	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 was Sent:	3/07/2010	1a. Delivered by:	O-SE-IN-IBA B 115	
			Certified Mail Return Receipt Requested	
	ation that will be filed with the Authorit			
• New Application	Renewal Alteration Corp	orate Change 🔘 Remo	val O Class Change O Method of Operation Change	
For Renewal applical For Alteration applical For Corporate Chang For Removal applical For Class Change app	answer each question below using all ints, answer all questions ants, attach a complete written descripe applicants, attach a list of the currents, attach a statement of your current olicants, attach a statement detailing yeation Change applicants, although not	otion and diagrams depic it and proposed corporat and proposed addresses our current license type a	ting the proposed alteration(s) e principals with the reason(s) for the relocation	
This 30-Day Advance No	tice is Being Provided to the Clerk	of the Following Loca	Municipality or Community Board:	
3. Name of Municipality or	Community Board: MANHATT	AN COMMUNI	TY BOARD 3	
Applicant/Licensee Info	mation:			
4. Licensee Serial Number (if applicable):	Expi	ration Date (if applicable):	
5. Applicant or Licensee Na	me: PG THEMES LLC			
6. Trade Name (if any):	IEW TERRITORIES			
7. Street Address of Establis	hment: 190 ORCHARD ST			
8. City, Town or Village:	IEW YORK	, N	Y Zip Code: 10002	
9. Business Telephone Num	ber of Applicant/Licensee: (646) 70	08-4802	L	
10. Business E-mail of Appli	cant/Licensee: petermei1236@	gmail.com		
11. Type(s) of alcohol sold o	r to be sold:	O Wine, Beer & Cider	O Liquor, Wine, Beer & Cider	
12. Extent of Food Service:				
• Full food menu; full	kitchen run by a chef or cook O Me	enu meets legal minimum	food availability requirements; food prep area at minimum	
13. Type of Establishment:	Bar/Tavern			
14. Method of Operation: (check all that apply)	☐ Seasonal Establishment ☐ Ju☐ Live Music (give details i.e., rock b	ke Box Disc Jockey		
	Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment			
	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel			
	Other (specify):			
			Ree'd By Gernmunity Beard 3, Man	
5. Licensed Outdoor Area: (check all that apply)	None Patio or Deck	Rooftop Garden	Grounds Freestanding Covered Structure	
,	☐ Sidewalk Cafe ☐ Other (speci	fy):	MAR 1 1 2019	

OFFICE USE ONLY Original Omended Date
16. List the floor(s) of the building that the establishment is located on: GROUND FLOOR
17. List the room number(s) the establishment is located in within the building, if appropriate:
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? O Yes No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? O No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:
Name Serial Number
21. Does the applicant or licensee own the building in which the establishment is located? OYes (if YES, SKIP 23-26)
Owner of the Building in Which the Licensed Establishment is Located
22. Building Owner's Full Name: FLEMINGTON REGENCY LLC
23. Building Owner's Street Address: 241 WEST 37TH STREET
24. City, Town or Village: NEW YORK State: NY Zip Code: 10018
25. Business Telephone Number of Building Owner: (212) 398-0704
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: YING XU
27. Representative/Attorney's Street Address: 34 ALLEN ST
28. City, Town or Village: NEW YORK State: NY Zip Code: 10002
29. Business Telephone Number of Representative/Attorney: (212) 732-3450
30. Business E-mail Address of Representative/Attorney: YXLAMCO@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: DAHUA MEI Title: PRESIDENT
Principal Signature: 22 Us a M (2)