rev1	231	120	121



	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:	01/10/2023	1a. Delivered by:	Certified Mail/RRR
	application that will be filed with the Auth le the City of New York:	ority for an On-Premises	Alcoholic Beverage License:
New Application	Removal Class Change		
For premises in the	City of New York:		
New Application	New Application and Temporary Re	etail Permit O Tempor	ary Retail Permit Removal
O Class Change	Method of Operation O Corporate	e Change	O Alteration
For <b>Renewal</b> applic For <b>Alteration</b> appli For <b>Corporate Char</b> For <b>Removal</b> applic For <b>Class Change</b> ap	orary Retail Permit applicants, answer ea ants, answer all questions icants, attach a complete written descript age applicants, attach a list of the current ants, attach a statement of your current oplicants, attach a statement detailing yo ration Change applicants, although not r	tion and diagrams depict and proposed corporate and proposed addresses ur current license type a	ing the proposed alteration(s) principals with the reason(s) for the relocation
Please include all	documents as noted above. Failure	e to do so may result i	n disapproval of the application.
This 30-Day Adva	nce Notice is Being Provided to the	Clerk of the Following	Local Municipality or Community Board:
3. Name of Municipali	ty or Community Board: Manhattan	CB 8	
Applicant/License	e Information:		
4. Licensee Serial Num	nber (if applicable): 1326557	Ex	piration Date (if applicable): 01/31/2023
5. Applicant or License	ee Name: Silverstone 88 LLC		
6. Trade Name (if any)	Sojourn Social		
7. Street Address of Es	-	nue	
8. City, Town or Villago		1	, <b>NY</b> Zip Code: 10128
	Number of applicant/ Licensee:	212-537-7750	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10. Business E-mail of A			
10. Business E-mail of A	Thusiov / Wyar	1010.00111	
11. Type(s) of alcohol so	old or to be sold:	O Wine, Beer & Ci	der
12. Extent of Food Serv	rice: O Full Food menu; full kitchen run l	by a chef/cook <b>O</b> Menu	meets legal minimum food requirements; food prep area require
13. Type of Establishme	ent: Restaurant (full kitchen and fu	III menu required)	
44.44   1.60   11	<del>_</del>	Juke Box Disc Joc	key Recorded Music
14. Method of Operation (check all that apply	I I livo Music (givo dotails i o rock	bands, acoustic, jazz, et	i.):
	Patron Dancing Employe	e Dancing 🔲 Exotic 🛭	pancing  Topless Entertainment
	☐ Video/Arcade Games ☐ Th	ird Party Promoters	Security Personnel
	Other (specify):		
15. Licensed Outdoor A		Rooftop Creative (specify):	Garden/Grounds Freestanding Covered Structure

	Original O	OFFICE USE ONLY Amended Date			
. List the floor(s) of the building tha	at the establishment is loc	Ground Floor and Ba	sement		
List the room number(s) the estal	blishment is located in wit	thin the building, if appropriate: N/	/A		
Is the premises located within 50	0 feet of three or more on	-premises liquor establishments?	Yes © N	lo	
Will the license holder or a manag	ger be physically present v	within the establishment during all ho	ours of operation?	Yes No	
If this is a transfer application (an	existing licensed business	s is being purchased) provide the nam	ne and serial numbe	er of the licensee:	
N/A					
Does the applicant or licensee ow	Name  vn the building in which th	ne establishment is located?	Serial es (if YES, SKIP 23-26	Number 6) <b>©</b> No	
bots the applicant of nechsee of	vii tiie salialiig ii willeli tii	ic establishment is located.	25 (11 125, 51(11 25 2)	O)	
	Owner of the Buildin	g in Which the Licensed Establish	nment is Located		
Building Owner's Full Name: S	Second Avenue Realty	y LLC			
Building Owner's Street Address:	58 South Tyson A	VANUA			
building Owner 3 Street Address.	JO JOULIT TYSOITA	venue			
			, ,	7: 01   44000	
Business Telephone Number of B	uilding Owner: 516-83	State: New Y		Zip Code: 11002	
Business Telephone Number of B  Rej Applicati	presentative or Attornion for a License to Trai	37-7000  ey Representing the Applicant in ffic in Alcohol at the Establishme	n Connection with nt Identified in th	h the	
Business Telephone Number of B  Rej Application	presentative or Attornion for a License to Trai	37-7000  ey Representing the Applicant in	n Connection with nt Identified in th	h the	
