


☐ Original

☐ Amended

 OFFICE USE ONLY
Date _____


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

13

 1. Date Notice Sent: 06/18/2025

 1a. Delivered by: FedEx with Tracking Number and Proof of Delivery

 2. 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: (counties of Kings, New York, Bronx, Queens and Richmond):

☒ 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 License ID (if applicable): 0240-23-139542 Expiration Date (if applicable): 04/30/2027

 5. Applicant or Licensee Name: GLOBAL NIPPA USA, INC.

 6. Trade Name (if any): Sukiyaki Shabu Shabu Gen

 7. Street Address of Establishment: 239-241 E 5th St

 8. City, Town or Village: New York, NY Zip Code: 1003

 9. Business Telephone Number of applicant/ Licensee: 212-287-0107

 10. Business E-mail of Applicant/Licensee: Globalnippausa@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): _____

 Received
 JUN 20 2025
 by Community Board 3, Man.

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

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: _____
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 ID number of the licensee:
- | | |
|-------|-------------------|
| _____ | _____ |
| Name | License ID 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: United East LLC.
23. Building Owner's Street Address: 33 East 33rd Street, Suite 1101
24. City, Town or Village: New York State: NY Zip Code: 10016
25. Business Telephone Number of Building Owner: 212-686-2002


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: Shimpei Kawasaki (Kawasaki Law Office PLLC)
27. Representative/Attorney's Street Address: 165 Broadway Suite 2373
28. City, Town or Village: New York State: NY Zip Code: 10006
29. Business Telephone Number of Representative/Attorney: 917-546-9255
30. Business E-mail Address of Representative/Attorney: licensing@kawasakilaw.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: Shimpei Kawasaki Title: Attorney

Principal Signature: 

Date: 06/17/2025