTIFIE MAIL RETURNS REQUESTED	
 Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License: For premises outside the City of New York: 	
New Application Removal Class Change	
For premises in the City of New York: NOV 1 5 2024	
New Application New Application and Temporary Retail Permit Temporary Retail Permit Retail Permit	
O New Application O New Application and Temporary Retail Permit O Temporary Retail Permit O Removal mmunity Board 3, Man	
For New and Temporary Retail Permit 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 Please include all documents as noted above. Failure 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 or Community Board: Manhattan Community Board 3	
Applicant/Licensee Information:	_
4. Licensee Serial Number (if applicable): 1319875 Expiration Date (if applicable): 12/31/2025	\neg
5. Applicant or Licensee Name: AOI Kitchen LLC	\dashv
6. Trade Name (if any): Adore	\exists
7. Street Address of Establishment: 320 East 6th Street	╡
8. City, Town or Village: New York , NY Zip Code: 10003	╡
9. Business Telephone Number of applicant/ Licensee: (646) 454-0084	\dashv
10. Business E-mail of Applicant/Licensee: joeychoinice@gmail.com	Ē
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/cook Menu meets legal minimum food requirements; food prep area rec	quired
13. Type of Establishment: Restaurant (full kitchen and full menu required)	~
Seasonal Establishment Juke Box	
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment	
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel	
Other (specify):	
15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (check all that apply) Sidewalk Cafe Other (specify):	:

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16. List the floor(s) of the building that the establishment is located on: ground floor & basement	
17. List the room number(s) the establishment is located in within the building, if appropriate: n/a	v
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?	res 🔘 No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the l	icensee:
Name Serial Number	
21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26) Owner of the Building in Which the Licensed Establishment is Located	No
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23. Building Owner's Street Address: 209 East 14th Street	
24. City, Town or Village: New York State: NY Zip C	Code: 10003
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:	è
edition and the contract of th	
28. City, Town or Village: New York State: NY Zip C	ode: 10016
29. Business Telephone Number of Representative/Attorney: (917) 683-5585	
30. Business E-mail Address of Representative/Attorney: samuelahne@gmail.com	
I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the Representations in this form are in conformity with representations made in submitted documents reliated the Authority when granting the license. I understand that representations made in this form will als upon, and that false representations may result in disapproval of the application or revocation of the By my signature, I affirm - under Penalty of Perjury - that the representations made in this form an	ied upon by o be relied e license.
Principal Signature: Yoon Jin Choi Title: Member	

AHNE & JI LLP

45 East 34th Street 5th Floor New York, New York 10016

> Tel: (212) 594-1035 (samuelahne@gmail.com)

> > November 12, 2024

Manhattan Community Board 3 59 East 4th Street New York, NY 10003

Attn: Susan Stetzer, District Manager

Re: AOI KITCHEN LLC Legacy Serial No. 1319875

Expires 12/31/2025

320 E 6th St. NY NY 10003

Dear District Manager:

Undersigned is the attorney for the above referenced LICENSEE changing the method of operation to include Disc Jockey and to operate under an assumed name ADORE with a new menu. Music is Jazz and will be played at background levels by veneer record player. Restaurant closes at Midnight.

Attached is the required 30 Day Notice to the Community Board. Please contact me with any questions.

Thank you.

Very truly yours,

Samuel SH. Ahne

SHA Via Certified Mail RRR