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Via Certified Mail Return Receipt Requested

December 13, 2023

City of New York Manhattan Community Board No. 8 505 Park Avenue, Suite 620 New York, NY 10022

RECEIVED

DEC 2 0 2023

BY COMMUNITY BOARD 8

RE: Liquor License Application Notice Form

Applicant: Bayon Cambodian Restaurant Inc. Premises: 408 East 64th Street, New York, New York 10065

Dear Sir or Madam:

Please be advised that this office has been retained by Minh C. Truong who has sought our services with regard to an application for an on-premises alcoholic beverage license and a temporary permit at a food service establishment located at the above referenced premises. The establishment is operated under the name of Bayon Cambodian Restaurant Inc. and is a Cambodian/Asian cuisine restaurant with tables for the on premises consumption of food. The license applied for will be for the sale of wine, beer & cider only to patrons of the restaurant.

Please find enclosed an original copy of the Standardized Notice Form for providing a 30-Day Advanced Notice to a Community Board.

Should you have any further questions, please feel free to contact this office.

Very truly yours,

Kenneth Chim

Kenneth Chin

Encl.

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NEWYORK St.	ate Liquor Ithority
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	OFFICE	OFFICE USE ONLY			
Original	Amended	Date			

49

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:	12/13/2023	1a. Delivered by:	Certified Mail Return Receipt Requested
	pplication that will be filed with the Au	thority for an On-Premises	Alcoholic Beverage License:
	e the City of New York: Removal Class Change		
For premises in the			
_		Datail Dannit	ary Retail Permit Removal
	New Application and Temporary	_	·
·	Method of Operation O Corpora		O Alteration
For Renewal application Alteration application For Corporate Charager For Removal applications For Class Change applications	orary Retail Permit applicants, answer ants, answer all questions cants, attach a complete written descr age applicants, attach a list of the curre ants, attach a statement of your curre oplicants, attach a statement detailing ration Change applicants, although no	ription and diagrams depict ent and proposed corporate nt and proposed addresses your current license type a	ing the proposed alteration(s) principals with the reason(s) for the relocation
Please include all	documents as noted above. Failu	ire to do so may result i	n disapproval of the application.
This 30-Day Adva	nce Notice is Being Provided to th	e Clerk of the Following	Local Municipality or Community Board:
3. Name of Municipali	ty or Community Board: Manhatta	n Community Board	#8
Applicant/License	e Information:	5	
4. Licensee Serial Num	nber (if applicable):	E	piration Date (if applicable):
5. Applicant or License	e Name: Bayon Cambodian Resta	urant, Inc.	
6. Trade Name (if any)	:		
7. Street Address of Es	stablishment: 408 East 64th Street	t	
8. City, Town or Villago	e: New York		, NY Zip Code: 10065
9. Business Telephone	Number of applicant/ Licensee:	(646) 476-4709	
.0. Business E-mail of A	Applicant/Licensee: TBD		
11. Type(s) of alcohol s	old or to be sold: O Beer & cide	r © Wine, Beer & C	der Ciquor, Wine, Beer & Cider
12. Extent of Food Serv	rice: O Full Food menu; full kitchen ru	in by a chef/cook O Menu	meets legal minimum food requirements; food prep area require
13. Type of Establishme		en and full menu re	
L4. Method of Operation	Dn: Divo Music (givo dotails i.e. rs	_	
(check all that apply	y) <u> </u>	yee Dancing Exotic	
			Security Personnel
	Other (specify):	<u> </u>	
15. Licensed Outdoor A	Area: None Patio or Decl		Garden/Grounds

na-rev12312021		OFFICE USE	ONLY			
v *	Original (Amended D	ate			_
						4
16. List the floor(s) of the building that	the establishment i	s located on: Ground	Floor			
17. List the room number(s) the establ	ishment is located in	n within the building, if a	ppropriate:			
18. Is the premises located within 500	feet of three or more	e on-premises liquor est	ablishments?	• Yes O No		
19. Will the license holder or a manage	er be physically prese	ent within the establishr	nent during all h	nours of operation?	⊙ Yes	O No
20. If this is a transfer application (an e	xisting licensed busi	iness is being purchased) provide the na	me and serial number of	the license	e:
	Name			Serial Nun	nber	
21. Does the applicant or licensee own	the building in whic	ch the establishment is I	ocated?	Yes (if YES, SKIP 23-26)	⊙ No	
	Owner of the Bui	lding in Which the Lic	ensed Establis	shment is Located		
22. Building Owner's Full Name: Go	lden State Holding	LLC				
23. Building Owner's Street Address:	408 East 64th S	treet				
24. City, Town or Village: New York			State: NY		Zip Code:	10065
25. Business Telephone Number of Bui	ilding Owner: (64)	6) 228-1327				
Renr	resentative or Att	ornev Renresenting 1	he Annlicant i	in Connection with th	•	
Applicatio	n for a License to	Traffic in Alcohol at t	he Establishm	ent Identified in this N	lotice	
26. Representative/Attorney's Full Nan	me: Kenneth Ch	in, Esq.				
27. Representative/Attorney's Street A	Address: 11 East	Broadway, Suite 9D				
28. City, Town or Village: New York			State: New \	/ork	Zip Code:	10038
29. Business Telephone Number of Rep	resentative/Attorne	ey: (212) 965-0569				
30. Business E-mail Address of Represe	ntative/Attorney:	law@chinchee.net				
I am the applicant	or licensee holder	or a principal of the l	egal entity tha	nt holds or is applying f	or the licer	rse.
				in submitted documer		
				ns made in this form w plication or revocation		
	·					
By my signature,	I affirm - under Pe	enalty of Perjury - tha	t the represen	tations made in this fo	rm are tru	e.
31. Printed Principal Name: Minh	Chung Truong		Title:	President		
	11	/				
	mostl.	dhama	,			
Principal Signature:	1411 Tuns	grmones				