

**DANNY GRACE, P.C.**

ATTORNEYS AND COUNSELORS AT LAW

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

**RECEIVED**

**JUN 20 2024**

**BY COMMUNITY BOARD 8**

Re: **156 E 64<sup>th</sup> Street, New York, NY 10021**

To Whom It May Concern:

Please accept this notice that the above referenced premises, by its incoming lessees Alice Tea Cup 2 Inc. (d/b/a Alice's Tea Cup) intends to present itself before your distinguished members to apply for an on-premises retail liquor, beer, wine and cider license, at the earliest opportunity.

The company intends to take over the operation of the existing premises with a new corporation and ownership.

Attached is the standardized 30-day notice form for your attention. Please direct all further notices or information to the contact information above, as the attorney of record.

We look forward to meeting you in person.

Dated: June 17, 2024

Sincerely,

/s/  
Daniel GRACE

OFFICE USE ONLY
Original Amended Date

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

1. Date Notice Sent: 06/17/2024 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: COMMUNITY BOARD 8 MANHATTAN

Applicant/Licensee Information:

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

5. Applicant or Licensee Name: ALICE TEA CUP 2 INC.

6. Trade Name (if any): ALICE'S TEA CUP

7. Street Address of Establishment: 156 E 64TH STREET

8. City, Town or Village: NEW YORK, NY Zip Code: 10021

9. Business Telephone Number of applicant/ Licensee: 2124869200

10. Business E-mail of Applicant/Licensee: INFO@DANNYGRACEPC.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: 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
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: **1ST AND 2ND FLOOR AND BASEMENT (STORAGE)**

17. List the room number(s) the establishment is located in within the building, if appropriate: \_\_\_\_\_

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:

**ATC II LLC**  
Name

**1171933**  
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: **KARMA HAKIM**

23. Building Owner's Street Address: **156 E 64TH STREET**

24. City, Town or Village: **NEW YORK** State: **NY** Zip Code: **10021**

25. Business Telephone Number of Building Owner: **2127508200**

**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: **DANIEL GRACE, ESQ.**

27. Representative/Attorney's Street Address: **225 BROADWAY, SUITE 1200**

28. City, Town or Village: **NEW YORK** State: **NY** Zip Code: **10007**

29. Business Telephone Number of Representative/Attorney: **2122022485**

30. Business E-mail Address of Representative/Attorney: **DANNY@DANNYGRACEPC.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: **JIAN QING HE** Title: **PRESIDENT**

Principal Signature:

