

# ***Michael & Jenny Floyd Inc.***

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38-08 Union Street, Suite 11D  
Flushing, New York 11354  
Tel (718) 939-8046 Fax (718) 939-2644

Website [http:// www.liqlicenses.com](http://www.liqlicenses.com)

E-mail: [mjfloyd.liqlicense@gmail.com](mailto:mjfloyd.liqlicense@gmail.com)

December 11, 2025

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

**RECEIVED**

**DEC 17 2025**

**BY COMMUNITY BOARD 8**

Re: Iki Sekai Inc.  
1203 2<sup>nd</sup> Avenue  
New York, NY 10065

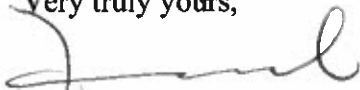
**Certified Mail Return Receipt Requested**  
**Article # 9589 0710 5270 0023 2757 41**

To Whom It May Concern:

On behalf of the above-mentioned licensee applicant, you are advised this office is currently preparing a new application for an **"Tavern Wine License"** and Temporary Permit, and it will be filed with the New York State Liquor Authority within thirty (30) days from the date of this letter.

Enclosed herewith the Original Standardized 30-day Advance Notice Form. If you should have any questions, or objections regarding the filling of this application, please feel free to contact our office.

Very truly yours,



Enida Lee  
Michael & Jenny Floyd Inc.

cc: file



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: **12/11/2025**      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: (counties of Kings, New York, Bronx, Queens and Richmond):

☐ 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 License ID (if applicable): \_\_\_\_\_ Expiration Date (if applicable): \_\_\_\_\_

5. Applicant or Licensee Name: **Iki Sekai Inc.**

6. Trade Name (if any): \_\_\_\_\_

7. Street Address of Establishment: **1203 2nd Avenue**

8. City, Town or Village: **New York**, NY Zip Code: **10065**

9. Business Telephone Number of applicant/ Licensee: **(917) 362-9976**

10. Business E-mail of Applicant/Licensee: **ikisekai2025@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: **Bar/Tavern**

☐ 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): \_\_\_\_\_

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: 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 ID number of the licensee:
- |      |                   |
|------|-------------------|
|      |                   |
| Name | License ID 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: Regency Towers LLC c/o Carlyle Property Management
23. Building Owner's Street Address: 340 East 46th Street
24. City, Town or Village: New York State: NY Zip Code: 10017
25. Business Telephone Number of Building Owner:

**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: Enida Lee / Michael & Jenny Floyd Inc.
27. Representative/Attorney's Street Address: 38-08 Union Street, Suite 11D
28. City, Town or Village: Flushing State: NY Zip Code: 11354
29. Business Telephone Number of Representative/Attorney: (718) 939-8046
30. Business E-mail Address of Representative/Attorney: mjfloyd.liqlicense@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: Jianrong Ke Title: President

**Principal Signature:**

  
jianrong.ke (Dec 10, 2025 13:34:37 EST)

**Date:** 12/10/25