

HELBRAUN | LEVEY

January 5, 2023

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

RE: ATELIER ESPRESSO BAR INC
1300 MADISON AVE
NEW YORK, NY 10128

RECEIVED
JAN 09 2023
BY COMMUNITY BOARD 8

Dear Will Brightbill

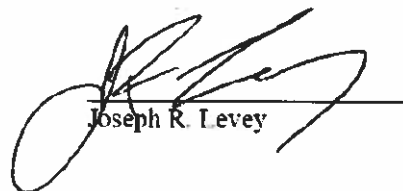
I am writing to you on behalf of my client in the subject of this letter. These applicants occupy space at the above address where they operate a restaurant.

Our client's intention is to apply to the New York State Liquor Authority for an ST permit and on-premise liquor license.

As you are aware, part of the licensing process requires that the Local Municipality or Community Board be notified to be given an opportunity to comment on the application. Please consider this letter notification of our intent to apply to the New York State Liquor Authority for the above referenced license.

Please forward any meeting notification information and/or documentation requirements to Heather Kirk in our Licensing Department, at the address indicated in my letterhead below, or to heather@helbraunlevey.com.

Sincerely,


Joseph R. Levey

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: 01/05/2023 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): N/A Expiration Date (if applicable): N/A

5. Applicant or Licensee Name: ATELIER ESPRESSO BAR INC

6. Trade Name (if any): PENDING

7. Street Address of Establishment: 1300 MADISON AVE

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

9. Business Telephone Number of applicant/ Licensee: PENDING

10. Business E-mail of Applicant/Licensee: c/o HEATHER@HELBRAUNLEVEY.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: Live Music (give details i.e., rock bands, acoustic, jazz, etc.): N/A

- 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): N/A

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 AND BASEMENT/CELLAR**

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:

N/A	N/A
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: **LINDA NAPPI**

23. Building Owner's Street Address: **482 N SALEM ROAD**

24. City, Town or Village: **RIDGEFIELD** State: **CT** Zip Code: **06877**

25. Business Telephone Number of Building Owner: **203-460-0662**

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: **JOSEPH LEVEY; HELBRAUN & LEVEY LLP**

27. Representative/Attorney's Street Address: **40 FULTON STREET, FLOOR 28**

28. City, Town or Village: **NEW YORK** State: **NEW YORK** Zip Code: **10038**

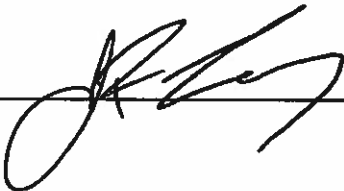
29. Business Telephone Number of Representative/Attorney: **212 219 1193**

30. Business E-mail Address of Representative/Attorney: **HEATHER@HELBRAUNLEVEY.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: **JOSEPH LEVEY** Title: **ATTORNEY**

Principal Signature: 



DO ON THURS 1/5
w/ MC



SLA Community Board Notice Info

Changes since 12/30/22 2:22 PM

1 row added

1 row added or updated (shown in yellow)

Row 1

Name	Atelier Espresso Bar Inc
Address	1300 Madison Ave, New York, NY 10128
Type	Beer/Wine/Liquor
Method	Restaurant (NO gas cooking, partial kitchen, full food menu with entrees)
Food	No, limited food menu only
Method Extra	no
Entertainment	No Music or Recorded Background Music Only
Security	No
Outside Space	None
Floors	Ground Floor + Basement/Cellar
Hours	12:00 AM
Bathroom	Yes
Other Notes	
Opening Day	already open
Concept	Mediterranean restaurant also serving wine and cocktails
Landlord Information	Linda Nappi 203 460 0662 482 N Salem Road, Ridgefield CT 06877
Case Manager	Heather

Column18

If you answered "other" please

* Temp = YES