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

February 10, 2025

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

**RE: The Glow Group Corporation, dba The Sanctuary, 851 Main Street (Between W Road and Main Street) - 30 Day Waiver for a Renewal Application for Liquor, Wine, Beer, and Cider**

Dear Deputy Commissioner Benedetto,

Please be advised that Community Board 8 Manhattan received notice on February 6, 2025 for the above-referenced establishment's Renewal application of a Liquor, 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 March 4, 2025 Street Life Committee meeting so the public has the opportunity to comment on the application. If the applicant fails to appear at the March 4, 2025 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

February 7th, 2025

The Glow Group Corporation, The Sanctuary  
851 Main St, New York NY 10044

**Subject: Request for a waiver of the 30 Day Advance Notice**

Dear Manhattan Community Board 8,

My name is Gene Sky, and I am the President of The Glow Group Corporation, and The Sanctuary. We hold two liquor licenses – a restaurant, and an add bar – which expire on 02/28/2025.

**We are kindly requesting a waiver of the 30 Day Advance Notice.**

**Reason for the Waiver Request:**

Unbeknownst to us – and we are sure to many other businesses – the NY SLA has changed the renewal process for their liquor license holders. Previously they would mail out a Renewal Advisory, which once received, businesses would then use to start the renewal process. In 2025, they have shifted to everything being online, with no notification provided. This is despite the following language still being present as of writing this letter, on their official website, where they state “The SLA will continue mailing renewal advisories.”

Business owners may now access their Renewal Advisory online. To apply for a renewal, use the link below to access and find your Renewal Advisory Letter.

RENEWAL ADVISORY LETTERS ONLINE

The SLA will continue mailing renewal advisories to the premises address on file. Please communicate with your attorney/representative to ensure you do not submit multiple renewal applications and checks. While you are entitled to a refund if you submit multiple payments, refunds must be processed and are not immediate.

As with our previous renewal, we were waiting to receive the Renewal Advisory. We found out about the updated policies yesterday, February 6th, when we called the SLA to inquire about the Renewal Advisory status. The very same day we mailed the physical 30 Day Advance Notice to your organization. A scan of the document is further attached in this letter.

**We understand that this will be a one-time waiver.** Of course, given the above change in SLA policy if the need arises, we appreciate it if we keep the door open for future requests to MCB 8.

**We confirm that a representative will attend the March 4th, 2025 at 6:30PM via Zoom.**

**We would greatly appreciate it if we can be considered and receive the letter today so that we may mail our renewal application.**

Continuity of service is extremely important to our team and our clients and the community.

Thank you.  
Gene Sky





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: 2/6/2025 1a. Delivered by: Certified Mail Return Receipt Requested

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: (counties of Kings, New York, Bronx, Queens and Richmond):

☐ 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 License ID (if applicable): 1329427 add bar 1329953 Expiration Date (if applicable): 02/28/2025

5. Applicant or Licensee Name: The Glow Group Corporation

6. Trade Name (if any): The Sanctuary

7. Street Address of Establishment: 851 Main St

8. City, Town or Village: (Roosevelt Island) NY, NY Zip Code: 10044

9. Business Telephone Number of applicant/ Licensee: 917-733-0131

10. Business E-mail of Applicant/Licensee: gene@theglow.group

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: Restaurant (full kitchen and full menu required)

☐ 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.): Various, event based

☒ 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 + (First floor)
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 ID number of the licensee:
- |            |                   |
|------------|-------------------|
| <u>n/a</u> | <u>n/a</u>        |
| Name       | License ID 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: Hudson Related Retail LLC
23. Building Owner's Street Address: 826 Broadway, 11th Floor
24. City, Town or Village: New York State: NY Zip Code: 10003
25. Business Telephone Number of Building Owner: 212-353-8223

**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: n/a
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: Gene Sky Title: CEO, Principal on SLA License

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

2/6/25