

**KATHLEEN E. NEGRI STATHOPOULOS**  
**Attorney At Law**  
**250 Ashland Place, Suite 18F**  
**Brooklyn, New York 11217**  
**Negriesq@aol.com**  
**718-285-5675 Fax 718-855-4709**

CERTIFIED MAIL/RRR

February 13, 2023

Community Board 8  
505 Park Avenue, Ste 620  
New York, New York 10022

Attn.: Will Brightbill, District Manager

Re.: 1022 Rest LLC / On-Premise Full Liquor License  
1022 Lexington Avenue New York, N.Y. 10021

**RECEIVED**  
**FEB 15 2023**  
**BY COMMUNITY BOARD 8**


Dear Mr. Brightbill:

We write this letter, under the instruction of the New York State Liquor Authority, to notify you of the intention of the aforementioned applicant to file for an On Premises Liquor License for a restaurant that will be located at 1022 Lexington Avenue New York, New York. Enclosed please find the Application Notice Form

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

Thank you.

Sincerely yours,

  
Kathleen E. Negri Stathopoulos, Esq.



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:  1a. Delivered by:

**RECEIVED**  
**FEB 15 2023**  
**BY COMMUNITY BOARD 8**

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:

**Applicant/Licensee Information:**

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

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village:  , NY Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

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:

- 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**

Original     Amended    Date \_\_\_\_\_

16. List the floor(s) of the building that the establishment is located on: **Basement, Ground and Second 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 serial number of the licensee:

<b>N/A</b>	
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: **73rd Partners LLC**

23. Building Owner's Street Address: **525 Seventh Avenue**

24. City, Town or Village: **New York**    State: **New York**    Zip Code: **11-0018**

25. Business Telephone Number of Building Owner: **917-887-5513**

**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: **Kathleen E. Negri Sathopoulos, Esq.**

27. Representative/Attorney's Street Address: **250 Ashland Place, Ste 18F**

28. City, Town or Village: **Brooklyn**    State: **New York**    Zip Code: **11217**

29. Business Telephone Number of Representative/Attorney: **718-285-5675**

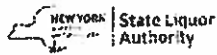
30. Business E-mail Address of Representative/Attorney: **negriesq@aol.com**

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: **Nick Pashalis**    Title: **Member**

**Principal Signature:**    See Attached



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<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: 2/13/2023 1a. Delivered by: RR & CERTIFIED MAIL

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

**Applicant/Licensee Information:**

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

5. Applicant or Licensee Name: 1022 REST LLC

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

7. Street Address of Establishment: 1022 LEXINGTON AVE.

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

9. Business Telephone Number of applicant/ Licensee: (212) 688-5916

10. Business E-mail of Applicant/Licensee: info@ARMREALTYNYC.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  
 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: (check all that apply)  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: GROUND FLOOR + 2<sup>ND</sup> FLOOR

17. List the room number(s) the establishment is located in within the building, if appropriate: BASEMENT, 1<sup>ST</sup> + 2<sup>ND</sup>

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:

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: 73<sup>RD</sup> PARTNERS LLC

23. Building Owner's Street Address: 525 SEVENTH AVENUE

24. City, Town or Village: NEW YORK State: NEW YORK Zip Code: 10018

25. Business Telephone Number of Building Owner: (917) 887-5513

**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: Kathleen E. Negri Sathopoulos, Esq.

27. Representative/Attorney's Street Address: 250 Ashland Place, Ste 18F

28. City, Town or Village: Brooklyn State: New York Zip Code: 11217

29. Business Telephone Number of Representative/Attorney: 718-285-5675

30. Business E-mail Address of Representative/Attorney: negriesq@aol.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: NICK PASCHALIS Title: MEMBER

Principal Signature: 