

## Via Fed Ex 772364102698

June 6, 2023

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

RE: The Franklin Hotel NYC

164 East 78th Street New York, NY 10128 JUN 0 7 2023

BY COMMUNITY BOARD 8

To Whom It May Concern:

Enclosed please find a Standardized Notice Form for a Tavern License on behalf of 164 Franklin Hotel, LLC and Interstate Management Company, LLC (the "Applicant").

At this time, the Applicant respectfully requests a wavier of the 30-day notice period as the hotel is eager to begin alcohol service as soon as possible.

Please confirm receipt of the Standardized Notice Form and results of the waiver request to imarshall@bluebonnetconsulting.com.

Thank you in advance and please let me know if you have any questions.

Sincerely,

Isa Marshall 972-354-6474

imarshall@bluebonnetconsulting.com

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NEW YORK	State Liquor Authority

OFFICE USE ONLY				
Original Original	Amended	Date		

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

1. Date Notice Sent:	06/06/2023	1a. Delivered by:	
	Application that will be filed with the Authority file the City of New York:	for an On-Premises Alc	oholic Beverage License:
O New Application	n Removal Class Change		
For premises in the	- · ·		
New Application	New Application and Temporary Retail Page 19 19 19 19 19 19 19 19 19 19 19 19 19	Permit O Renewal	O Alteration O Removal
O Class Change	Method of Operation O Corporate Char	nge	
For Renewal applic For Alteration appl For Corporate Char For Removal applic For Class Change a	orary Retail Permit applicants, answer each que ants, answer all questions icants, attach a complete written description a nge applicants, attach a list of the current and peants, attach a statement of your current and pplicants, attach a statement detailing your cureration Change applicants, although not require	and diagrams depicting proposed corporate proposed addresses wi proposed addresses wi rrent license type and	the proposed alteration(s) incipals th the reason(s) for the relocation
Please include all	l documents as noted above. Failure to d	lo so may result in d	isapproval of the application.
This 30-Day Adva	ance Notice is Being Provided to the Clerk	of the Following Lo	cal Municipality or Community Board:
3. Name of Municipali	ity or Community Board: Manhattan Con	nmunity Board 8	
Applicant/License	ee Information:		
4. Licensee Serial Num	nber (if applicable):	Expir	ation Date (if applicable):
5. Applicant or License	ee Name: 164 Franklin Hotel, LLC & Inters	tate Management C	ompany, LLC
6. Trade Name (if any	): The Franklin Hotel		
7. Street Address of E	stablishment: 164 E 87th ST		
8. City, Town or Villag	e: New York		<b>NY</b> Zip Code: 10128
		2-369-1000	
10. Business E-mail of A	Applicant/Licensee: imarshall@blueb	onnetconsultin	g.com
11. Type(s) of alcohol s	sold or to be sold: O Beer & cider O	Wine, Beer & Cide	Liquor, Wine, Beer & Cider
12. Extent of Food Serv	vice: O Full Food menu; full kitchen run by a c	:hef/cook 🧿 Menu m	eets legal minimum food requirements; food prep area require
13. Type of Establishme	ent: Bar/Tavern		
44.44.11. L.60	Seasonal Establishment Juke E	Box Disc Jockey	Recorded Music
14. Method of Operation (check all that apply	I I I I I I I I I I I I I I I I I I I	ds, acoustic, jazz, etc.):	
	Patron Dancing Employee Dan		
	☐ Video/Arcade Games ☐ Third Pa	arty Promoters	Security Personnel
	Other (specify):		
15. Licensed Outdoor A		•	rden/Grounds Freestanding Covered Structure

314 1640E202020	OFFICE USE		
	Original Amended D	Date	4
16. List the floor(s) of the building that	the establishment is located on: basen	nent and 1st floor	
17. List the room number(s) the establi	ishment is located in within the building, if	appropriate: N/A	
18. Is the premises located within 500 to	feet of three or more on-premises liquor e	stablishments? <b>②</b> Yes <b>③</b> No	
19. Will the license holder or a manage	er be physically present within the establish	nment during all hours of operation?	<b>⊙</b> Yes <b>○</b> No
20. If this is a transfer application (an e	xisting licensed business is being purchase	d) provide the name and serial number c	of the licensee:
N/A			
<del></del>	Name	Serial Nur	nber
21. Does the applicant or licensee own	the building in which the establishment is	located? Yes (if YES, SKIP 23-26)	<b>⊙</b> No
	Occupant of the Publisher School State of the 15	Construction of the Constr	
	Owner of the Building in Which the Li	censed Establishment is Located	
22. Building Owner's Full Name: 164	4 East 87th St, LLC		
23. Building Owner's Street Address:	441 Lexington Ave, Suite 80	)5	
24. City, Town or Village: New Yo	rk	State: NY	Zip Code: 10017
25. Business Telephone Number of Bui			
	(212) 000 1000		-
	esentative or Attorney Representing and for a License to Traffic in Alcohol at		
26. Representative/Attorney's Full Nan	ne: Isa Marshall		
		0.11.000	
27. Representative/Attorney's Street A	ddress: 12700 Hillcrest Road,		
28. City, Town or Village: Dallas		State: TX	Zip Code: 75230
29. Business Telephone Number of Rep	presentative/Attorney: (972) 354-6	i474	
30. Business E-mail Address of Represe	entative/Attorney: imarshall@blue	ebonnetconsulting.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 th	is form are in conformity with represe granting the license. I understand that	ntations made in submitted docume	nts relied upon by
upon, and that fals	e representations may result in disapp	roval of the application or revocation	n of the license.
By my signature,	I affirm - under Penalty of Perjury - th	at the representations made in this f	orm are true.
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31. Printed Principal Name: Kare	en Kovach	Title: Vice President	
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Principal Signature:	Jawas mach		
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