Valerie S. Mason Chair

Will Brightbill District Manager



505 Park Avenue, Suite 620 New York, N.Y. 10022-1106 (212) 758-4340 (212) 758-4616 (Fax) www.cb8m.com – Website info@cb8m.com – E-Mail

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: <u>Limupoke Inc.</u>, <u>dba KUU</u>, 1275 First Avenue (Between East 68th and East 69th Streets) - 30 Day Waiver Renewal Application for 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 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

District Manager

Will Brightbill

Manhattan Community Board 8 505 Park Avenue, Suite 620 New York, NY 10022 Attn: Robert Beirne

RE: Limupoke Inc.

DBA: KUU 1275 First Aver

1275 First Avenue New York, NY 10065 30 Day Waiver Request

Dear Representative,

Hope all is well with you today.

I am requesting a 30-day waiver letter for the submission of my renewal application. The license has expired as of 03/31/2024. This letter would allow us to submit the application to the NYS Liquor Authority without waiting thirty days.

I understand that this will be a one-time waiver for the establishment and that no future 30 Day waivers will be considered for this license.

I or a representative will attend the upcoming Street Life Committee meeting, taking place on May 7, 2024 at 6:30 PM via Zoom to respond to the community

Thank you for your consideration and have a nice day!

Sincerely,

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	OFFICE	USE ONLY	
Original	Amended	Date	

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

See Market Control and Control
1. Date Notice Sent: 03/25/2024 1a. Delivered by: Certified Mail Return Receipt Requested
 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:
O New Application O Removal O Class Change
For premises in the City of New York:
O New Application O New Application and Temporary Retail Permit O Temporary Retail Permit O Removal
O Class Change O Method of Operation O Corporate Change O Renewal O Alteration
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): 1308713 Expiration Date (if applicable): 03/31/2024
5. Applicant or Licensee Name: Limupoke Inc
6. Trade Name (if any): KUU
7. Street Address of Establishment: 1275 1st Ave
8. City, Town or Village: New York , NY Zip Code: 10065
9. Business Telephone Number of applicant/ Licensee: (646) 838 5828
10. Business E-mail of Applicant/Licensee: noomiis17@yahoo.com
11. Type(s) of alcohol sold or to be sold: O Beer & cider O Wine, Beer & Cider O Liquor, Wine, Beer & Cider
12. Extent of Food Service: O Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area requ
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: None Patio or Deck Gooftop Garden/Grounds Freestanding Covered Structure (check all that apply) Sidewalk Cafe Other (specify):

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	Original (Amended	Date	,
16. List the floor(s) of the building the	41.			
16. List the floor(s) of the building that				
17. List the room number(s) the establi			1	
18. Is the premises located within 500 f	eet of three or mor	e on-premises liquor	establishments? O Yes O I	No
19. Will the license holder or a manager				
20. If this is a transfer application (an ex	isting licensed busin	ness is being purchase	ed) provide the name and serial numb	per of the licensee:
	Name			
21. Does the applicant or licensee own t		1 the establishment is	Serial located? Yes (if YES, SKIP 23-2	Number 6) ① No
0	wner of the Build	ling in Which the Li	censed Establishment is Located	
73 0.:14: 0	ford Equities			
23. Building Owner's Street Address:	3 West 57th S	Street, 7th Floo	r	
24. City, Town or Village: New York			State: NY	7in Cada (400.40
25. Business Telephone Number of Buildi	ng Owner: (212	750-8200	INT	Zip Code: 10019
26. Representative/Attorney's Full Name:	Anthony L.	Caraballo	he Applicant in Connection with he Establishment Identified in th	the iis Natice
27. Representative/Attorney's Street Addr	ess: 111 Atla	ntic Ave		
28. City, Town or Village: Brooklyn			State: NY	Zip Code: 11201
29. Business Telephone Number of Repres	entative/Attorney:	(718) 875-29	029	
30. Business E-mail Address of Representa	tive/Attorney: A	nthony@cblser	vices com	
			11000.00111	
I am the applicant or li				
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