



**Liquor
Authority**

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

1. Date Notice Was Sent: 5/7/2025 1a. Delivered by: CERTIFIED MAIL / RETURN RECEIPT REQUESTED
2. This form must be submitted to the clerk or Local Municipality when filing to alter contiguous and/or non-contiguous municipal space

This Notice is Being Provided to the Clerk of the following Local Municipality

3. Name of Municipality: COMMUNITY BOARD # 8

Licensee Information

4. License ID Number: 0340-22-104104 EXP 11/30/2026
6. License name: 1679 3RD AVENUE RESTAURANT CORP
7. Trade Name (if any): THE DISTRICT
8. Street Address of Establishment: 1679 3RD AVE
9. City, Town or Village: NEW YORK, NY Zip Code: 10128
10. Business Telephone Number of Applicant/Licensee: (212) 289-2005
11. Business E-mail of Applicant/Licensee: john@mackeyinsurance.com
12. Describe municipal space to be added: ROADWAY AND SIDEWALK
- 12a. What date did you apply for a municipal permit? 7/30/24

RECEIVED

MAY 13 2025

BY COMMUNITY BOARD 8

Representative or Attorney representing the licensee

13. Representative/Attorney's Full Name: MICHAEL KELLY
14. Street Address: 136 WAVERLY RD
15. City, Town or Village: SCARSDALE State: NY Zip Code: 10583
16. Business Telephone Number of Representative/Attorney: (914) 740-3580
17. Business Email Address: KELLYMLK136@GMAIL.COM

I am the licensee that is applying for the permit and I certify that I know the contents of the above application and the statements and answers therein; that the same are true to my knowledge; that I have been authorized, by order of the Board of Directors of said licensee to make the statements and answers in this application on behalf of said licensee with the same force and effect as if said licensee made such statements and answers itself.

By my signature, I affirm - under ~~Penalty~~ **Penalty of Perjury** - that the representations made in this form are true.

18. Printed Name: MICHAEL KELLY Title: AUTHORIZED REPRESENTATIVE
- Signature: X [Signature]

The above captioned on-premises licensee is applying for an alteration to their existing license with the State Liquor Authority to sell alcoholic beverages on municipal space.

**Please forward any concerns regarding the issuance of the alteration to the attention of
The New York State Liquor Authority by e-mail community@sla.ny.gov**