CARRERAS & McCALLEN PLLC

Law Office

CHARLES J. CARRERAS

Deceased - 2012

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E-mail: sla@carrerasmccallen.com

May 30, 2023

Priority Mail

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

Re: Safi-G Inc.

d/b/a Caffe Buon Gusto 236 East 77th Street New York, NY 10075 RECEIVED

THOMAS J. McCALLEN

HIN 0 1 2023

BY COMMUNITY BOARD 8

Dear Sir/Madam:

This is to advise you that my client will be filing an application with the New York State Liquor Authority for permission to make alterations to a restaurant wine license of its restaurant at the above location. I am enclosing the required standardized license application notice form.

Very truly yours,

Thomas J. McCallen

TJMcC:mrv /Attachment



	OFFICI	E USE ONLY	
() Original	○ Amended	Date	

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:	05/30/2023 1a. Delivered by:	U.S.P.S. Priority Mail						
	Application that will be filed with the Authority for an On-Premises Alcoho de the City of New York:	olic Beverage License:						
O New Application	n Removal Class Change							
For premises in the 0	e City of New York:							
O New Application	n New Application and Temporary Retail Permit Renewal	Alteration Removal						
Class Change	Method of Operation Corporate Change							
For Renewal application Alteration application Corporate Change For Removal applications For Class Change approximately for Method of Operations and Corporations and Corporatio	corary Retail Permit applicants, answer each question below using all informations, answer all questions icants, attach a complete written description and diagrams depicting the nige applicants, attach a list of the current and proposed corporate principants, attach a statement of your current and proposed addresses with the policants, attach a statement detailing your current license type and your retail on Change applicants, although not required, if you choose to submit documents as noted above. Failure to do so may result in disagrams.	e proposed alteration(s) ipals he reason(s) for the relocation or proposed license type it, attach an explanation detailing those changes pproval of the application.						
This 30-Day Advan	nce Notice is Being Provided to the Clerk of the Following Local	Municipality or Community Board:						
3. Name of Municipality	ity or Community Board: Manhattan Community Board	,						
Applicant/Licensee	e Information:							
4. Licensee Serial Numb	nber (if applicable): 1105874 Expiratio	on Date (if applicable): 01/31/2025						
5. Applicant or Licensee	ee Name: Safi-G Inc.							
6. Trade Name (if any):	Caffe Buon Gusto							
7. Street Address of Esta								
8. City, Town or Village:	e: New York .NY	/ Zip Code: 10075						
9. Business Telephone N	Number of applicant/ Licensee: 212-535-6884							
10. Business E-mail of Ap	Applicant/Licensee: cafebuongusto@yahoo.com							
11. Type(s) of alcohol soi	old or to be sold: Beer & cider Wine, Beer & Cider	Liquor, Wine, Beer & Cíder						
12. Extent of Food Service	rice: XFull Food menu; full kitchen run by a chef/cook Menu meets	legal minimum food requirements; food prep area required						
13. Type of Establishmen								
	Seasonal Establishment Juke Box Disc Jockey X Recorded Music Karaoke							
14. Method of Operation (check all that apply)	litra Mirraia faitra dataila i a da alchanda a accestic icon da A. V. I	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 Secu	Video/Arcade Games Third Party Promoters Security Personnel						
	Other (specify):							
15. Licensed Outdoor Ar (check all that app	None Patio of Deck Roottop X Gargen	/Grounds Freestanding Covered Structure						

Principal Signature:

	() Origina	al () Amended	E USE ONLY Date			
			1.20			
16. List the floor(s) of the building	ng that the establish	ment is located on:	Street Lev	/el		
17. List the room number(s) the	establishment is loc	cated in within the build	ding, if appropriate:	N/A		
18. Is the premises located with	in 500 feet of three c	or more on-premises lic	quor establishments	? O Yes 🕱 No		
19. Will the license holder or a n	nanager be physicall	y present within the es	tablishment during a	all hours of operation?	Yes	No
20. If this is a transfer applicatio	n (an existing license	ed business is being pur	chased) provide the	name and serial number	of the licensee:	
	Name			Serial No	ımber	
21. Does the applicant or license	ee own the building i	in which the establishm	ent is located?	Yes (if YES, SKIP 23-26)	No	
	Owner of th	e Building in Which	the Licensed Estab	olishment is Located		
22. Building Owner's Full Name:	Josepl	h Taormina				
23. Building Owner's Street Add	ress: 427 Ea	ast 74th Street			· ·	
24. City, Town or Village:	New Y	'ork	State;	New York	Zip Code:	10021
25. Business Telephone Number	of Building Owner:	212-650-	0200			
·	-	212-000-	0200			- 2
	Deservation of	Att	- Atu Atu A Atu 1:	A in Canana Alam with A	t	
Appl	ication for a Licens	se to Traffic in Alcoh	ol at the Establish	it in Connection with t ment Identified in this	ne Notice	
26. Representative/Attorney's Fo						
	III Name: Tho	omas J. McCall	en, Esq Ca	rreras & McCalle	en PLLC	
27. Representative/Attorney's St		omas J. McCall 7 Barstow Roa		rreras & McCalle	en PLLC	
27. Representative/Attorney's St 28. City, Town or Village:	reet Address: 1	T. Control of the Con		rreras & McCalle	Zip Code:	11021
28. City, Town or Village:	creet Address: 1	7 Barstow Roa	d, Suite 310			11021
	Great Address: 1 Great	7 Barstow Roa at Neck ttorney: 212-7	d, Suite 310	New York		11021
28. City, Town or Village: 29. Business Telephone Number	Great Address: 1 Great	7 Barstow Roa at Neck ttorney: 212-7	state: 732-3640	New York		11021
28. City, Town or Village: 29. Business Telephone Number 30. Business E-mail Address of Re	Great Address: 1 Great of Representative/Attorn	7 Barstow Roa at Neck attorney: 212-7 ney: sla@	State: 732-3640 carrerasmcc	New York allen.com	Zip Code:	
28. City, Town or Village: 29. Business Telephone Number of Resident States of Representations	Great Address: 1 Great of Representative/Attorn icant or licensee his in this form are in	7 Barstow Roa at Neck attorney: 212-7 ney: sla@ colder or a principal of a conformity with rep	State: 732-3640 carrerasmcc f the legal entity the desentations mad	New York allen.com hat holds or is applying e in submitted docume	Zip Code:	by
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28. City, Town or Village: 29. Business Telephone Number of State of Recognitions and the Authority with State of State	Great Address: 1 Great of Representative/Attorn icant or licensee has in this form are in when granting the lat false representative, I affirm - und	7 Barstow Roa at Neck ttorney: 212-7 ney: sla@ older or a principal of a conformity with replicense. I understand tions may result in dier Penalty of Perjury	State: 732-3640 Carrerasmcc: If the legal entity the legal entity the legal entity the legal entity the resentations made that representations approval of the approval of	New York allen.com hat holds or is applying e in submitted docume ons made in this form pplication or revocation entations made in this form	zip Code: for the license ents relied upor will also be reli n of the license	by ed