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CERTIFIED MAIL/RRR

June 27, 2024

Community Board 8
505 Park Avenue, Ste 620
New York, New York 10022

RECEIVED
JUL 17 2024
BY COMMUNITY BOARD 8

Attn.: Will Brightbill, District Manager

Re.: PLJ Rest Corp. d/b/a Nick's Family Style Restaurant & Pizzeria
OP License No.: 1135120
1814 2nd Avenue New York, N.Y. 10028

Dear Mr. Brightbill:

We write this letter, under the instruction of the New York State Liquor Authority, to notify you of the intention of the aforementioned applicant to apply for a Change of Class from a Restaurant Wine and Beer License to an On Premises Liquor License for the for the restaurant located at 1814 2nd Avenue New York, New York. Enclosed please find the Original Application Notice Form

If you should have any questions or concerns, please do not hesitate to contact us.
Thank you.

Sincerely yours,

Kathleen E. Negri Stathopoulos, Esq.
Kathleen E. Negri Stathopoulos, Esq.



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:

1a. Delivered by:

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:

Applicant/Licensee Information:

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

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

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: (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: 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: Ground Floor and Basement

17. List the room number(s) the establishment is located in within the building, if appropriate: N/A

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:

<u>N/A</u>	
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: 1814 2nd Avenue Realty LLC

23. Building Owner's Street Address: 1814 2nd Avenue

24. City, Town or Village: New York State: New York Zip Code: 10128

25. Business Telephone Number of Building Owner: 718-626-5900

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: Kathleen E. Negri Sathopoulos, Esq.

27. Representative/Attorney's Street Address: 250 Ashland Place, Ste 18F

28. City, Town or Village: Brooklyn State: New York Zip Code: 11217

29. Business Telephone Number of Representative/Attorney: 718-285-5675

30. Business E-mail Address of Representative/Attorney: negriesq@aol.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: Dimitrios Levantis Title: President

Principal Signature: 