

	OFFIC	E 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:	11/10/2025 1a. Delivered by: Overnight Mail, Tracking Number and Proof of Delivery
	plication that will be filed with the Authority for an On-Premises Alcoholic Beverage License: the City of New York:
New Application	Removal Class Change
For premises in the C	ity of New York: (counties of Kings, New York, Bronx, Queens and Richmond):
New Application	New Application and Temporary Retail Permit
O Class Change O	Method of Operation O Corporate Change ORenewal O Alteration
For Renewal applican For Alteration applican For Corporate Chang For Removal applican For Class Change app For Method of Opera	ary Retail Permit applicants, answer each question below using all information known to date ats, answer all questions ants, attach a complete written description and diagrams depicting the proposed alteration(s) e applicants, attach a list of the current and proposed corporate principals ats, attach a statement of your current and proposed addresses with the reason(s) for the relocation dicants, attach a statement detailing your current license type and your proposed license type ation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes locuments as noted above. Failure to do so may result in disapproval of the application.
3. Name of Municipality	or Community Board: Manhattan Community Board No. 3
Applicant/Licensee	
4. Licensee License ID (if	
5. Applicant or Licensee	Name: Sozo Bowery LLC
6. Trade Name (if any):	TBD
7. Street Address of Esta	ablishment: 319 Bowery
8. City, Town or Village:	New York , NY Zip Code: 10003
9. Business Telephone N	lumber of applicant/ Licensee: (929) 622-1991
10. Business E-mail of Ap	plicant/Licensee: omakaseosukaa@gmail.com
11. Type(s) of alcohol sol	
12. Extent of Food Servic	e: O Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area required
13. Type of Establishmen	t: Bar/Tavern
44.04-4-4-6.0	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 Ard	ea: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (y) Sidewalk Cafe Other (specify):

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	Original (○ Amended	Date	49
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16. List the floor(s) of the building	g that the establishme	ent is located on: Grour	nd Floor	
17. List the room number(s) the e	establishment is locat	ed in within the building,	if appropriate: N/A	
18. Is the premises located within	500 feet of three or	more on-premises liquor	establishments?	
19. Will the license holder or a ma	anager be physically p	oresent within the establis	shment during all hours of operation?	⊙ Yes ○ No
20. If this is a transfer application	(an existing licensed	business is being purchase	ed) provide the name and ID number of	the licensee:
12	Name		License ID N	lumber
21. Does the applicant or licensee		which the establishment i		_
			<u> </u>	9
	- 4.1			
	Owner of the	Building in Which the	Licensed Establishment is Located	
22. Building Owner's Full Name:	319 Bowery NY L	LC		
23. Building Owner's Street Addre	ess: 424 W 51st 5	Street		
24. City, Town or Village: New	York		State: NY	Zip Code: 10019
		(04.0) 000 0000		
25. Business Telephone Number (of Building Owner:	(212) 228-9300		
	Danuarantetius au	Attornou Democratio	- the Applicant in Connection with	tho
			g the Applicant in Connection with t the Establishment Identified in th	
26. Representative/Attorney's Fu	Il Name: Michael	J. Paleudis, Esq.		
	-			
27. Representative/Attorney's Str	reet Address: 100	Canal Pointe Boulevard	I, Suite 125	
28. City, Town or Village: Prince	eton		State: NJ	Zip Code: 08540
29. Business Telephone Number o	of Representative/Att	orney: (212) 837-848	32	
30. Business E-mail Address of Re	presentative/Attorne	ry: mjp@kplawyers.co	om	
	,			
I am the appli	cant or licensee ho	lder or a principal of th	e legal entity that holds or is applyir	ng for the license.
Representations	in this form are in	conformity with repres	entations made in submitted docum at representations made in this forn	nents relied upon by
			proval of the application or revocat	
By my signat	ture Taffirm - unde	r Penalty of Periury - tl	hat the representations made in this	s form are true
by my signar	.a. e, ratiliti ulluc	Strains of the July - C	Tro representations make in till.	
31. Printed Principal Name: [Chee Ngim		Title: Authorized Signato	m/
	JAGO NYIIII		Authorized Signate	· y
Principal Signature:	Confe			
Date:	11 / 10 / 2025	<u> </u>		
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Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice Sent:	11/10/2025 1a. Delivered by: Overnight Mail, Tracking Number and Proof of Delivery
2. Select the type of App	Received lication that will be filed with the Authority for an On-Premises Alcoholic Beverage License:
For premises outside t	he City of New York
New Application	Removal Class Change
For premises in the Cit	y of New York: (counties of Kings, New York, Bronx, Queens and Richmond):
2_011	New Application and Temporary Retail Permit
O Class Change O	Method of Operation O Corporate Change ORenewal O Alteration
For Renewal applicant For Alteration applicar For Corporate Change For Removal applicant For Class Change appli For Method of Operat	ry Retail Permit applicants, answer each question below using all information known to date is, answer all questions nots, attach a complete written description and diagrams depicting the proposed alteration(s) applicants, attach a list of the current and proposed corporate principals is, attach a statement of your current and proposed addresses with the reason(s) for the relocation cants, attach a statement detailing your current license type and your proposed license type ion Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes occuments as noted above. Failure to do so may result in disapproval of the application.
	e Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:
	or Community Board: Manhattan Community Board No. 3
Applicant/Licensee In	nformation:
4. Licensee License ID (if a	applicable): TBD Expiration Date (if applicable): TBD
5. Applicant or Licensee N	Jame: Sozo Bowery LLC
6. Trade Name (if any):	TBD
7. Street Address of Estab	olishment: 319 Bowery
8. City, Town or Village:	New York , NY Zip Code: 10003
9. Business Telephone Nu	mber of applicant/ Licensee: (929) 622-1991
10. Business E-mail of Appl	icant/Licensee: omakaseosukaa@gmail.com
11. Type(s) of alcohol sold	or to be sold:
12. Extent of Food Service:	: OFull Food menu; full kitchen run by a chef/cook o Menu meets legal minimum food requirements; food prep area required
13. Type of Establishment:	Bar/Tavern
	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 (check all that apply)	Rooftop Garden/Grounds Freestanding Covered Structure Garden/Grounds Freestanding Covered Structure Garden/Grounds Freestanding Covered Structure

