

Flynn & Flynn, P.L.L.C.

ATTORNEYS AT LAW

TERRENCE R. FLYNN, JR.

MARY P. FLYNN

RECEIVED

JAN 23 2024

BY COMMUNITY BOARD 8

444 Beach 129th Street
Belle Harbor, New York 11694
TEL: 718-945-1000
FAX: 718-318-6162

January 16, 2024

CERTIFIED MAIL
NO. 7021 0350 0001 3916 5582
RETURN RECEIPT REQUESTED

Manhattan Community Board #8
Mr. Bill Brightbill, District Manager
505 Park Avenue Suite 620
New York, NY 10022

Re: Stratis Morfogen or Entity to be formed-Restaurant Wine License
Application and Temporary Permit

Dear Mr. Brightbill:

Please be advised that I am the attorney for Stratis Morfogen or Entity to be formed that is applying for a Restaurant Wine license application and Temporary Permit for the premise located at 453 East 78th Street, New York, NY 10075. This notification is given pursuant to Section 64 subdivision 2A of the Alcoholic Beverage Control Law.

If you have any questions, please do not hesitate to call my office. Thank you for your cooperation in this matter.

Very truly yours,



Terrence R. Flynn, Jr

TRF/mh
Enclosure

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

1 Date Notice Sent: 1/16/24 1a Delivered by: Certified Mail Return Receipt

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: Community Bd #8

Applicant/Licensee Information:

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

5 Applicant or Licensee Name: STRATIS MORFOGEN or entity to be formed

6 Trade Name (if any): BROOKLYN DUMPLING SHOP

7 Street Address of Establishment: 453 E 78th Street

8 City, Town or Village: NEW YORK, NY Zip Code: 10075

9 Business Telephone Number of applicant/Licensee: 917 578 1633

10 Business E-mail of Applicant/Licensee: STRATIS@BROOKLYNDUMPLINGSHOP.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: FAST FOOD RESTAURANT

☐ 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: ☒ 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: 1st 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: VACUA REALTY CORP

23. Building Owner's Street Address: 21-21 STANWAY STREET

24. City, Town or Village: ASTORIA State: NY Zip Code: 11105

25. Business Telephone Number of Building Owner: 917 584 2996

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: Terrence R. Flynn, Jr

27. Representative/Attorney's Street Address: 444 Beach 129th Street, 2nd Floor

28. City, Town or Village: Belle Harbor State: New York Zip Code: 11694

29. Business Telephone Number of Representative/Attorney: 718-945-1000

30. Business E-mail Address of Representative/Attorney: trflynnjr@gmail.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: STRATIS MORFEGEN Title: owner

Principal Signature: _____