| | OFFICE USE ONLY | | |
|----------|-----------------|------|--|
| Original | | Date | |

| Original O Amended Date | | | OFFICE | OSE ONLY | |
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| | \bigcirc | Original | Amended | Date | |

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

| 1. Date Notice was Sent: 08/21/2019 1a. Delivered by: Overnight Mail with Tracking Number | | | | | | |
|--|--|--|--|--|--|--|
| 2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License: | | | | | | |
| O New Application O Renewal O Alteration O Corporate Change O Removal O Class Change O Method of Operation Change | | | | | | |
| For New 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 | | | | | | |
| 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. Licensee Serial Number (if applicable): 830810 Expiration Date (if applicable): 03/31/2021 | | | | | | |
| 5. Applicant or Licensee Name: 20X Hospitality LLC | | | | | | |
| 6. Trade Name (if any): Zen 6 | | | | | | |
| 7. Street Address of Establishment: 328 E 6th St | | | | | | |
| 8. City, Town or Village: New York , NY Zip Code: 10003 | | | | | | |
| 9. Business Telephone Number of Applicant/Licensee: (646) 429-8471 | _ | | | | | |
| 10. Business E-mail of Applicant/Licensee: 20XHospitality@gmail.com | 一 | | | | | |
| 11. Type(s) of alcohol sold or to be sold: | | | | | | |
| 12. Extent of Food Service: | | | | | | |
| Full food menu; full kitchen run by a chef or cook Menu meets legal minimum food availability requirements; food prep area at minimum food availability requirements. | um | | | | | |
| 13. Type of Establishment: Restaurant (full kitchen and full menu required) | | | | | | |
| 14. Method of Operation: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke | | | | | | |
| (check all that apply) Live Music (give details i.e., rock bands, acoustic, jazz, etc.): | Live Music (give details i.e., rock bands, acoustic, jazz, etc.): | | | | | |
| Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment | Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment | | | | | |
| ☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel | ☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel | | | | | |
| Other (specify): AUG 2 1 2019 | | | | | | |
| 15. Licensed Outdoor Area: ☑ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure (check all that apply) | | | | | | |
| Sidewalk Cafe Other (specify): | | | | | | |

| OFFICE USE ONLY Original Omended Date | 31 |
|---|---|
| 16. List the floor(s) of the building that the establishment is located on: 15t 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? | |
| 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 o | f the licensee: |
| Name Serial Nun | nber |
| 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: Burhan Ahmed | |
| 23. Building Owner's Street Address: 328 East 6th Street | |
| 24. City, Town or Village: New York State: NY | Zip Code: 10003 |
| 25. Business Telephone Number of Building Owner: (347) 679-2436 | |
| Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this I | |
| 27. Representative/Attorney's Street Address: | |
| 28. City, Town or Village: State: | Zip Code: |
| 29. Business Telephone Number of Representative/Attorney: | |
| 30. Business E-mail Address of Representative/Attorney: | |
| I am the applicant or licensee holder or a principal of the legal entity that holds or is applying f Representations in this form are in conformity with representations made in submitted documenthe Authority when granting the license. I understand that representations made in this form w upon, and that false representations may result in disapproval of the application or revocation By my signature, I affirm - under Penalty of Perjury - that the representations made in this form | nts relied upon by ill also be relied of the license. |
| 31. Printed Principal Name: Wiki Wang Title: LLC Member | 0 |
| Principal Signature: | |