



**Pesetsky & Bookman, PC**

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March 21, 2025

**Via FedEx/RRR**

Manhattan Community Board No. 8  
505 Park Avenue, Suite 620  
New York, NY 10022

Re: **Great Performances/Artists as Waitresses, Inc.**  
**d/b/a City Parks Foundation SummerStage in Central Park**  
**50 72<sup>nd</sup> Street – (Central Park SummerStage Rumsey Playfield)**  
**New York, NY 10023**

Dear Sir/Madam:

Please allow this correspondence and enclosure to serve as notification of the above referenced licensee's intent to apply to the State Liquor Authority for an alteration application. The only change is the addition of three additional customer bars throughout the premises.

Please refer to the attached diagram. There will be no changes to the method of operation.

Thank you for your attention to this matter. Please do not hesitate to contact the undersigned should you have any questions.

Very truly yours,

PESETSKY & BOOKMAN, P.C.

A handwritten signature in black ink, appearing to be 'M Bookman', written over a horizontal line.

By: Max Bookman, 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: March 21, 2025 1a. Delivered by: Overnight Mail, Tracking Number and Pro

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): 1336361 Expiration Date (if applicable): 10/31/2025

5. Applicant or Licensee Name: Great Performances/Artists as Waitresses, Inc.

6. Trade Name (if any): City Parks Foundation SummerStage in Central Park

7. Street Address of Establishment: 50 72nd Street (Central Park Summerstage Rumsey Playfield)

8. City, Town or Village: New York, NY Zip Code: 10023

9. Business Telephone Number of applicant/ Licensee: 212-337-6092

10. Business E-mail of Applicant/Licensee: mindy.birnbaum@greatperformances.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: Summer Tavern Wine

☒ 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.): concerts

☐ 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:
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"/> | <input type="text"/> |
| 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.

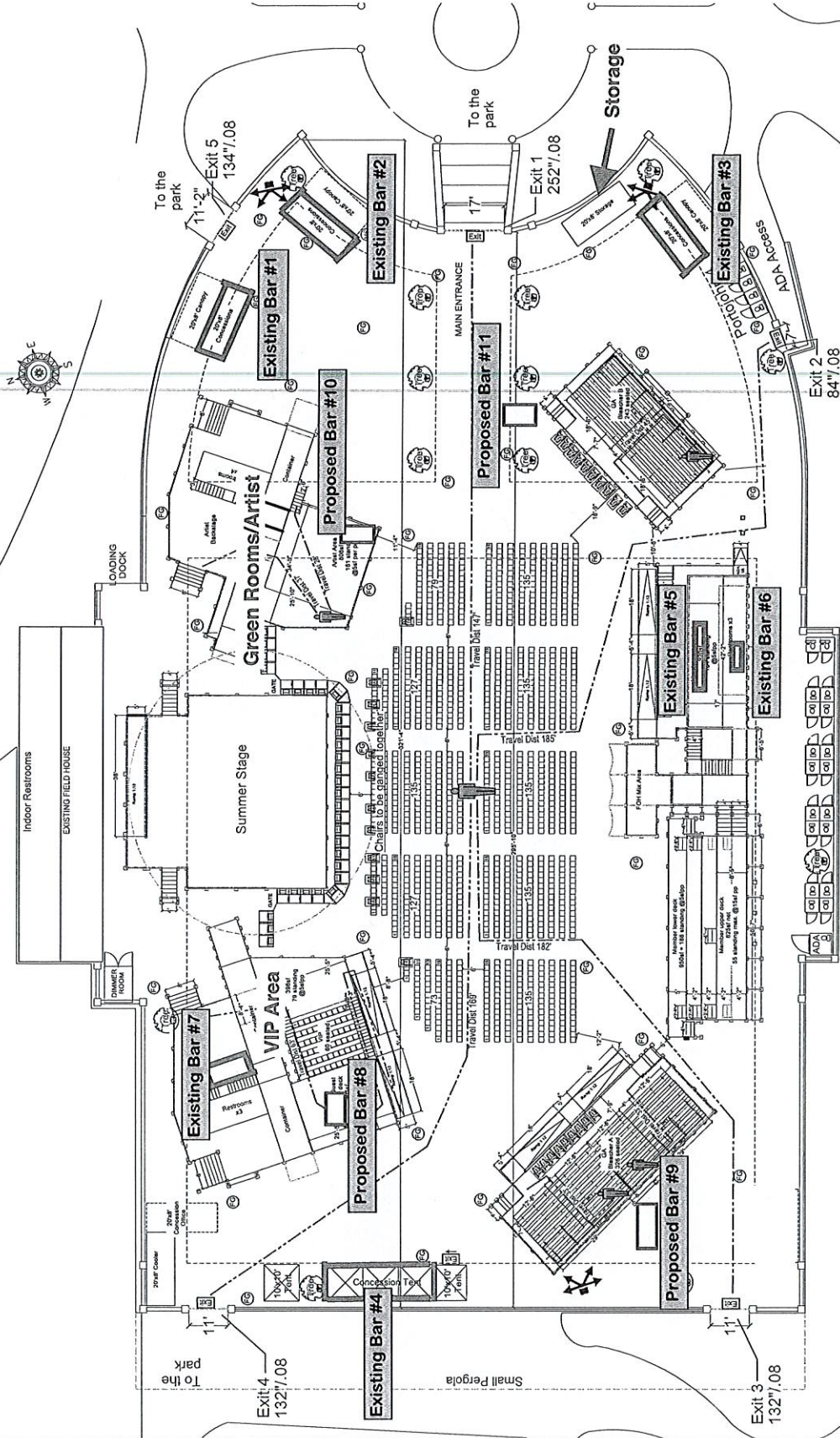
31. Printed Principal Name:  Title:

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



# PROPOSED LAYOUT

- LEGEND**
- Fire extinguisher - 10lbs abc
  - Identification sign above each Fire Extinguisher.
  - Place at between 5' and 6' AFF.
  - Fire Guard
  - Travel Distance
  - Barricade - Bike rack
  - Stage barricade - non tip
  - Capacity sign
  - Exit sign
  - Lighting Towers
  - "No Smoking" sign
  - ADA Wheelchair Accessible



DOB Application #M00724354-11  
APPROVED SEAL

SEAL & SIGNATURE



**A. Formichella Architect PLLC**  
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DRAWN BY:	gld
CHECKED BY:	af
DATE:	3/15/2022
FILE:	1436-2022
SCALE:	NTS
TOTAL SET:	8 OF 6

**Typical Seated Layout**  
TPA\_106.00

SHEETNAME:  
SHEET NO:

**PROJECT:**  
SummerStage Concert Series  
Rumsey Playfield, 65-02 Central Park  
New York, NY 10021

**CLIENT:**  
SummerStage  
830 Fifth Avenue  
New York, NY 10065

CLIENT: