



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

Received

OCT 01 2025  
49

by Community Board 3, Man

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

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1. Date Notice Sent: 09/29/2025 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:

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: Community Board # 3 59 E 4th St., New York, NY 10003

### Applicant/Licensee Information:

4. Licensee License ID (if applicable): ID 0370-24-11603 Expiration Date (if applicable): 05/31/2026

5. Applicant or Licensee Name: OSCURA 247 LLC

6. Trade Name (if any): San Antonios

7. Street Address of Establishment: 247 Eldridge Street

8. City, Town or Village: New York, NY Zip Code: 10002

9. Business Telephone Number of applicant/ Licensee: (570) 269-0429

10. Business E-mail of Applicant/Licensee: Zachanewgoldenempire.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: Bar/Tavern Tequila/Mezcal Educatin, Tasting/Classes

☐ 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: **First Floor**
17. List the room number(s) the establishment is located in within the building, if appropriate: **First Floor**
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: **247 LMS LLC David Sohayegh, Managing Member**
23. Building Owner's Street Address: **95 Delancey St.**
24. City, Town or Village: **New York** State: **NY** Zip Code: **10002**
25. Business Telephone Number of Building Owner: **(516) 967-5216**

**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: **Jack Chang**
27. Representative/Attorney's Street Address: **154-27A Riverside Drive**
28. City, Town or Village: **Whitestone** State: **NY** Zip Code: **11357**
29. Business Telephone Number of Representative/Attorney: **(718) 309-0455**
30. Business E-mail Address of Representative/Attorney: **JCC9513@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: **Zachary Neil Hosier** Title: **Managing Member**

Principal Signature: 

Zachary Neil Hosier

**NEW YORK STATE DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE  
ASSUMED NAME FILING RECEIPT**

**ENTITY NAME :** OSCURA 247 LLC  
**DOCUMENT TYPE :** CERTIFICATE OF ASSUMED NAME

**DOS ID NUMBER :** 6882588  
**ENTITY TYPE :** DOMESTIC LIMITED  
LIABILITY COMPANY  
**ASSUMED NAME :** SAN ANTONIOS  
**ASSUMED NAME ID NUMBER :** 7483512  
**FILE DATE :** 12/11/2024  
**FILE NUMBER :** 241211003078  
**TRANSACTION NUMBER :** 202412110000932-3956318



**FILER :** JACK CHANG  
154-27A RIVERSIDE DRIVE STE 5A  
WHITESTONE, NY, 11357, USA

*You may verify this document online at :* <http://ecorp.dos.ny.gov>  
**AUTHENTICATION NUMBER :** 100007099330

<b>TOTAL FEES:</b>	<b>\$50.00</b>	<b>TOTAL PAYMENTS RECEIVED:</b>	<b>\$50.00</b>
<b>FILING FEE</b> (Includes County Fees):	<b>\$25.00</b>	<b>CASH:</b>	<b>\$0.00</b>
<b>CERTIFICATE OF STATUS:</b>	<b>\$0.00</b>	<b>CHECK/MONEY ORDER:</b>	<b>\$0.00</b>
<b>CERTIFIED COPY:</b>	<b>\$0.00</b>	<b>CREDIT CARD:</b>	<b>\$50.00</b>
<b>COPY REQUEST:</b>	<b>\$0.00</b>	<b>DRAWDOWN ACCOUNT:</b>	<b>\$0.00</b>
<b>EXPEDITED HANDLING:</b>	<b>\$25.00</b>	<b>REFUND DUE:</b>	<b>\$0.00</b>