



SHENKER RUSSO & CLARK LLP

August 26, 2024

RECEIVED
AUG 28 2024
BY COMMUNITY BOARD 8

Theresa M. Russo
518.407.5800
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BY FEDERAL EXPRESS

Will Brightbill
District Manager
Manhattan Community Board #8
505 Park Avenue, Suite 620
New York, New York 10022

Re: Replacement 30-Day Notice for:
OC 1664 Third Ave, LLC
1664 3rd Ave.
New York, New York 10128

Dear District Manager Brightbill:

Enclosed please find a replacement 30-Day Notice for the above-referenced applicant. The previous 30-Day Notice sent on August 16th, 2024 reflected the incorrect floors that the establishment is located on, incorrectly indicated that this is a transfer application, which is not the case, and gave the incorrect building owner name. This replacement notice provides the correct information.

Should you have any questions or need anything further, please do not hesitate to contact me. I appreciate your assistance with this matter.

Sincerely yours,

SHENKER RUSSO & CLARK LLP

Theresa M. Russo

Enclosure

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: **8/28/2024** 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 ☐ Temporary Retail Permit ☐ Removal
☐ Class Change ☐ Method of Operation ☐ Corporate Change ☐ Renewal ☐ 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): **N/A** Expiration Date (if applicable): **N/A**

5. Applicant or Licensee Name: **OC 1664 Third Ave, LLC**

6. Trade Name (if any): **Olde City Cheesesteaks & Brew**

7. Street Address of Establishment: **1664 3rd Ave.**

8. City, Town or Village: **New York**, **NY** Zip Code: **10128**

9. Business Telephone Number of applicant/ Licensee: **TBD**

10. Business E-mail of Applicant/Licensee: **justine@loveoldecity.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: _____

☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☒ Recorded Music ☐ Karaoke

14. Method of Operation: ☐ Live Music (give details i.e., rock bands, acoustic, jazz, etc.): _____
 (check all that apply)

☐ 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: **Basement, ground floor, and mezzanine**
17. List the room number(s) the establishment is located in within the building, if appropriate: **all**
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: **1664 Third Avenue Owners LLC**
23. Building Owner's Street Address: **c/o Muss Development, 118-35 Queens Boulevard**
24. City, Town or Village: **Forest Hills** State: **NY** Zip Code: **11375**
25. Business Telephone Number of Building Owner: **(718) 263-3800**

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: **Theresa M. Russo**
27. Representative/Attorney's Street Address: **121 State Street, 4th Floor**
28. City, Town or Village: **Albany** State: **NY** Zip Code: **12207**
29. Business Telephone Number of Representative/Attorney: **518-407-5800**
30. Business E-mail Address of Representative/Attorney: **Theresa.Russo@srclawoffices.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: **Theresa M. Russo** Title: **Applicant's Attorney**

Principal Signature: _____