Business Telephone Number of B  Representative/Attorney's Full Na	presentative or Attornation for a License to Trainame: Kathleen E	37-7000  ey Representing the Applicant in ffic in Alcohol at the Establishme	n Connection with nt Identified in th	h the	
Representative/Attorney's Street	presentative or Attornation for a License to Trainame: Kathleen E	ey Representing the Applicant in ffic in Alcohol at the Establishme  E. Negri Sathopoulos, Escapion Place, Ste 18F	n Connection with nt Identified in th	h the	
Representative/Attorney's Street City, Town or Village: Broc	presentative or Attornation for a License to Tradame: Kathleen Et Address: 250 Astocklyn	ey Representing the Applicant in ffic in Alcohol at the Establishme  E. Negri Sathopoulos, Escapion Place, Ste 18F	n Connection with nt Identified in th	h the his Notice	
Representative/Attorney's Full National Representative/Attorney's Street City, Town or Village: Broc	presentative or Attornation for a License to Tradiame: Kathleen Et Address: 250 Astoklyn  epresentative/Attorney:	ey Representing the Applicant in ffic in Alcohol at the Establishme  E. Negri Sathopoulos, Escaphiand Place, Ste 18F  State: Nev	n Connection with nt Identified in th	h the his Notice	
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Representative/Attorney's Full National Representative/Attorney's Street City, Town or Village: Broc Business Telephone Number of Re Business E-mail Address of Representatives	presentative or Attornation for a License to Tradiame:  Kathleen Et Address:  250 Astoklyn  epresentative/Attorney: sentative/Attorney: nt or licensee holder or a	ey Representing the Applicant in ffic in Alcohol at the Establishme  E. Negri Sathopoulos, Escaphiand Place, Ste 18F  State: New  718-285-5675  Regriesq@aol.com	o Connection with the Identified in Identi	h the his Notice  Zip Code: 11217	
Representative/Attorney's Full National Representative/Attorney's Street City, Town or Village: Broc Business Telephone Number of Re Business E-mail Address of Representations in the applican	presentative or Attornation for a License to Tradiame:  Kathleen Et Address:  250 Astoklyn  epresentative/Attorney: sentative/Attorney: nt or licensee holder or atthis form are in conform	ey Representing the Applicant in ffic in Alcohol at the Establishme  E. Negri Sathopoulos, Escaphiand Place, Ste 18F  State: New  718-285-5675  Regriesq@aol.com  a principal of the legal entity that nity with representations made in	w York  tholds or is applying submitted docu	h the his Notice  Zip Code: 11217  ing for the license. ments relied upon by	
Representative/Attorney's Full National Representative/Attorney's Street City, Town or Village: Brock Business Telephone Number of Refusioness E-mail Address of Representations in the Authority when	presentative or Attornation for a License to Tradiame:  Kathleen Et Address:  250 Astornative/Attorney:  sentative/Attorney:  Int or licensee holder or a this form are in conform a granting the license. I	ey Representing the Applicant in ffic in Alcohol at the Establishme  E. Negri Sathopoulos, Escaphiand Place, Ste 18F  State: New  718-285-5675  Regriesq@aol.com	w York  sholds or is applying submitted documents and this for	ting for the license. ments relied upon by m will also be relied	
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Representative/Attorney's Full National Representative/Attorney's Street  City, Town or Village: Brock  Business Telephone Number of Reference I am the applican Representations in the Authority when upon, and that fa	presentative or Attornation for a License to Tradiame:  Kathleen Et Address:  250 Astornative/Attorney:  sentative/Attorney:  Int or licensee holder or atthis form are in conforming granting the license. In alse representations mails.	ey Representing the Applicant in ffic in Alcohol at the Establishme  E. Negri Sathopoulos, Escaphiand Place, Ste 18F  State: New  718-285-5675  Regriesq@aol.com  a principal of the legal entity that nity with representations made in understand that representations	M York  Tholds or is applying submitted documents in this for lication or revoca	ing for the license. ments relied upon by m will also be relied tion of the license.	
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