



Lynette Chen <lynette@alpinetax.com>

30 days notification for ISOHAMA RESTAURANT INC at 1666 3RD AVE

2 messages

Lynette Chen <lynette@alpinetax.com>

Fri, Jan 17, 2025 at 3:23 PM

To: "submissions@cb8m.com" <submissions@cb8m.com>

Cc: Lynette Chen <lynette@alpinetax.com>

ISOHAMA RESTAURANT INC
1666 3RD AVE
New York, NY 10128

RECEIVED
JAN 24 2025

BY COMMUNITY BOARD 8

Dear officer,

Attached please find a 30 days notification form. We are purchasing the business that were previously license for on premise liquor license. Please note there is no change on method of operation, same menu, same business hours.

Should you have any questions or concerns, please do not hesitate to contact us.

Please confirm of receipt of this email. Thank you

Best Regards,

--
Lynette Chen, CPA, EA
Vice President
Alpine Accounting
Tel: 212-226-2888
Fax: 212-226-2840

IRS CIRCULAR 230 DISCLOSURE:

Treasury Regulations require us to inform you that any Federal tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

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 **30 DAYS NOTIFICATION_ISOHAMA.pdf**
285K

CB8M Submissions <submissions@cb8m.com>

Tue, Jan 21, 2025 at 11:46 AM

To: Lynette Chen <lynette@alpinetax.com>

Cc: Kevin Wu <Wu@cb8m.com>

Good Morning Lynette,

Hope all is well! We would still need to receive the 30-day notice in the mail as we need a hard copy of the notice to receive it.

Please let us know if you have any questions.

Best,

1/21/25, 11:51 AM

Alpine Mail - 30 days notification for ISOHAMA RESTAURANT INC at 1666 3RD AVE

Jon Kraus

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Jon Kraus
Community Associate
Community Board 8 Manhattan
W: 212-758-4340
www.cb8m.com
[Quoted text hidden]

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

1. Date Notice Sent: 01/17/2025 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:
☐ 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: ISOHAMA RESTAURANT INC

6. Trade Name (if any): ISOHAMA

7. Street Address of Establishment: 1666 3RD AVE

8. City, Town or Village: NEW YORK, NY Zip Code: 10128

9. Business Telephone Number of applicant/ Licensee: (212) 828-0099

10. Business E-mail of Applicant/Licensee: Ben.midojapanese@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):

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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16. List the floor(s) of the building that the establishment is located on: **GROUND FLOOR AND BASEMENT**
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:
- | | |
|---|------------------------------|
| ISOHAMA JAPANESE RESTAURANT (NY) INC | 1158702 |
| <small>Name</small> | <small>Serial Number</small> |
- Prior business have history of liquor license
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: **MILSONS REALTY CORP**
23. Building Owner's Street Address: **1950 THIRD AVE 2FL**
24. City, Town or Village: **NEW YORK** State: **NY** Zip Code: **10029**
25. Business Telephone Number of Building Owner: **212-876-5168**

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: **LYNETTE CHEN/ ALPINE ACCOUNTING**
27. Representative/Attorney's Street Address: **81 ELIZABETH ST SUITE 405**
28. City, Town or Village: **NEW YORK** State: **NY** Zip Code: **10013**
29. Business Telephone Number of Representative/Attorney: **212-226-2888**
30. Business E-mail Address of Representative/Attorney: **LYNETTE@ALPINETAX.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: **LINGXIA ZHENG** Title: **PRESIDENT**

Principal Signature: Lingxia Zheng