



**Pesetsky & Bookman, PC**

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**RECEIVED**

JUN 26 2024

**BY COMMUNITY BOARD 8**

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Max Bookman | Partner | [max@pb.law](mailto:max@pb.law)

June 25, 2024

**Via FedEx Express Mail**

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

Re: **SUSHIBYMUES LLC  
d/b/a SUSHI BY M  
1575 2<sup>nd</sup> Avenue  
New York, NY 10028**

Dear Sir/Madam:

Please allow this correspondence and enclosure to serve as minor correction of the above-referenced applicant's notice previously sent to you.

On the original notification that was sent to your community board on May 14, 2024, via FedEx mail services, the applicant stated that the proposed premises would be located on the first floor. The proposed premises will be located on the basement floor.

Please note that there will be no other changes to this application including the hours and method of operations, and ownership structure.

Very truly yours,

PESETSKY & BOOKMAN, P.C.

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By: Max Bookman, Esq.

OFFICE USE ONLY
Original Amended Date

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

1. Date Notice Sent: 06/25/2024 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: SUSHIBYMUES LLC

6. Trade Name (if any): Sushi By M

7. Street Address of Establishment: 1575 2nd Avenue

8. City, Town or Village: New York, NY Zip Code: 10028

9. Business Telephone Number of applicant/ Licensee: (917) 650-9052

10. Business E-mail of Applicant/Licensee: sushibym@gmail.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: Sushi Eating and Drinking Establishment (OP-Tav)

- Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke

14. Method of Operation: 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
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
- 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:** \_\_\_\_\_