



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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

1. Date Notice was Sent: 1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:
 New Application Renewal Alteration Corporate Change Removal Class Change 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

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

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:

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business E-mail of Applicant/Licensee:

11. Type(s) of alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider

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

13. Type of Establishment:

14. Method of Operation: (check all that apply)

<input type="checkbox"/> Seasonal Establishment	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Disc Jockey	<input checked="" type="checkbox"/> Recorded Music	<input type="checkbox"/> Karaoke
<input type="checkbox"/> Live Music (give details i.e., rock bands, acoustic, jazz, etc.): <input type="text"/>				
<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Employee Dancing	<input type="checkbox"/> Exotic Dancing	<input type="checkbox"/> Topless Entertainment	
<input type="checkbox"/> Video/Arcade Games	<input type="checkbox"/> Third Party Promoters	<input type="checkbox"/> Security Personnel		
<input checked="" type="checkbox"/> Other (specify): <input type="text" value="Tavern"/>				

15. Licensed Outdoor Area: (check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Patio or Deck	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Garden/Grounds	<input type="checkbox"/> Freestanding Covered Structure
<input type="checkbox"/> Sidewalk Cafe <input type="checkbox"/> Other (specify): <input type="text"/>				

16. List the floor(s) of the building that the establishment is located on: Ground

17. List the room number(s) the establishment is located in within the building, if appropriate: N/A

18. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No

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 of the licensee:
Mayanoki LLC Name 1315890 Serial Number

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

2. Building Owner's Full Name: 620-622 East 6th Street, LLC

3. Building Owner's Street Address: 45 Cuttermill Rd., Suite 1

4. City, Town or Village: Great Neck State: NY Zip Code: 11021

5. Business Telephone Number of Building Owner: (516) 487-9516

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

Representative/Attorney's Full Name: Robert D. Skene, Esq.

Representative/Attorney's Street Address: Skene Law Firm, P.C., 2614 Route 516, 2nd FL

City, Town or Village: Old Bridge State: NJ Zip Code: 08857

Business Telephone Number of Representative/Attorney: (732) 727-5030

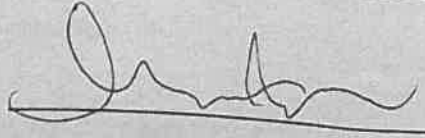
Business E-mail Address of Representative/Attorney: sskene@skenelawfirm.com

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.

Printed Principal Name: Andra Zumwald

Title: Owner DuKkedo RG LLC

Principal Signature: 

SKENE LAW FIRM, P.C.

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* NEW JERSEY BAR ADMISSION
+ NEW YORK BAR ADMISSION
^ PENNSYLVANIA BAR ADMISSION

October 1, 2020

VIA OVERNIGHT MAIL

Manhattan Community Board #3
59 East 4th Street
New York, NY 10003

Re: *Dokkdo Restaurant Group LLC*
d/b/a Usumoya
620 East 6th St.
New York, NY 10009

Dear Sir or Madam:

Please be advised that this firm represents the above referenced entity in its alcoholic beverage licensing concerns. Be further advised that our client intends to apply for a Tavern Wine License Transfer with the New York State Liquor Authority (NYSLA) for its premises at the above referenced location. As such, enclosed please find the Standardized Notice Form as required by the NYSLA.

Please do not hesitate to contact the undersigned should you have any questions or concerns regarding the foregoing.

Very truly yours,

SKENE LAW FIRM, P.C.



Sharon Skene-Delaney
Paralegal