



Received

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☐ Original ☐ Amended Date **SEP 08 2026**

by Community Board 3, Man.

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

3

1. Date Notice Sent: **September 5, 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): **0340-26-139826** Expiration Date (if applicable): **3/31/2028**

5. Applicant or Licensee Name: **Royal Century Banquet Inc.**

6. Trade Name (if any): **100 Feast and Lounge**

7. Street Address of Establishment: **100 East Broadway, Unit C2**

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

9. Business Telephone Number of applicant/ Licensee: **(212) 369-8999**

10. Business E-mail of Applicant/Licensee: **manager@100feast.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.): **Rock/acoustic (for wedding/special events- indoors only)**

☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment

☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel

☒ Other (specify): **Banquet hall**

15. Licensed Outdoor Area: ☐ None ☐ Patio or Deck ☒ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
(check all that apply) ☐ Sidewalk Cafe ☐ Other (specify): **3rd Floor Rooftop**

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16. List the floor(s) of the building that the establishment is located on: **1st floor (entry vestibule only), 2nd floor, and 3rd floor**
17. List the room number(s) the establishment is located in within the building, if appropriate: **Unit C2**
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: **Two Pike LLC**
23. Building Owner's Street Address: **100 East Broadway, 14th Floor**
24. City, Town or Village: **New York** State: **NY** Zip Code: **10002**
25. Business Telephone Number of Building Owner: **646-739-6815**

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: **Kimberly A. Summers, Esq.**
27. Representative/Attorney's Street Address: **c/o DiPasquale & Summers LLP, 555 Fifth Avenue, 14th Floor**
28. City, Town or Village: **New York** State: **NY** Zip Code: **10017**
29. Business Telephone Number of Representative/Attorney: **646-383-4607**
30. Business E-mail Address of Representative/Attorney: **Kimberly@DS-LawOffices.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: **Kimberly A. Summers** Title: **Attorney for Applicant**

☐ 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: 

Date: **9/5/26**



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

Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations

I, Shiwei Lin, as a qualified representative of Royal Century Banquet, Inc.
located at 100 E Broadway, Unit C2, 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) _____ restaurant, or
☒ I will operate a wedding/banquet hall serving Cantonese/Japanese/Sushi
☒ 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 _____
3. My hours of operation will be 2nd floor: 10 a.m.-12 a.m. (all days)
3rd floor indoor space: 10 a.m.-11 p.m. (all days)
(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
☐ I will close all outdoor dining allowed under the temporary Open Restaurants program and any other outdoor uses by 10:00 P.M. all days and not have any speakers or TV monitors outdoors.
5. ☐ I will employ a doorman/security personnel: _____
6. ☒ I will install soundproofing, based on recommendations from a sound engineer
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, ☒ third-party promoted events, ☒ any event at which a cover fee is charged, ☒ scheduled performances, ☐ more than _____ DJs per _____, ☐ more than _____ private parties per _____
Live music may be at entertainment level. live music will be on the 2nd floor only.
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 6PM.
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: Faye Lin Phone Number: 661-917-3980

18. ☒ I will: use the 3rd floor outdoor rooftop space and will close by 10pm all days.

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

Signed _____

Dated 10/12/2024

Sworn to this 12th day of OCT 2024 XIAO

Notary Public, State of New York

Reg No. 01X16312853

Qualified in Queens County

Certificate filed in New York County

Commission Expires Oct. 6th, 2026

Notary Public



DiPASQUALE & SUMMERS
ATTORNEYS & COUNSELORS AT LAW

555 5TH AVENUE, 14TH FLOOR
NEW YORK, NEW YORK 10017
TEL: (646) 383-4607
FAX: (646) 606-2388

September 5, 2026

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

RE: 30 Day Advance Notice- Method of Operation Change Application

Applicant: Royal Century Banquet Inc.
Address: 100 East Broadway, Unit C2, New York, NY 10002
Serial #: 6090359 (License ID: 0340-26-139826)

Dear Board Members:

I am the attorney for Royal Century Banquet Inc d/b/a 100 Feast and Lounge. Enclosed is my client's 30-Day Advance Notice of its intent to file a Method of Operation Change Application with the State Liquor Authority. My client is currently approved for the following hours pursuant to the attached stipulations:

2nd Floor: 10am-12am (all days)
3rd Floor Indoor Space: 10am-11pm (all days)
3rd Floor Outdoor Space: 10am-10pm (all days)

They are seeking to extend the hours to the following:

2nd Floor: 10am-2am (all days)
3rd Floor Indoor Space: 10am- 2am (all days)
3rd Floor Outdoor Space: 10am-10pm (all days) (**no change**)

No further changes are being requested. Should you have any questions or concerns regarding the foregoing, please do not hesitate to call.

Cordially,
DIPASQUALE & SUMMERS, LLP

Kimberly A. Summers
kimberly@ds-lawoffices.com