	OFFICE USE	ONLY	
Original	Amended	Date	

NEW YORK
STATE OF
OPPORTUNITY
Authority

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

,					(Page 1 of 2)
1. Date Notice Was Sent: 05/02/2018	3	1a. Delivered by: Ce	rtified Mail Retu	rn Receipt Requested	
2. Select the type of Application that	will be filed with	· -			
▼ New Application				Class Change	
For <b>New</b> applicants, answer each que For <b>Renewal</b> applicants, set forth you For <b>Alteration</b> applicants, attach a co For <b>Corporate Change</b> applicants, at For <b>Removal</b> applicants, attach a stat For <b>Class Change</b> applicants, attach a	ir approved Methomplete written de tach a list of the comment of your cure	od of Operation only. escription and diagran urrent and proposed or rrent and proposed ad	ns depicting the corporate princil Idresses with the	oals. e reason(s) for the reloc	ation.
This 30-Day Advance Notice is Being	Provided to the	Clerk of the following	ng Local Munici	pality or Community I	Board
3. Name of Municipality or Communit	y Board: MANHA	TTAN COMMUNITY BO	ARD 3		
Applicant/Licensee Information					
4. License Serial Number, if Applicable	e: PENDING		Expiration Date	e, if Applicable: PENDIN	VG
5. Applicant or Licensee Name:	S&D WAVE GROU	JP INC			
6. Trade Name (if any): SUSHI BADA					
7. Street Address of Establishment:	199 2ND AVE				
8. City, Town or Village: NEW YORK				,NY Zip Code : 10003	3
9. Business Telephone Number of Applicant/Licensee: PENDING					
10. Business Fax Number of Applicant/Licensee: N/A					
11. Business E-mail of Applicant/Licen	see: ABCLICEN:	SE@GMAIL.COM			
12. Type(s) of Alcohol sold or to be sol	d: Beer 8	Cider Wine, Be	er & Cider 🛛 🗙	Liquor, Wine, Beer & C	ider
	ood menu; Kitchen run by a cl		nu meets legal n d prep area at m	ninimum food availabili ninimum	ty requirements;
14. Type of Establishment: RESTAURA	ANT				
(Check all that apply)  Live Mu Patron Video/		i.e. rock bands, acousti ployee Dancing   Third Party Prom	Exotic Dancing		aoke nment
6. Licensed Outdoor Area: None		ck Rooftop C	Garden/Ground		vered Structure





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17. List the floor(s) of the	building that the establishment is located or	n: 1ST FL			
18. List the room number building, if appropriat	(s) the establishment is located in within the	N/A			
19. Is the premises located	d within 500 feet of three or more on-premis	ses liquor establishments?	Yes \( \)No		
20. Will the license holder	or a manager be physically present within t	he establishment during all h	hours of operation? •Yes \ No		
21. If this is a transfer app	lication (an existing licensed business is beir	ng purchased) provide the na	ame and serial number of the licensee		
N/A					
22. Does the applicant or	licensee own the building in which the estab	olishment is located? O Yes	(If Yes SKIP 23-26)   No		
	Owner of the Building in Which the Li	icensed Establishment is Lo	ocated		
23. Building Owner's Full N	Name: JEDSS GROUP LLC				
24. Building Owner's Stree	et Address: 17 RIDGE RD				
25. City, Town or Village:	GLEN COVE	State: NY	Zip Code : 11542		
26. Business Telephone No	umber of Building Owner:		11		
R	Representative or Attorney representing t	he Applicant in Connection	n with the		
	ration for a license to traffic in alcohol at t	he establishment identified	d in this notice		
27. Representative/Attorn	ey's Full Name: ABC LICENSE - SAM PARK				
28. Street Address:	35-23 FARRINGTON ST, 2ND FL				
29. City, Town or Village:	FLUSHING	State: NY	Zip Code : 11354		
30. Business Telephone Nu	umber of Representative/Attorney: (718) 93	9-1400			
31. Business Email Address	s : ABCLICENSE@GMAIL.COM				
in this form are in granting the license. I	old the license or am a principal of the legal en a conformity with representations made in su understand that representations made in the may result in disapproval of the applica ature, I affirm - under <b>Penalty of Perjury</b> - th	ubmitted documents relied up is form will also be relied upo ation or revocation of the lice	upon by the Authority when on, and that false representations ense.		
32. Printed Name: SE WOO	NG BAN	Title PRESIDENT			
Signature: X SE WOONG B	BAN				