

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 2<sup>nd</sup> Avenue  
New York, NY 10065**

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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

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This document was requested from [app.clio.com](https://app.clio.com)

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## Document History



SENT

**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



VIEWED

**09 / 18 / 2024**

10:27:37 UTC

Viewed by Cynthia Wilson (cynthia@olivaeatery.com)

IP: 193.57.185.12



SIGNED

**09 / 18 / 2024**

10:28:27 UTC

Signed by Cynthia Wilson (cynthia@olivaeatery.com)

IP: 193.57.185.12



COMPLETED

**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
Original 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.):

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): Applicant will utilize Open Restaurants Program

<b>OFFICE USE ONLY</b>		
<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:  
  
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.