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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____



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

18

1. Date Notice Sent: 02/04/2025      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:

Received

FEB 06 2025

by Community Board 3, Man

For premises outside the City of New York:

☒ New Application   ☐ Removal   ☐ Class Change

For premises in the City of New York:

☐ New Application   ☐ New Application and Temporary Retail Permit   ☐ Temporary Retail Permit   ☐ Removal  
☐ Class Change   ☒ Method of Operation   ☐ Corporate Change   ☐ Renewal   ☐ Alteration

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): 0340-24-131675 (6040378)      Expiration Date (if applicable): 09/30/2026

5. Applicant or Licensee Name: Feichangchenggong Inc.

6. Trade Name (if any): Wonderland Bar

7. Street Address of Establishment: 96 2nd Ave

8. City, Town or Village: New York, NY      Zip Code: 10003

9. Business Telephone Number of applicant/ Licensee: 646-331-9403

10. Business E-mail of Applicant/Licensee: wonderlandbarnyc@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/cook   ☐ Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Restaurant (full kitchen and full menu required)

☐ Seasonal Establishment   ☐ Juke Box   ☐ Disc Jockey   ☒ Recorded Music   ☐ Karaoke

14. Method of Operation: (check all that apply)   ☐ 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:   ☐ None   ☐ Patio or Deck   ☐ Rooftop   ☐ Garden/Grounds   ☐ Freestanding Covered Structure  
 (check all that apply)   ☐ Sidewalk Cafe   ☒ Other (specify): Backyard patio enclosed by fence

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16. List the floor(s) of the building that the establishment is located on: **Ground level, backyard patio, and partial 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? ☒ Yes ☐ No
19. 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: **Crystal Apartments LLC c/o Alto Property Managers, LLC**
23. Building Owner's Street Address: **421 7th Avenue 15th Floor**
24. City, Town or Village: **New York** State: **NY** Zip Code: **10001**
25. Business Telephone Number of Building Owner: **212-564-7250**

#### 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: **Eugene M. Suh, Esq.**
27. Representative/Attorney's Street Address: **1979 Marcus Ave. Suite 210**
28. City, Town or Village: **Lake Success** State: **NY** Zip Code: **11042**
29. Business Telephone Number of Representative/Attorney: **917-584-0497**
30. Business E-mail Address of Representative/Attorney: **slayoon6@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: **Zhouyu Tso** Title: **Vice President, Secretary, Treasurer**

Principal Signature:  Feb 2, 2025 11:00 EST



EUGENE M. SUH, PLLC

1979 Marcus Avenue  
Suite 210  
Lake Success, NY 11042

February 4, 2025

**Via Certified Mail/RRR**

Manhattan Community Board 3  
Attn: Edwin Chan  
59 East 4<sup>th</sup> Street  
New York, NY 10003

**Re: Feichangchenggong Inc. dba Wonderland Bar (License ID 0340-24-131675)**  
96 2<sup>nd</sup> Avenue, New York, New York 10003

Dear Sir or Madam:

Please find attached the 30-Day Notice for **Feichangchenggong Inc. dba Wonderland** located at **96 2<sup>nd</sup> Avenue, New York, New York 10003**. We are applying for a Method of Operation Change to change the hours of operation from 4pm - 12am daily to 12pm – 12am daily. Please see enclosed the currently approved stipulations.

Please allow this correspondence to serve as notification of the above-referenced applicant's intent to apply for a Method of Operation Change to the State Liquor Authority.

Please feel free to contact me with any questions at [slayoon6@gmail.com](mailto:slayoon6@gmail.com) or via cell at (917) 584-0497. Thank you for your time.

Sincerely,

Eugene M. Suh, Esq.





# THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003

Phone (212) 533-5300

www.cb3manhattan.org - mn03@cb.nyc.gov

Tareake Dorill, Board Chair

Susan Stetzer, District Manager

## Community Board 3 Liquor License Stipulations

I, Malcolm Meng, as a qualified representative of Feichangchengong Inc.  
located at 96 2nd Ave, New York, NY agree to the following stipulations:

1. My license type is: ☐ beer & cider ☐ wine, beer & cider ☒ liquor, wine, beer & cider
2. ☒ I will operate a full-service restaurant, specifically a (type of restaurant) Asian Fusion restaurant, or  
☐ I will operate a \_\_\_\_\_  
☒ with a kitchen open and serving food during all hours of operation OR ☐ with less than a full-service kitchen but serving food during all hours of operation OR ☐ Other \_\_\_\_\_
3. My hours of operation will be 4:00PM - 12:00 AM all days  
(I understand opening is "no later than" specified opening hour, and all patrons are to be cleared from business at specified closing hour.)
4. ☐ I will not use outdoor space for commercial use (including Open Restaurants) OR  
☒ I will close all outdoor dining allowed under the temporary Open Restaurants program and any other outdoor uses by 10:00 P.M. all days and not have any speakers or TV monitors outdoors.
5. ☐ I will employ a doorman/security personnel: \_\_\_\_\_
6. ☐ I will install soundproofing: \_\_\_\_\_
7. ☒ I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances, or during unamplified live performances or televised sports.  
☐ I will have a closed fixed façade with no open doors or windows except my entrance door will close by 10:00 P.M. or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances, or during unamplified live performances or televised sports.
8. I will not have ☒ DJs, ☒ live music, ☒ third-party promoted events, ☒ any event at which a cover fee is charged, ☒ scheduled performances, ☐ more than \_\_\_\_\_ DJs per \_\_\_\_\_, ☐ more than \_\_\_\_\_ private parties per \_\_\_\_\_
9. ☒ I will play ambient recorded background music only.
10. ☒ I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first coming before CB 3.
11. ☐ I will not seek a change in class to a full on-premises liquor license without first obtaining approval from CB 3.
12. ☒ I will not participate in pub crawls or have party buses come to my establishment.
13. ☒ I will not have unlimited drink specials, including boozy brunches, with food.
14. ☒ I will not have a happy hour or drink specials with or without time restrictions OR ☐ I will have happy hour and it will end by \_\_\_\_\_.
15. ☒ I will not have wait lines outside. ☒ I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
16. ☒ I will conspicuously post this stipulation form beside my liquor license inside of my business.
17. ☒ Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

★ Name: Malcolm Meng Phone Number: 646-331-9403

18. ☐ I will: \_\_\_\_\_

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Malcolm Meng

Signed

Sworn to this 16th day of November 2023

Dated

Mohan D Butani

Mohan D Butani  
Notary Public, State of New York  
Registration No. 0180626896  
Qualified in New York County  
Commission Expires August 06, 2024