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June 6, 2023

VIA FEDEX

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

RECEIVED

JUN 09 2023

BY COMMUNITY BOARD 8

RE: Serafina to Go 84th Street LLC
Café Serafina 84th Street
1492 Third Avenue
New York, NY 1002
30-Day Advance Notice

Dear Ladies and Gentlemen:

We are the attorneys for Serafina to GO 84th Street LLC (Café Serafina 84th Street). Café Serafina 84th Street wishes to apply to the New York State Liquor Authority for a Class Change. As such, we submit, the enclosed Standardized Notice Form for Providing 30-Day Advance Notice to a Local Community Board.

Please feel free to contact me at naf@dmppc.com, should you have any questions or concerns.

Best regards,



Naomi A. Ferdinand
Paralegal



| | | |
|--------------------------------|-------------------------------|------------|
| 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:

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 Renewal Alteration Removal
 Class Change Method of Operation 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

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: (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: Main floor

17. List the room number(s) the establishment is located in within the building, if appropriate: _____

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: Evans Tower Condominium

23. Building Owner's Street Address: 171 E 84 Street

24. City, Town or Village: New York State: NY Zip Code: 10028

25. Business Telephone Number of Building Owner: 917 468 0328

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: Arielle Albert//Brain Fink//Naomi Ferdinand

27. Representative/Attorney's Street Address: Danow McMullan & Panoff, P.C. - 275 Madison Avenue, Suite 1711

28. City, Town or Village: New York State: NY Zip Code: 10016

29. Business Telephone Number of Representative/Attorney: (212) 370-3744

30. Business E-mail Address of Representative/Attorney: aalbert@dmppc.com//bfink@dmppc.com//naf@dmppc.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: FABIO GRANATO Title: Owner

Principal Signature: 