## 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.

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Original (	○ Amended	Date

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## 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:	02/13/2023	1a. Delivered by:	Certified Mail/RRR		
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:			BY COMMUNITY BOARD 8	
New Application	O New Application and Temporary Re	tail Permit O Temporary	y Retail Permit		
O Class Change	Method of Operation O Corporate	Change ORenewal	O Alteration		
For Renewal applica For Alteration applica For Corporate Chang For Removal applica For Class Change ap For Method of Oper Please include all	rary Retail Permit applicants, answer each nts, answer all questions cants, attach a complete written descript ge applicants, attach a list of the current ints, attach a statement of your current a plicants, attach a statement detailing you ation Change applicants, although not re documents as noted above. Failure nce Notice is Being Provided to the 6	tion and diagrams depicting and proposed corporate p and proposed addresses w ar current license type and equired, if you choose to su to do so may result in e	g the proposed alteration(s) rincipals ith the reason(s) for the reloca your proposed license type Jomit, attach an explanation do	etailing those changes on.	
•		11 1341			
3. Name of Municipalit	y or Community Board: Manhattan (	CB 8			
Applicant/Licensee	Information:				
4. Licensee Serial Num	per (if applicable):	Ехрі	ration Date (if applicable):		
5. Applicant or License	Name: 1022 Rest LLC				
6. Trade Name (if any):	TBD				
7. Street Address of Est	ablishment: 1022 Lexington Aven	nue			
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 A	oplicant/Licensee: info@armrealt	ynyc.com			
11. Type(s) of alcohol so	ld or to be sold:	O Wine, Beer & Cide	r 🕒 Liquor, Wine,	Beer & Cider	
12. Extent of Food Servi	ce:   Full Food menu; full kitchen run b	y a chef/cook O Menu m	eets legal minimum food requi	rements; food prep area required	
13. Type of Establishmen	nt: Restaurant (full kitchen and ful	ll menu required)			
14. Method of Operation (check all that apply)	1:			Karaoke	
	<u> </u>	_	Security Personnel		
	Other (specify):				
15. Licensed Outdoor A (check all that app	rea: None Patio or Deck	Rooftop Ga	rden/Grounds	estanding Covered Structure	

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16. List the floor(s) of the building t	hat the establishment is	located on: Baser	nent, Ground	and Second Floor		<del></del> .
17. List the room number(s) the est	ablishment is located in	within the building, if	appropriate:	N/A		
18. Is the premises located within 5	00 feet of three or more	on-premises liquor e	stablishments?	Yes O No		
19. Will the license holder or a man	ager be physically prese	nt within the establish	nment during all	hours of operation?	Yes	O No
20. If this is a transfer application (a	n existing licensed busin	ness is being purchase	d) provide the n	ame and serial number o	f the license	e:
N/A						
	Name			Serial Nur	nber	
21. Does the applicant or licensee of	wn the building in which	h the establishment is	located? O	Yes (if YES, SKIP 23-26)	No	
	Oranga of the Bull		laanaad Fatabi	lahanana in Lanasand		
	Owner of the Build	ding in Which the L	censea Estabi	isnment is Located		
22. Building Owner's Full Name:	73rd Partners LLC					
23. Building Owner's Street Address	s: 525 Seventh Av	venue				
24 60- 7			] 60000 [81		] z:- c-d	44 0040
24. City, Town or Village: New Y	ork		State: New	York	Zip Code:	110018
25. Business Telephone Number of	Building Owner: 917	-887-5513				
R	epresentative or Atto	ornev Representing	the Applicant	in Connection with th	e	
Applica	tion for a License to	Traffic in Alcohol at	the Establishn	nent Identified in this I	Votice	
26. Representative/Attorney's Full I	Name: Kathleer	n E. Negri Sath	opoulos, Es	sq.	-	
27. Representative/Attorney's Stree	et Address: 250	Ashland Place,	Ste 18F			
				au Vade	l	44047
28. City, Town or Village: Bro	oklyn		State: N	ew York	Zip Code:	11217
29. Business Telephone Number of	Representative/Attorne	y: 718-285-	5675			
30. Business E-mail Address of Repr	esentative/Attorney:	negriesg@ao	l.com			·- ·-
	-					
I am the annlica	ent or licensee holder	or a principal of the	legal entity th	at holds or is applying t	for the lice	nse
				in submitted documer		
•			-	ons made in this form v		
upon, and that f	alse representations	may result in disapp	roval of the ap	pplication or revocation	of the lice	nse.
By my signatu	re, I affirm - under <b>Pe</b>	nalty of Perjury - th	at the represe	ntations made in this fo	orm are tru	e.
31. Printed Principal Name: Nic	 ck Pashalis	-	Title:	Member		
		<del></del>				
Principal Signature:	See Attached					

