

LAW OFFICES  
**CARRERAS & McCALLEN PLLC**

**CHARLES J. CARRERAS**  
Deceased – 2012

17 BARSTOW ROAD – SUITE 310  
GREAT NECK, NY 11021  
Tel. 212-732-3640  
Fax 212-732-3670  
E-mail: [sla@carrerasmccallen.com](mailto:sla@carrerasmccallen.com)

**THOMAS J. McCALLEN**

January 19, 2024

USPS Priority Mail Tracking Number:  
9405 5112 0620 4559 4999 03

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

Re: East 62<sup>nd</sup> Café LLC  
145 East 62<sup>nd</sup> Street  
New York, NY 10065

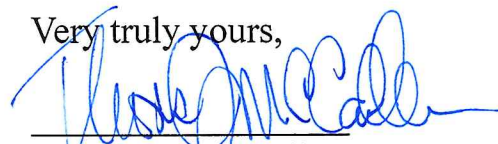
Dear Sir/Madame:

Pursuant to the *Alcoholic Beverage Control Law*, this is to advise you that my referenced client will be filing an Application for an ABC Retail Tavern Wine (Code 344) License and Temporary Permit with the New York State Liquor Authority (NYSLA).

In this regard, attached hereto, please find an **amended** standardized notice form for use with a community board your consideration.

Thank you for your attention to this matter.

Very truly yours,



Thomas J. McCallen

TJM:af

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

**Amended**

1. Date Notice Sent: **01/19/2024** 1a. Delivered by: **USPS Priority Mail**

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 8**

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable): **TBD** Expiration Date (if applicable): **TBD**

5. Applicant or Licensee Name: **East 62nd Cafe LLC**

6. Trade Name (if any): **Not applicable**

7. Street Address of Establishment: **145 East 62nd Street**

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

9. Business Telephone Number of applicant/ Licensee: **212 888-7400**

10. Business E-mail of Applicant/Licensee: **pmilner@gmcparking.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: (check all that apply)  
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: (check all that apply) ☐ 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: **Ground Floor & Basement**
17. List the room number(s) the establishment is located in within the building, if appropriate: **Not applicable**
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: **Not applicable**
- 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: **145-147 East 62nd LLC**
23. Building Owner's Street Address: **866 Lexington Avenue**
24. City, Town or Village: **New York** State: **NY** Zip Code: **10065**
25. Business Telephone Number of Building Owner: **212 570-0059**

**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: **Thomas J McCallen, Esq - Carreras & McCallen PLLC**
27. Representative/Attorney's Street Address: **17 Barstow Road, Suite 310**
28. City, Town or Village: **Great Neck** State: **NY** Zip Code: **11021**
29. Business Telephone Number of Representative/Attorney: **212 732-3640**
30. Business E-mail Address of Representative/Attorney: **sla@carrerasmccallen.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: **Anna Chapman** Title: **LLC Member**

Principal Signature: 