



585 STEWART AVENUE
SUITE 615
GARDEN CITY, NY 11530
TEL: 516.858.5887
FAX: 516.858.5867

January 9, 2024

Return Receipt #9590 9402 8177 3030 5273 68

Manhattan Community Board No. 8
505 Park Avenue, Suite 620
New York, New York 10022

RECEIVED
JAN 17 2024
BY COMMUNITY BOARD 8

**Re: ESM Group 1415 LLC
D/B/A Bread N Wine
1415 Lexington Avenue
New York, NY, 10128**


Dear Community Board Members,

I am writing you on behalf of my client, ESM Group 1415 LLC, located at the address above. My client has been occupying the space at the above address and operates a restaurant with a Wine, Beer and Cider license. My client's intention is to apply to the New York State Liquor Authority to renew the license for this location.

As you are aware, part of the licensing process requires that the local Community Board or Village be notified and given an opportunity to comment on the application. My client would like to submit their application prior to the expiration of the 30-day notice as their license has already expired. As such, I am respectfully requesting a letter of no objection so that the renewal application can be filed sooner.

My client would face incredible hardship if a waiver is not granted. Specifically, lost sales revenue for the duration of the license renewal process during the toughest economic cycle of the year will further strain the business' bottom line, risking missed payments on debts and liabilities. This would not serve the public convenience and advantage if this beloved catering hall is hampered by their expired license.

We ask that you consider our hardship and grant a letter of no objection. We sincerely appreciate your time and consideration in this matter.

Yours very truly,

Michael A. James
Of The James Firm

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

1. Date Notice Sent: 01/09/2024 1a. Delivered by: Certified Mail Return Receipt Requested

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 8

Applicant/Licensee Information:

4. Licensee Serial Number (If applicable): 1319826 Expiration Date (If applicable): 1/31/2024

5. Applicant or Licensee Name: ESM Group 1415 LLC

6. Trade Name (if any): Bread N Wine

7. Street Address of Establishment: 1415 Lexington Avenue

8. City, Town or Village: New York, NY Zip Code: 10128

9. Business Telephone Number of applicant/ Licensee: (646) 861-0070

10. Business E-mail of Applicant/Licensee: parvez@eliaas.net

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: Bar/Tavern

☐ 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.): Acoustic Bands

☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment

☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel

☐ Other (specify):

15. Licensed Outdoor Area: ☒ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
(check all that apply) ☐ Sidewalk Cafe ☐ Other (specify): _____

16. List the floor(s) of the building that the establishment is located on:
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 |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
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:
23. Building Owner's Street Address:
24. City, Town or Village: State: Zip Code:
25. Business Telephone Number of Building Owner:

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:
27. Representative/Attorney's Street Address:
28. City, Town or Village: State: Zip Code:
29. Business Telephone Number of Representative/Attorney:
30. Business E-mail Address of Representative/Attorney:

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: Title:

Principal Signature: _____

