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**The City of New York
Community Board 8 Manhattan**

April 12, 2024

Robert Benedetto
Deputy Commissioner
State Liquor Authority
80 South Swan Street, Suite 900
Albany, NY 12210-8002

RE: CBHNYC Inc Hendrickson's, 1122 First Avenue (Between East 61st and East 62nd Streets) – 30 Day Waiver Renewal Application for Liquor, Wine, Beer and Cider

Dear Deputy Commissioner Benedetto,

Please be advised that Community Board 8 Manhattan received notice on April 11, 2024 for the above-referenced establishment's renewal application of a Liquor, Wine, Beer, and Cider license. A copy of their 30-day advance notice is attached.

We agree to this one-time waiver of the 30-day notice on the condition that the applicant appears at the May 7, 2024 Street Life Committee meeting, so the public has the opportunity to comment on the application. If the applicant fails to appear at the May 7, 2024 Street Life Committee meeting, the waiver will be revoked.

Please advise this office of any action taken regarding this matter.

Sincerely,

Will Brightbill

Will Brightbill
District Manager

DATE: April 10, 2024

RE: 30 Day Waiver Request from Community Board 8 for CBHNYC Inc. d/b/a Hendrickson's

TO: Manhattan Community Board 8 and New York State Liquor Authority

This is to certify that I am the President and Owner/Operator of CBHNYC INC. d/b/a Hendrickson's, located at 1122 First Avenue, New York, NY 10065.

I am requesting this waiver because I inadvertently did not send in the requisite NOTICE to the Manhattan Community Board 8 at least thirty (30) days in advance of filing the renewal, because to my knowledge, I did not receive the Renewal Advisory; and this is the first time that I am renewing the On Premises liquor license. It was an honest oversight.

I understand and acknowledge that this will be a one-time waiver and that I will attend the upcoming Street Life Committee meeting scheduled for May 7, 2024 at 6:30 PM via Zoom to respond to the community.

Thank you for promptly issuing the waiver so I can timely file my renewal application with the State Liquor Authority.

Respectfully submitted,

X 

CONNOR HENDRICKSON
President and Owner/Operator
CBHNYC Inc. d/b/a Hendrickson's
1122 First Avenue
New York, NY 10065



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: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
(check all that apply) 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:

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:

<input type="text"/>	<input type="text"/>
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:

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: 