To: Manhattan 8 Community District 505 Park Avenue, Suite 620 New York, NY, 10022



BY COMMUNITY BOARD 8

Re: Restaurant Wine License Application for: B Kate Corp. 1405 2nd Ave New York, NY 10021

Dear Sir or Madam:

Please be advised that I, Bo K Han, the president of B Kate Corp. would like to submit this letter to inform you that I'm going to apply Restaurant Wine License for my restaurant located at the above mentioned address. For details, please see attached NOTICE FORM.

If you have any questions please contact my representative:

Ying Xu
NY Restaurant Consulting, Inc
11 Lincrest Street, Syosset, NY 11791
Tel: 718-697-9925
Email: yxlamco@gmail.com

Thanks a lot.

Sincerely yours,

Bo K Han President

OFFICE USE DIVET							
Original (0	Amended	Date				

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

1. Date Notice Sent:	04/26/2023	1a. Oelivered	by: Certified Mail Return Receipt Requested				
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License: For premises outside the City of New York:							
	· · · · · · · · · · · · · · · · · · ·						
	New Application Removal Class Change For premises in the City of New York:						
_	O New Application O New Application and Temporary Retail Permit O Renewal O Alteration O Removal						
O Class Change O Method of Operation O Corporate Change							
For New and Temporary Retail Permit 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:							
	y or Community Board: Manhattan {						
		B Community D	istrict				
Applicant/Licensee							
4. Licensee Serial Numb			Expiration Date (if applicable):				
	Name: B Kate Corp.						
6. Trade Name (if any):	Chickqueen						
7. Street Address of Est	ablishment: 1405 2nd Ave						
8. City, Town or Village:	New York		, NY Zip Code: 10021				
9. Business Telephone Number of applicant/ Licensee: 347-899-0707							
10. Business E-mail of Ap	plicant/Licensee:						
11. Type(s) of alcohol sol	d or to be sold: Beer & cider	• Wine, Beer 8	& Cider Cider Cider				
12. Extent of Food Service: © Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area require							
13. Type of Establishmen							
14. Method of Operation		uke Box Disc J	ockey Recorded Music Karaoke				
(check all that apply)	Live Music (give details i.e., rock bands, acoustic, jazz, etc.):						
	Patron Dancing Employee	- -	ic Dancing				
	☐ Video/Arcade Games ☐ Thir	rd Party Promoters	Security Personnel				
	Other (specify):						
15. Licensed Outdoor Are (check all that app	—	Rooftop [specify):	Garden/Grounds Freestanding Covered Structure				

Original OAmended Date	4
16. List the floor(s) of the building that the establishment is located on: Ground floor & basement	-
17 List the room number(s) the astablishment is because its within the health in the	
	
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? OYes (C)	Vo
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 numb	er of the licensee:
	Number
21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-2	26) © No
re re	
Owner of the Building in Which the Licensed Establishment is Located	1
22. Building Owner's Full Name: 1405 Second Avenue LLC c/o Delmar Realty Co., Inc.	71
23. Building Owner's Street Address: 1185 Sixth Avenue., 10th Floor	
24. City, Town or Village: New York State: NY	Zip Code: 10036
25. Business Telephone Number of Building Owner: (718) 388-4365	
Representative or Attorney Representing the Applicant in Connection wit Application for a License to Traffic in Alcohol at the Establishment Identified in the Connection with the Establishment Identified in the Establishment Identified Identi	h the his Notice
26. Representative/Attorney's Full Name: Ying Xu	
27. Representative/Attorney's Street Address: 11 Lincrest St	
28. City, Town or Village: Syosset State: NY	Zip Code: 11791
29. Business Telephone Number of Representative/Attorney: 718-697-9925	
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 Representations in this form are in conformity with representations made in submitted documents the Authority when granting the license. I understand that representations made in this for upon, and that false representations may result in disapproval of the application or revocations may signature, I affirm - under Penalty of Perjury - that the representations made in the	ments relied upon by m will also be relied tion of the license.
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1. Printed Principal Name: Bo K Han Title: President	
Principal Signature:	

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