Law Offices MITCHELL & **INCANTALUPO**



BY COMMUNITY BOM

The Metro Building 98-20 Metropolitan Avenue Forest Hills, New York 11375 Tel (718) 997-1000 Fax (718) 575-1600

February 15, 2024

Community Board #8 505 Park Avenue # 620 New York, NY 10022

RE:

1584 York Ave. Rest. Corp.

Kandela

1584 York Avenue

New York, New York 10028

Dear Sir/Madam:

In accordance with the rules and regulations of the New York State Liquor Authority, we do hereby notify you that we are in the process of filing an Application for an On Premises Liquor License with the New York State Liquor Authority. Enclosed kindly find duly executed New York State Liquor Authority, Standardized Notice Form.

Very truly yours,

EPE:mm

Encl.

Evie P. Efkarpidis

Paralegal

Certified Mail:

Return Receipt Requested

	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>

1. Date Notice Sent:	02/15/2024 La. Delivered by: Certified Mail Return Receipt Requeste	ed		
 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	n			
For premises in the				
O New Application	n			
O Class Change	Method of Operation O 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.				
	ance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:			
3. Name of Municipalit	ity or Community Board: # 8, 505 Park Avenue, # 620, New York, NY 10022			
Applicant/Licensee Information:				
4. Licensee Serial Num	nber (if applicable): Expiration Date (if applicable):			
5. Applicant or Licensee Name: 1584 YORK AVE. REST. CORP.				
6. Trade Name (if any): KANDELA				
7. Street Address of Establishment: 1584 York Avenue				
8. City, Town or Village: New York , NY Zip Code: 10028				
9. Business Telephone Number of applicant/ Licensee: To be Provided				
10. Business E-mail of Applicant/Licensee: crossbaydiner@aol.com				
11. Type(s) of alcohol so	old or to be sold:			
12. Extent of Food Service: • Full Food menu; full kitchen run by a chef/cook • Menu meets legal minimum food requirements; food prep area require				
13. Type of Establishmer	Restaurant (full kitchen and full menu required)			
44.44.41.1.5041	Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke			
14. Method of Operation (check all that apply)	IIII iiyo Musia (aiyo dataila i aa.al, bauda aaayysta ta			
	■ Patron Dancing			
	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel			
	Other (specify):			
15. Licensed Outdoor A (check all that app	Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structur	e _		

OFFICE USE ONLY				
Original Amended Date				
16. List the floor(s) of the building that the establishment is located on: FIRST FLOOR AND BASEMENT				
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? O 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 Describe applicant or licenses our the huilding to which the contribution of the co				
21. Does the applicant of licensee own the building in which the establishment is located? QYes (if YES, SKIP 23-26) No				
Owner of the Building in Which the Licensed Establishment is Located				
22. Building Owner's Full Name: Calyphil Realty Corp.				
23. Building Owner's Street Address: 346 East 59th Street, Suite # 1				
24. City, Town or Village: New York State: NY Zip Code: 10022				
25. Business Telephone Number of Building Owner: (212) 750-2209				
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: JOHN A. MITCHELL, ESQ.				
27. Representative/Attorney's Street Address: 98-20 METROPOLITAN AVENUE				
28. City, Town or Village: FOREST HILLS State: NEW YORK Zip Code: 11375				
The code in the co				
30. Business E-mail Address of Representative/Attorney: evie@miatty.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: MICHAEL SIDERAKIS Title: PRESIDENT Principal Signature:

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