



OFFICE 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:

1a. Delivered by:

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     Renewal     Alteration     Removal
- Class Change     Method of Operation     Corporate Change

MAY 24 2023

Rec'd By Community Board 3, M...

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:

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable):  Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village:  , NY Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

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:

- 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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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

16. List the floor(s) of the building that the establishment is located on: 1ST FL

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:

CHOKDEE NYC INC	1302208
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: 12TH & 1ST DE LLC

23. Building Owner's Street Address: 9350 WILSHIRE BLVD, STE 300

24. City, Town or Village: BEVERLY HILLS State: CA Zip Code: 90212

25. Business Telephone Number of Building Owner:

**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: ABC LICENSE - SAM PARK

27. Representative/Attorney's Street Address: 35-15 FARRINGTON ST

28. City, Town or Village: FLUSHING State: NY Zip Code: 11354

29. Business Telephone Number of Representative/Attorney: (718) 939-1400

30. Business E-mail Address of Representative/Attorney: ABCLICENSE@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: SIRA AJALANON Title: PRESIDENT

Principal Signature: /s/ Sira Ajalanon