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SEP 14 2026

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

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1. Date Notice Sent: 09/11/2026 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: Manhattan Community Board 3

Applicant/Licensee Information:

4. Licensee License ID (if applicable): 0340-24-131675 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: 212-814-2943

10. Business E-mail of Applicant/Licensee: mikiniu723@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: ☐ 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 within enclosed structure

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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 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: **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: **MJ 360 Solutions LLC**
27. Representative/Attorney's Street Address: **212-71 26th Ave Suite 604065**
28. City, Town or Village: **Bayside** State: **NY** Zip Code: **11360**
29. Business Telephone Number of Representative/Attorney: **917-584-0497**
30. Business E-mail Address of Representative/Attorney: **mj360solutions@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: **Miki Niu** Title: **President**



By checking this box I agree, and it is my intent, to electronically sign this document. By submitting this e-document to the New York State Liquor Authority in this way, I understand that my electronic signature I added to the signature line below is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document and I am affirming the truth of the information contained therein.

Principal Signature:


Miki Niu (Sep 5, 2026 10:48:23 EDT)

Date:

05/09/2026

MJ 360 SOLUTIONS LLC

212-71 26th Ave Suite 604065
Bayside, NY 11360

September 11, 2026

Via Certified Mail/RRR

Manhattan Community Board 3
59 East 4th Street
New York, NY 10003

**RE: Feichangchenggong Inc. (0340-24-131675)
96 2nd Ave, New York, NY 10003**

Dear Sir or Madam:

Enclosed is the 30-Day Notice for **Feichangchenggong Inc.**, located at **96 2nd Ave, New York, NY 10003**, in connection with the applicant's intent to apply for a change in the method of operation of an On-Premises (1-340) full liquor license. The licensee proposes to:

- Add DJs for Fridays, Saturdays, and Sundays.
- Update hours of operation from 4pm – 12am to 12pm – 2am daily.

Please allow this correspondence to serve as notification of the above-referenced applicant's intent to submit a method of operation change application of a full liquor license to the New York State Liquor Authority.

Please feel free to contact me with any questions at mj360solutions@gmail.com or via cell at (917) 584-0497.

Thank you for your time.

Sincerely,

MJ 360 Solutions LLC