

585 STEWART AVENUE
SUITE 615

GARDEN CITY, NY 11530

TEL: 516.858.5887 FAX: 516.858.5867

June 27, 2023

Via Return Receipt # 9590 9402 3980 8079 8088 37

Manhattan Community Board 8 505 Park Avenue #620 New York, NY 10022 JUN 3 0 2023

BY COMMUNITY BOARD 8

Re: ESM Group 1415 LLC 1415 Lexington Avenue New York, NY 10128

Dear Board Members,

I am writing you on behalf of my client, ESM Group 1415 LLC, located at the address above. My client previously submitted a 30-day notice form with the intention to apply for a class change with the New York State Liquor Authority for an On Premises Liquor, Wine and Beer license for this location. My client would like to update the 30-day notice form submitted to include live music to the method of operation.

As you are aware, part of the process requires that the local Community Board be notified and given an opportunity to comment on the application. Please consider this letter notification of our intent to apply with the New York State Liquor Authority for the above referenced license.

Please forward any meeting notification information and/or questionnaire to my office, at the address indicated in our letterhead above, or to mj@jamesfrm.com. Please feel free to contact me directly at (516) 858-5887 if you need any further information.

Yours very truly,

Michael A. James Of The James Firm

Y YORK	State Liquor Authority

OFFICE USE ONLY						
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:	06/27/2023	1a. Delivered b	Certified Mail Return Receipt Requested					
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:								
	O Removal O Class Change							
	For premises in the City of New York:							
O New Application O New Application and Temporary Retail Permit O Renewal O Alteration O Removal								
	O Class Change O Method of Operation O Corporate Change							
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								
	focuments as noted above. Failure							
This 30-Day Advan	ce Notice is Being Provided to the (Clerk of the Followin	ng Local Municipality or Community Board:					
3. Name of Municipality	or Community Board: Manhattan (Community Board	d 8					
Applicant/Licensee	Information:							
4. Licensee Serial Numb	er (if applicable): 1364546		Expiration Date (if applicable):					
5. Applicant or Licensee	Name: ESM Group 1415 LLC							
6. Trade Name (if any):	Bread N Wine							
7. Street Address of Esta	ablishment: 1415 Lexington Avenue							
8. City, Town or Village:	New York		, NY Zip Code: 10128					
9. Business Telephone N	lumber of applicant/ Licensee:	(646) 861-0070						
10. Business E-mail of Ap	plicant/Licensee: parvez@ eliaa	is.net						
11. Type(s) of alcohol sold or to be sold: O Beer & cider O Wine, Beer & Cider Uiquor, Wine, Beer & Cider								
12. Extent of Food Service	e: OFull Food menu; full kitchen run b	y a chef/cook 🗿 Men	nu meets legal minimum food requirements; food prep area required					
	13. Type of Establishment: Bar/Tavern							
14 Mathod of O		uke Box Disc Jo	ckey Recorded Music Karaoke					
(check all that apply)	14. Method of Operation: (check all that apply) Live Music (give details i.e., rock bands, acoustic, jazz, etc.): Acoustic Bands							
	Patron Dancing Employee	Dancing Exotic	Dancing Topless Entertainment					
	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel							
	Other (specify):							
15. Licensed Outdoor Are (check all that appl		Rooftop [Garden/Grounds					

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		Date	
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16. List the floor(s) of the building that	the establishment is located on: 1		
17. List the room number(s) the establi	ishment is located in within the building, it	fappropriate: n/a	
18. Is the premises located within 500 f	feet of three or more on-premises liquor e	establishments?	
19. Will the license holder or a manage	r be physically present within the establisi	hment during all hours of operation?	O Yes O No
20. If this is a transfer application (an ex	xisting licensed business is being purchase	ed) provide the name and serial number	of the licensee:
	Name	Serial Nu	mber
21. Does the applicant or licensee own	the building in which the establishment is	located? • Yes (if YES, SKIP 23-26)	ONo
			_
	Owner of the Building in Which the L	icensed Establishment is Located	
22. Building Owner's Full Name: 150	0 east 93rd Associates, c/o O	rsid Realty Corp.	
23. Building Owner's Street Address:	1740 Broadway 2nd Floor		
24. City, Town or Village: New Yor	rk	State: NY	Zip Code: 10019
25. Business Telephone Number of Build	ding Owner:		
	<u></u>		
Repri Application	esentative or Attorney Representing n for a License to Traffic in Alcohol at	the Applicant in Connection with ti the Establishment Identified in this	he Notice
26. Representative/Attorney's Full Nam	Michael A. James		
27. Representative/Attorney's Street Ac	ddress: 585 Stewart Avenue, S	Suite 615	
28. City, Town or Village: Garden	City	State: NY	Zip Code: 11530
29. Business Telephone Number of Repr	resentative/Attorney: 516-858-58	87	
30. Business E-mail Address of Represen	ntative/Attorney: Licensing@jam	nesfrm.com	
Representations in this the Authority when g	or licensee holder or a principal of the s form are in conformity with represe granting the license. I understand that the representations may result in disapp	ntations made in submitted docume representations made in this form y	nts relied upon by will also be relied
By my signature, I	affirm - under Penalty of Perjury - tha	at the representations made in this f	orm are true.
31. Printed Principal Name: Michi	ael A. James	Title: Attorney for App	licant

M. James

Principal Signature: