

08/20/2024

Standardized NOTICE FORM for Providing Notice to a Local Municipality for Adding or Removing Contiguous and/or Non-Contiguous Municipal Space

Page 4 of 4

Print Form

| 1. Date Notice Was Sent: | 4/15/2025 | 1a. Delivered by: | CERTIFIED M | AIL |
|---|--|--|--|---|
| 2. This form must be submitted to the cierk or Local Municipality when filing for a Sunday On-Premises Sales Permit | | | | |
| This No | tice is Being Provided to | the Clerk of the follo | wing Local Muni | cipality |
| 3. Name of Municipality: | COMMUNITY BO | ARD 8 | | |
| Licensee Information | | | | |
| 4. License Serial Number: | 1335573 | | 5. Permit Date(s | : 6/30/2025 |
| 6. License name: | PAOLA'S RESTAURA | ANT GROUP LLC | · · · · · · · · · · · · · · · · · · · | |
| 7. Trade Name (if any): | PAOLA'S | | | |
| 8. Street Address of Establishment: 1361 LEXINGTON AVE | | | | |
| 9. City, Town or Village: | IEW YORK | | | NY Zip Code: 10128 |
| 10. Business Telephone Number of Applicant/Licensee: 917-612-6767 | | | | |
| 11. Business E-mail of Applicant/Licensee: DANIELMARRACINO@ME.COM | | | | |
| 12. Describe municipal spa | ce to be added: ROAE | WAY SEATING | | RECEIVED |
| 12a. What date did you apply for a municipal permit? APR 19 2025 | | | | |
| 12a. What date are you app | y tot a manicipal permit | | | '" |
| * ** | esentative or Attorney re | | ee | |
| * ** | esentative or Attorney re | | ee | |
| Repre | esentative or Attorney re | epresenting the licens AEL KELLY | ee | BY COMMUNITY BOARD 8 |
| Representative/Attorne 14. Street Address: | esentative or Attorney recey's Full Name: MICH/ | epresenting the licens AEL KELLY | | BY COMMUNITY BOARD 8 |
| Representative/Attorne | ey's Full Name: MICH/ | PPRESENTING THE LICENS AEL KELLY PAD | State: NY | |
| Representative/Attorne 14. Street Address: | esentative or Attorney reservis Full Name: MICH/ | AEL KELLY AD | State: NY | BY COMMUNITY BOARD 8 |
| Representative/Attorner 14. Street Address: 15. City, Town or Village: | esentative or Attorney reservis Full Name: MICH/ 136 WAVERLY RO SCARSDALE Imber of Representative/A | APPRESENTING THE licens APPL KELLY APPL APPL APPL APPL APPL APPL APPL APPL | State: NY | BY COMMUNITY BOARD 8 |
| Representative/Attorner 14. Street Address: 15. City, Town or Village: 16. Business Telephone Nuclean Street Address I am the licensee that is a answers therein; that the sto make the statements are | esentative or Attorney reservis Fuli Name: MICH/ 136 WAVERLY RO SCARSDALE Imber of Representative/A EXELLYMLK136@ EXEMPTION TO THE PERMIT AND THE PROPERTY OF THE PERMIT AND THE PERM | AEL KELLY ACTION STATES AND STAT | State: NY 6036 The contents of the authorized, by ordensee with the satiswers itself. | BY COMMUNITY BOARD 8 |
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| Representative/Attorner 14. Street Address: 15. City, Town or Village: 16. Business Telephone Nucl. 17. Business Email Address I am the licensee that is a answers therein; that the stornake the statements are By my sign | sentative or Attorney reserving Full Name: MICH/ 136 WAVERLY RO SCARSDALE Imber of Representative/A EXECUTE: KELLYMLK136@ Implying for the permit and the are true to my knowled answers in this application of the permit and the area are true to my knowled answers in this application of the permit and the area are true to my knowled answers in this application of the permit and the area are true to my knowledge. | AEL KELLY ACTION STATES AND STAT | State: NY 5036 The contents of the sattherized, by ordinates with the sattherized with the sattherized swers itself. The representation is the sattherized sattherized with the sattherized swers itself. | Zip Code: 10583 above application and the statements and ler of the Board of Directors of said licenseeme force and effect as if said licensee made in this form are true. |
| Representative/Attorner 14. Street Address: 15. City, Town or Village: 16. Business Telephone Nucleon 17. Business Email Address I am the licensee that is a answers therein; that the stomake the statements are By my sign 18. Printed Name: MICH Signature: X The above capt | ey's Fuli Name: MICH/ 136 WAVERLY RO SCARSDALE Imber of Representative/A EXELLYMLK136@ Implying for the permit and answers in this applicate structure, I affirm - under Permit AEL KELL | AEL KELLY AAD Attorney: 914-632-6 AGMAIL.COM d i certify that I know the ledge; that I have been tion on behalf of said licuch statements and answalty of Perjury - that the ledge is applying for an applying for applying for applying for applying for an applying for | State: NY 6036 The contents of the authorized, by ordinates with the sawers itself, he representation: Title REP | Zip Code: 10583 above application and the statements and ler of the Board of Directors of said licenseeme force and effect as if said licensee made in this form are true. |