

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

1. Date Notice was Sent: 2/3/2021

1a. Delivered by: Electronically

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: CB3

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): 1275880 Expiration Date (if applicable): 03/31/2022

5. Applicant or Licensee Name: AZASU INC

6. Trade Name (if any): Azasu

7. Street Address of Establishment: 49 CLINTON ST

8. City, Town or Village: NEW YORK, NY Zip Code: 10002

9. Business Telephone Number of Applicant/Licensee: 212-777-7069

10. Business E-mail of Applicant/Licensee: christy@yopparainyc.com

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: Restaurant (full kitchen and full menu required)

14. Method of Operation: (check all that apply)
 Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke

Live Music (give details i.e., rock bands, acoustic, jazz, etc.): _____

Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment

Video/Arcade Games Third Party Promoters Security Personnel

Other (specify): _____

15. Licensed Outdoor Area: (check all that apply)
 None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure

Sidewalk Cafe Other (specify): _____

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	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: **GROUND FLOOR**
- 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:

N/A Name	 Serial Number
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- 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: **49 CLINTON PROPERTIES LLC**
- 23. Building Owner's Street Address: **381 PARK AVE SOUTH, SUITE 1420**
- 24. City, Town or Village: **NEW YORK** State: **NY** Zip Code: **10016**
- 25. Business Telephone Number of Building Owner: **212-684-7079**

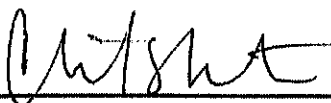
Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

- 26. Representative/Attorney's Full Name: **Frank Palillo**
- 27. Representative/Attorney's Street Address: **60 Broad Street, Suite 3504**
- 28. City, Town or Village: **New York** State: **NY** Zip Code: **10004**
- 29. Business Telephone Number of Representative/Attorney: **(212) 227-1640**
- 30. Business E-mail Address of Representative/Attorney: **Fwpalillo@gmail.com**

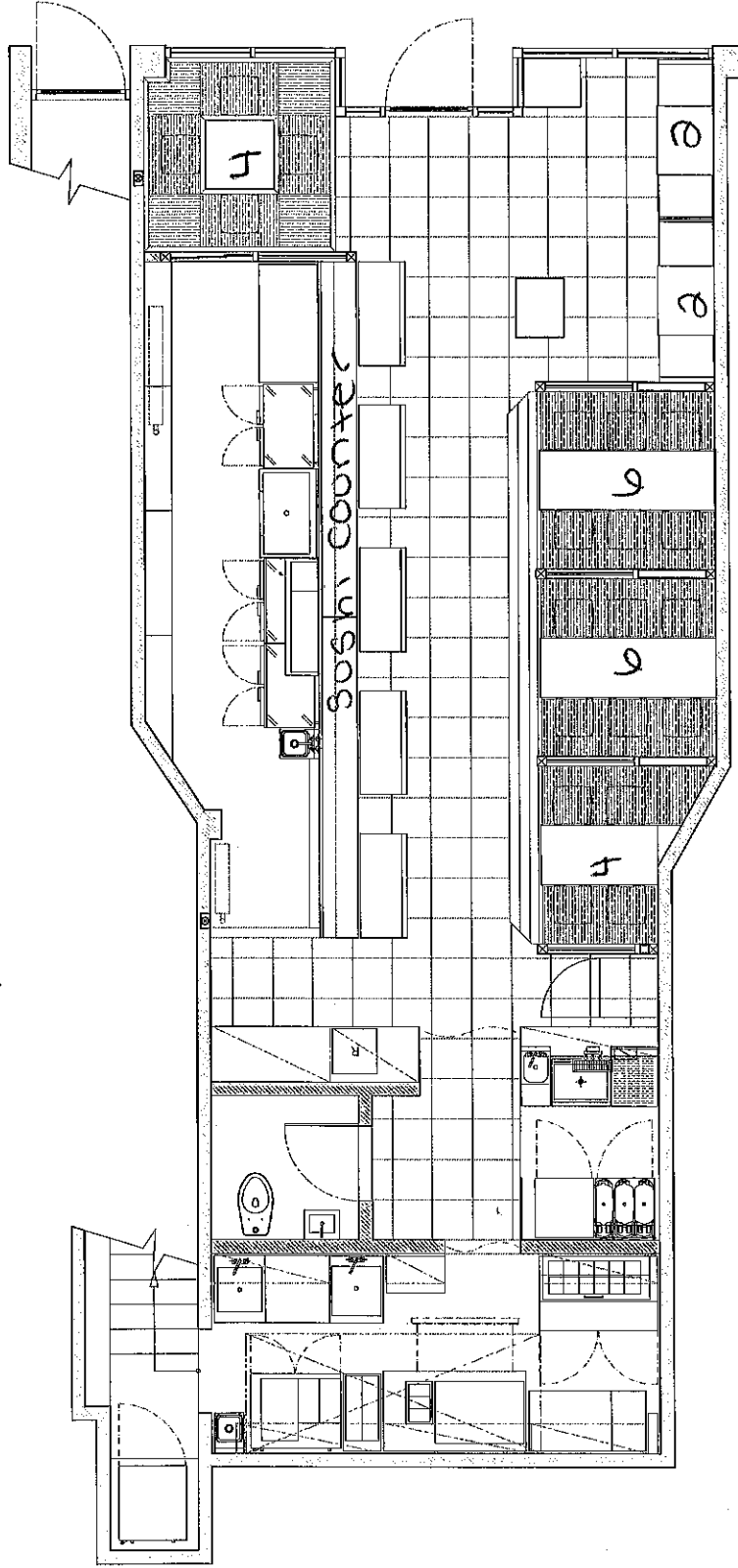
I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations 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: **CHRISTY SHIBATA** Title: **VICE PRESIDENT**

Principal Signature: 

Proposed



6 TABLES
24 SEATS
10 COUNTER SEATS

Project: AZASU RENOVATION PROJECT
40 CALVERT STREET, NEW YORK, NY 10022

Title: GROUND FLOOR PROPOSED PLAN

Phase: 50
NO. A-101

Date: 11/09/2020

Scale: 1/4" = 1'-0"

Drawing by: M.J.

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