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	Original	Amended Dat	te	,	49
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16. List the floor(s) of the building	that the establishme	ent is located on: Ground F	loor]
17. List the room number(s) the e	stablishment is locate	ed in within the building, if ap	propriate: N/A]
18. Is the premises located within	500 feet of three or r	nore on-premises liquor esta	blishments?		
19. Will the license holder or a ma	nager be physically p	resent within the establishme	ent during all hours of operation?	⊙ Yes ○ No	
20. If this is a transfer application	(an existing licensed l	ousiness is being purchased) r	provide the name and ID number of th	ne licensee:	7
	Name		License ID Nu	mber	_
21. Does the applicant or licensee		which the establishment is loo		⊙ No	
	Owner of the	Building in Which the Lice	nsed Establishment is Located		
	Owner of the	Building in Which the tice	nsed Establishment is Eocated		-
22. Building Owner's Full Name:	319 Bowery NY L	LC			
23. Building Owner's Street Addre	ess: 424 W 51st 5	Street]
24. City, Town or Village: New	York		State: NY	Zip Code: 10019	
25. Business Telephone Number of	of Building Owner:	(212) 228-9300			7
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					J
Appli	Representative or	Attorney Representing the	e Applicant in Connection with t e Establishment Identified in this	he Notice	<u></u>
Appli	cation for a License	to Traffic in Alcohol at the	e Applicant in Connection with t e Establishment Identified in this	he Notice	J.
Appli on 26. Representative/Attorney's Fu	cation for a License	Attorney Representing the to Traffic in Alcohol at the J. Paleudis, Esq.	e Applicant in Connection with t e Establishment Identified in this	he Notice]
Appli	Il Name: Michael	to Traffic in Alcohol at the	e Establishment Identified in this	he Notice]
Application 26. Representative/Attorney's Fu	Il Name: Michael	J. Paleudis, Esq. Canal Pointe Boulevard, St	e Establishment Identified in this	he Notice Zip Code: 08540]
Applic 26. Representative/Attorney's Fu 27. Representative/Attorney's Str	reet Address: 100	J. Paleudis, Esq. Canal Pointe Boulevard, St	e Establishment Identified in this	Notice]
Application 26. Representative/Attorney's Fur 27. Representative/Attorney's Str 28. City, Town or Village: Prince	reet Address: 100 eton	J. Paleudis, Esq. Canal Pointe Boulevard, Suorney: (212) 837-8482	e Establishment Identified in this	Notice	
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