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HEWYORK	State Liquor
	Authority

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

1. Date Notice Sent: 213 2023 1a. Delivered by: RR a 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
New Application
O Class Change O Method of Operation O Corporate Change O Renewal O 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 RESTUC
6. Trade Name (if any):
7. Street Address of Establishment: 10 22 LOXINGTON AVE.
8. City, Town or Village: NOW ORK , NY Zip Code: 10021
9. Business Telephone Number of applicant/ Licensee: (212) 688 - 5916
10. Business E-mail of Applicant/Licensee: Into @ ARM REALTYNYC. COM
11. Type(s) of alcohol sold or to be sold: O Beer & cider O Wine, Beer & Cider Diquor, Wine, Beer & Cider
12. Extent of Food Service: Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area required
13. Type of Establishment: RESTAULANT    Seasonal Establishment   Juke Box   Disc Jockey   Recorded Musc   Karaoke
14. Method of Operation: Live Music laive details i.e., rock bands, acoustic, lazz, etc.):
(check all that apply)  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):

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	Original Amended	Date			49
					<b>4</b> 3
16. List the floor(s) of the building that	the establishment is located on:	GROUND	FLOO	2+2	+WW
17. List the room number(s) the establ	ishment is located in within the building	g, if appropriate:	BASEME	NT, 12	+ 2000
18. Is the premises located within 500	feet of three or more on-premises liquo	r establishments?	⊙ Yes ← No		
19. Will the license holder or a manage	er be physically present within the estab	olishment during all hou	rs of operation?	Yes (	No C
20. If this is a transfer application (an e	existing licensed business is being purch	ased) provide the name	and serial numbe	r of the licensee:	;
	11.55			Number	
21. Does the applicant or licensee own	Name In the building in which the establishmen	nt is located? C Yes	(if YES, SKIP 23-26		
	Owner of the Building in Which th	e Licensed Establishr	nent is Located		
	JORD DOOT	1100C 1			
22. Building Owner's Full Name:	TEAR COL	NOCE C	200		
23. Building Owner's Street Address:	Jan Jevel	TH HUE	:100e	71 % cada [	
24. City, Town or Village:	ew York	State: VE	WYORK	Zip Code:	100/7
25. Business Telephone Number of Bu	illding Owner: (9(7) 8	87-55	13		
Rep Applicati	presentative or Attorney Represent on for a License to Traffic in Alcoho	ting the Applicant in I at the Establishmen	Connection with it identified in the	n the nis Notice	
26. Representative/Attorney's Full Na	me: Kathleen E. Negri Sa	athopoulos, Esq.			
27. Representative/Attorney's Street	Address: 250 Ashland Pla	ce, Ste 18F			
28. City, Town or Village: Broo	klyn	State: New	v York	Zip Code:	11217
29. Business Telephone Number of Re		35-5675			
30. Business E-mail Address of Repres		aol.com			
l am the applican Representations in t	t or licensee holder or a principal of this form are in conformity with repingranting the license. I understand lise representations may result in dis	resentations made in that representations	submitted docu- made in this for	ments reiled up rm will also be i	relied
By my signature	e, I affirm - under Penalty of Perjury	- that the representa	itions made in th	nis form are true	<b>e</b> .
31. Printed Principal Name:	JICK PASHAL	Title:	Mem	BER	
Principal Signature:	N. Der	1)		· · · · · · · · · · · · · · · · · · ·	