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May 25, 2023

RECEIVED

MAY 30 2023

Via Certified Mail/RRR

Manhattan Community Board 8
505 Park Avenue Suite 620
New York, NY 10022

BY COMMUNITY BOARD 8

Re: Raon NYC Inc.
207 E 59th Street, New York, New York 10022

Dear Sir or Madam:

Please find attached the 30-Day Notice for **Raon NYC Inc.** located at **207 E 59th Street**
New York, New York 10022. We are applying for a new OP-252 license and temporary ST
permit.

Please allow this correspondence to serve as notification of the above-referenced applicant's
intent to apply for a renewal to the State Liquor Authority.

Please feel free to contact me with any questions at slayoon6@gmail.com or via cell at (917)
584-0497.

Thank you for your time.



Eugene M. Suh, Esq.



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 Sent: **05/25/2023**

1a. Delivered 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:

New Application New Application and Temporary Retail Permit Temporary Retail Permit Removal

Class Change Method of Operation Corporate Change Renewal Alteration

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:

3. Name of Municipality or Community Board: **Manhattan Community Board 8**

Applicant/Licensee Information:

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

5. Applicant or Licensee Name: **Raon NYC Inc.**

6. Trade Name (if any): **N/A**

7. Street Address of Establishment: **207 E 59th Street**

8. City, Town or Village: **New York**, NY Zip Code: **10022**

9. Business Telephone Number of applicant/ Licensee: **(347) 933-3216**

10. Business E-mail of Applicant/Licensee: **sasook77@gmail.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/cook Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: **Restaurant (full kitchen and full menu required)**

Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke

14. Method of Operation: (check all that apply) 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: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
(check all that apply) Sidewalk Cafe Other (specify): _____

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<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 and mezzanine**

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:

Name

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

22. Building Owner's Full Name: **207 East, LLC**

23. Building Owner's Street Address: **455 Central Park Avenue**

24. City, Town or Village: **Scarsdale** State: **NY** Zip Code: **10583**

25. Business Telephone Number of Building Owner: **631.804.4418**

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: **Eugene M. Suh, Esq.**

27. Representative/Attorney's Street Address: **1979 Marcus Ave Ste 210**

28. City, Town or Village: **Lake Success** State: **NY** Zip Code: **11042**

29. Business Telephone Number of Representative/Attorney: **917-584-0497**

30. Business E-mail Address of Representative/Attorney: **slayoon6@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: **Sasook Youn** Title: **President**

Principal Signature: _____

