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-Dav Advanc	ed Notice to a
	munity Board
	1 of 2 of Form

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5	NEW YORK STATE OF OPPORTUNITY.	State Liquo Authority

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Restandardized NOTICE FORM for Providing 30-

STATE OF STATE LIQUOI Authority	Loca	Municipality or Community Board
and the state of t	OCT 3 1 2017	(Page 1 of 2 of Form
1. Date Notice Was Sent: Oct 26, 2017	1a. Delivered by: Certified Mail Retu	rn Receint Requested
Select the type of Application that will be	e filed with the Authority for an On-Premises Alcoh	
New Application 🔲 Renewal 🔲 Al	Iteration Corporate Change Removal	Class Change
For <b>Renewal</b> applicants, set forth your applicants, attach a complete For <b>Corporate Change</b> applicants, attach a statement For <b>Class Change</b> applicants, attach a statement For <b>Class Change</b> applicants, attach a state	te written description and diagrams depicting the a list of the current and proposed corporate principle to fyour current and proposed addresses with the ement detailing your current license type and your	pals. e reason(s) for the relocation. e proposed license type.
This 30-Day Advance Notice is Being Prov	vided to the Clerk of the following Local Munici	pality or Community Board
3. Name of Municipality or Community Boa	rd: Manhattan Community Board 3	
Applicant/Licensee Information		
4. License Serial Number, if Applicable:	Expiration Date	e, if Applicable:
5. Applicant or Licensee Name: 95 FU	SION TEAROOM & KITCHEN BAR INC	
6. Trade Name (if any): 95 FUSION TEARO	OM & KITCHEN BAR	
7. Street Address of Establishment: 95 CHF	RYSTIE STREET	
8. City, Town or Village: NEW YORK		NY Zip Code : 10002
9. Business Telephone Number of Applicant	:/Licensee: 917-833-6682	
10. Business Fax Number of Applicant/Licen	see:	
11. Business E-mail of Applicant/Licensee:		
12. Type(s) of Alcohol sold or to be sold:	Beer & Cider Wine, Beer & Cider	Liquor, Wine, Beer & Cider
13. Extent of Food Service: Full food m	nenu; Menu meets legal m n run by a chef or cook Food prep area at m	inimum food availability requirements; inimum
14. Type of Establishment: Restaurant (Full	Kitchen & Full Menu required	
15. Method of Operation: (Check all that apply)  Live Music (Gi Patron Dancir Video/Arcade Other (specify	ive details: i.e. rock bands, acoustic, jazz, etc.):  ng Employee Dancing Exotic Dancing Games Third Party Promoters	
	Patio or Deck Rooftop Garden/Grounds	Freestanding Covered Structure

OFFICE USE ONLY
Amended Date

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	OFFICE USE	ONLY
Original	Amended	Date

3	NEW YORK
2	STATE OF OPPORTUNITY.
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State Liquor Authority

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

			(Page 2 of 2 of Form
17. List the floor(s) of the	e building that the establishment is located	l on: 1st Fl	
	r(s) the establishment is located in within t		
19. Is the premises locate	ed within 500 feet of three or more on-pren	nises liquor establishments? (	)Yes \( \int \ No
	r or a manager be physically present within		
	olication (an existing licensed business is b		
22. Does the applicant or	licensee own the building in which the est	ablishment is located? O Yes	(If Yes SKIP 23-26)   No
23. Building Owner's Full	Owner of the Building in Which the	Licensed Establishment is Lo	cated
24. Building Owner's Stree			
25. City, Town or Village: [	BROOKLYN	State: NY	Zip Code : 11209
26. Business Telephone N	lumber of Building Owner:		
аррис	Representative or Attorney representing cation for a license to traffic in alcohol at	g the Applicant in Connection t the establishment identified	with the in this notice
27. Representative/Attorne	ey's Full Name: James Wang (REP.)		
28. Street Address:	90 Bowery, Suite 304		
29. City, Town or Village:	New York	State: NY	Zip Code : 10013
30. Business Telephone Nu	umber of Representative/Attorney: 212-21	9-3070	
31. Business Email Address	j.y.wang.ny@gmail.com		
	old the license or am a principal of the lega o conformity with representations made in understand that representations made in t may result in disapproval of the appli	submitted documents relied up his form will also be relied upor	on by the Authority when
By my signa	ature, I affirm - under <b>Penalty of Perjury</b> -	that the representations made i	n this form are true.
32. Printed Name: James W	/ang	Title Consultant	
Signature: X	Ff 5		