

Valerie S. Mason
Chair

Will Brightbill
District Manager



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

September 19, 2024

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

RE: City Hops Inc., dba City Hops, 1145 Second Avenue (Between East 60th and East 61st Streets) - 30 Day Waiver for a Renewal Application for Wine, Beer, and Cider

Dear Deputy Commissioner Benedetto,

Please be advised that Community Board 8 Manhattan received notice on September 18, 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 October 1, 2024 Street Life Committee meeting so the public has the opportunity to comment on the application. If the applicant fails to appear at the October 1, 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

**City Hops Inc.
1145 2nd Avenue
New York, NY 10065**

September 17, 2024

Manhattan Community Board 8
505 Park Avenue
Suite 620
New York, NY 10022
Attn.: Jonathan Kraus

Re: Request for 30 Day Notice Waiver

Dear Mr. Kraus:

I am the owner of City Hops Inc. Please accept this letter request for a waiver of the thirty day waiting period required in connection with the 30 Day Notice served on Manhattan Community Board No. 8.

The waiver requested herein is necessary due to an oversight and late community board notification.

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

I will attend an upcoming Street Life Committee meeting, taking place on October 1, 2024, at 6:30 PM via Zoom to respond to the community.

Yours truly,

Cynthia Wilson.

Cynthia Wilson

| | |
|-------------------------|--|
| Title | City Hops Inc.; Liquor License Renewal |
| File name | 09.17.24%20-%20Cy...ver%20Request.pdf |
| Document ID | f0c708acfe8c1e3a5f14e0ef892f88fa566eb2d0 |
| Audit trail date format | MM / DD / YYYY |
| Status | ● Signed |

This document was requested from app.clio.com

Document History



09 / 17 / 2024
15:53:18 UTC

Sent for signature to Cynthia Wilson
(cynthia@olivaeatery.com) from nac@kplawyers.com
IP: 96.248.92.228



09 / 18 / 2024
10:27:37 UTC

Viewed by Cynthia Wilson (cynthia@olivaeatery.com)
IP: 193.57.185.12



09 / 18 / 2024
10:28:27 UTC

Signed by Cynthia Wilson (cynthia@olivaeatery.com)
IP: 193.57.185.12



09 / 18 / 2024
10:28:27 UTC

The document has been completed.



KORNGUT
PALEUDIS

MICHAEL J. PALEUDIS, MEMBER + ♦ ★ Δ
BENJAMIN A. KORNGUT, MEMBER +
ELKE A. HOFMANN, OF COUNSEL + ★ Φ
LEONARD M. FOGELMAN, OF COUNSEL +
DAVID M. DAHAN, OF COUNSEL + Ω
ADAM I. KLEINBERG, OF COUNSEL + Δ
PAUL C. TAYLOR, OF COUNSEL Δ +

ADMITTED TO PRACTICE + NY, ♦ CT, ★ PA, Δ NJ, Ω MA, Φ CA

September 11, 2024

Via FedEx Overnight Delivery

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

Re: *City Hops Inc.*
Serial No.: 1337951
License ID: 0267-22-115479

To Whom It May Concern:

Please accept the enclosed Standardized 30-Day Notice for filing. Thank you in advance for your anticipated attention to the enclosed notice. Our firm would like to kindly request a waiver of the 30-Day Period of Notice. Should you have any questions or require any additional documentation please do not hesitate to contact me at (212) 837-8482.

Yours truly,

Michael Paleudis, Esq.

Enclosure

cc: Cynthia Wilson, *via email*

RECEIVED
SEP 12 2024
BY COMMUNITY BOARD 8

| 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: September 11, 2024 1a. Delivered by: Overnight Mail, Tracking Number and Proof of Delivery

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): 1337951 License ID: 0267-22-115479 Expiration Date (if applicable): 11/30/2024

5. Applicant or Licensee Name: City Hops Inc.

6. Trade Name (if any): City Hops

7. Street Address of Establishment: 1145 2nd Avenue

8. City, Town or Village: New York, NY Zip Code: 10065

9. Business Telephone Number of applicant/ Licensee: 646-229-5559

10. Business E-mail of Applicant/Licensee: Cynthia@olivaeatery.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: Bar/Tavern

☐ 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): Applicant will utilize Open Restaurants Program

| 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" value=""/> | <input type="text" value=""/> |
| 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: Cynthia Wilson.