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November 22, 2023

Via FedEx

Manhattan Community Board No. 8

505 Park Avenue, Suite 620

New York, NY 10022

Re: **An entity to be formed by Jeff Kadish
d/b/a American Bar
1022 Lexington Avenue
New York, NY 10021**

Dear Sir/Madam:

Please allow this correspondence and enclosure to serve as a notification of the above-referenced licensee's intent to apply to the State Liquor Authority for an on-premises liquor license and temporary permit at the above referenced premises.

Thank you for your attention to this matter. Please do not hesitate to contact the undersigned should you have any questions.

Very truly yours,

PESETSKY & BOOKMAN, P.C.

A handwritten signature in black ink, appearing to be 'M Bookman', written over a horizontal line.

By: Max Bookman, Esq.

RECEIVED

NOV 28 2023

BY COMMUNITY BOARD 8

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

1. Date Notice Sent: 11/22/2023 1a. Delivered by: Overnight Mail, Tracking Number and Pro

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: Manhattan Community Board No. 8

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): _____ Expiration Date (if applicable): _____

5. Applicant or Licensee Name: An entity to be formed by Jeff Kadish

6. Trade Name (if any): American Bar

7. Street Address of Establishment: 1022 Lexington Avenue

8. City, Town or Village: New York, NY Zip Code: 10021

9. Business Telephone Number of applicant/ Licensee: 917-270-3456

10. Business E-mail of Applicant/Licensee: jkadish@blhnyc.com

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: Restaurant (full kitchen and full menu required)

☐ 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): _____

16. List the floor(s) of the building that the establishment is located on: **First Floor, Ground Floor and Basement**

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: **73rd Partners LLC**

23. Building Owner's Street Address: **525 7th Avenue, Room 1601**

24. City, Town or Village: **New York** State: **NY** Zip Code: **10018**

25. Business Telephone Number of Building Owner: **212-730-6661**

**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: **Max Bookman, Esq. - Pesetsky and Bookman, P.C.**

27. Representative/Attorney's Street Address: **325 Broadway - Suite 501**

28. City, Town or Village: **New York** State: **NY** Zip Code: **10007**

29. Business Telephone Number of Representative/Attorney: **212-513-1988**

30. Business E-mail Address of Representative/Attorney: **max@pb.law; sorraya@pb.law**

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: **Jeff Kadish**

Title: **LLC Manager**

Principal Signature: _____

