

State Liquor
Authority

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

AUG 14 2025

by Community Board 3. Man. 49

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

2

1. Date Notice Sent: 8/13/25 1a. Delivered by: Overnight Mail, Tracking Number and Pro

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:

☐ 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): 0340-23-129176 Expiration Date (if applicable): 11/30/2025

5. Applicant or Licensee Name: 8 TUXEDOS INC

6. Trade Name (if any): CHINESE TUXEDO & PENDING

7. Street Address of Establishment: 5 DOYERS ST

8. City, Town or Village: NEW YORK, NY Zip Code: 10013

9. Business Telephone Number of applicant/ Licensee: _____

10. Business E-mail of Applicant/Licensee: c/o HEATHER@HELBRAUNLEVEY.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): _____

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16. List the floor(s) of the building that the establishment is located on: **GROUND FLOOR + BASEMENT CELLAR**
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:
- | | |
|------------|---------------|
| N/A | |
| 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: **9-10 CHATHAM LLC**
23. Building Owner's Street Address: **183 CENTRE ST 6/F**
24. City, Town or Village: **NEW YORK** State: **NY** Zip Code: **10013**
25. Business Telephone Number of Building Owner: **516 589 2299**

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: **JOSEPH LEVEY; HELBRAUN & LEVEY LLP**
27. Representative/Attorney's Street Address: **40 FULTON STREET, FLOOR 28**
28. City, Town or Village: **NEW YORK** State: **NEW YORK** Zip Code: **10038**
29. Business Telephone Number of Representative/Attorney: **212 219 1193**
30. Business E-mail Address of Representative/Attorney: **HEATHER@HELBRAUNLEVEY.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: **JOSEPH LEVEY** Title: **ATTORNEY**

Principal Signature: _____





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

Paul Rangel, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations

I, Edward Buckingham, Andrew Lam, Hok Lam, as a qualified representative of 8 Tuxedos Inc.

located at 5 Doyers Street

, 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) Cantonese 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 with kitchen open and serving food within one hour of closing
3. My hours of operation will be 6:00 P.M. to 2:00 A.M.

(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
☐ My sidewalk café hours or other outside hours (including Open Restaurants) will be _____
5. ☒ I will employ a doorman/security personnel: 2 security
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, ☒ promoted events, ☒ any event at which a cover fee is charged, ☒ scheduled performances, ☐ more than _____ DJs per _____, ☐ more than _____ private parties per _____
it will have ambient background music only consisting of recorded music in the ground floor stand-up bar and lower-level restaurant, which may be curated by a DJ, and it may play entertainment level music (Thursday - Saturday) and background level music (Sunday-Wednesday) in the lower-level bar which may be curated by a DJ
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: Edward Buckingham

Phone Number: (646) 895-9301

18. ☐ I will: _____

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

Signed

Sworn to this 17th day of MAY 2022

Dated

05/17/22.

Notary Public

HOK S. LAM

Notary Public, State of New York
No. 31-4886652
Qualified in New York County
Commission Expires Mar. 9, 2023

HELBRAUN || LEVEY

AUGUST 13 2025

Ms. Susan Stetzer
District Manager
Manhattan Community Board No. 3
59 East 4th Street
New York, NY 10003

RE: 8 TUXEDOS INC
5 DOYER STREET
NEW YORK, NY 10013

To Whom It May Concern:

I am writing to you on behalf of my client, 8 Tuxedos Inc., located at the address above. They will be submitting an alteration application to the NY State Liquor Authority for the above On Premises liquor license.

As you are aware, part of the licensing process requires that the local Community Board be notified to be given an opportunity to comment on the application. Please consider this letter notification of our intent to apply to the New York State Liquor Authority for the above referenced license.

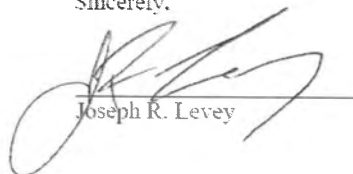
Please note that there are NO changes to the applicant's method of operation. All stipulations previously signed would the community board would remain the same. (attached for reference).

The changes being made are as following:

- *No changes to the ground floor of the premise.
- *Cellar - bar is being altered and moved, and the layout of the tables/chairs is changing.
- *Name of the cellar concept is changing, name TBD.

Please forward any meeting notification information and/or questionnaire to our office, at the address indicated in my letterhead above, or to Heather@helbraunlevey.com. If you need any further information, please contact me at 212-219-1193.

Sincerely,



Joseph R. Levey