State of New York Executive Department
Division of Alcoholic Beverage Control State Liquor Authority

1. Date Notice was Sent: (mm/dd/yyyy)

Stahdardized NOTICE FORM for Providing 30-Day Advanfed Notice to a DEE 8 20! Local Municipality or Community Board
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License $\square$ New Application $\square$ Renewal $\square$ Alteration $\square$ Corporate Change

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. License Serial Number, if not a New Appication:
5. Applicant or Licensee Name:
6. Trade Name (if any): Fei Teng
7. Street Address of Establishment: 68 East Broadway
8. City, Town or Village: New York
9. Business Telephone Number of Applicant/Licensee: $212-274-8659$
10. Business Fax Number of Applicant/Licensee:
11. Business E-mail of Applicant/Licensee:

For New applicants, provide description below using all information known to date. For Alteration applicants, attach complete description and diagram of proposed alteration(s). For Current Licensees, set forth approved Method of Operation only. Do Not Use This Form to Change Your Method of Operation.


| 13. Extent of Food Service: ("X"One) | Restaurant (Sale of food primarily; Full Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol food menu; Kitchen run by chef) sales primarily; Meets legal minimum food availability requirements |
| :---: | :---: |

14. Type of Establishment: ("X" all that apply)
$\square$ Recorded Music $\square$ Live Music $\square$ Disc Jockey $\square$ Juke Box $\square$ Karaoke Bar $\quad \square$ Stage Shows
$\square$ Patron Dancing (small scale) $\square$ Cabaret, Night Club (Large Scale Dance Club) $\square$ Catering Facility
$\square$ Capacity of 600 or more patrons $\quad \square$ Topless Entertainment $\quad \boxtimes$ Restaurant $\quad \square$ Hotel
$\square$ Recreational Facility (Sports Facility Nessel) $\square$ Club (e.g. Golf Club/Fraternal Org.) $\square$ Bed \& Breakfast
$\square$ Seasonal Establishment


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16. List the floors) of the building that the establishment is located on: 1 FL .
17. List the room numbers) the establishment is located in within the building, if appropriate:

18. Is the premises located with 500 feet of three or more on-premises liquor establishments? $\triangle$ Yes $\square$ No
19. Will the license holder or a manger be physically present within the establishment during all hours of operation? $\triangle$ Yes $\square$ No
20. Does the applicant or licensee own the building in which the establishment is located? (" X"One) $\square$ Yes (If Yes SKIP 21-24) 区 No

Owner of the Building in Which the Licensed Establishment is Located
21. Building Owner's Full Name: Feral Tam/Hyeton Corp.
22. Building Owner's Street Address: PO Box 908
23. City, Town or Village: New York
24. Business Telephone Number of Building Owner: $212-744-5123$

Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice
25. Attorney's Full Name: James Wang (Rep.)
26. Attorney's Street Address: 90 Bowery, Suite 304
27. City, Town or Village: New York
28. Business Telephone Number of Attorney: $212-219-3070$
29. Business Email Address of Attorney: $\quad$ Ji.y.Wang.ny@gmail.com NY

I am the applicant or hold the license or am 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.

signature: $x \not \angle A N \quad 5 \omega$

