

## Pesetsky & Bookman, PC

Attorneys at Law

325 Broadway, Suite 501 New York, NY 10007

(212) 513-1988 | www.PB.law

Max Bookman | Partner | max@pb.law

June 12, 2025

### Via FedEx Express

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

Re:

Emmetts Uptown LLC d/b/a Emmetts / Emmetts Uptown 1450 2nd Avenue New York, NY 10021



#### Dear Sir/Madam:

Please allow this correspondence and enclosure to serve as a re-notification of the above-referenced licensee's intent to apply to the State Liquor Authority for an on-premises liquor license and temporary permit at the above referenced premises.

The original 30-Day Notice was mailed to you on Wednesday, June 11, 2025 via FedEx Express. This notice seeks to correct the spelling of the DBA and to indicate that this is an application for a transfer. There will be no other changes being made to this application.

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.

By: Max Bookman, Esq.

rev-01	1281	20



	*A M E N D I	E D*
	OFFICE	USE ONLY
Original	Amended	Date

49

# Standardized <u>NOTICE FORM</u> for Providing <u>30-Day Advance</u> <u>Notice</u> to a <u>Local Municipality or Community Board</u>

1. Date Notice Sent: 6/12/2025 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):
O New Application O New Application and Temporary Retail Permit O Temporary Retail Permit Removal
O Class Change O Method of Operation O Corporate Change O Renewal O 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 20 Day Advance Notice is Being Provided to the Clark of the Following Local Municipality or Community Popular
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 No. 8
Applicant/Licensee Information:
4. Licensee License ID (if applicable): Expiration Date (if applicable):
5. Applicant or Licensee Name: Emmetts Uptown LLC
6. Trade Name (if any): Emmetts / Emmetts Uptown
7. Street Address of Establishment: 1450 2nd Avenue
8. City, Town or Village: New York , NY Zip Code: 10021
9. Business Telephone Number of applicant/ Licensee: (847) 800-7321
10. Business E-mail of Applicant/Licensee: emmett@emmettsnyc.com
11. Type(s) of alcohol sold or to be sold:
12. Extent of Food Service: O Full Food menu; full kitchen run by a chef/cook O 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.):
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):

Date:

6. List the floor(s) of the building that the establishment is located on:  Ground Floor and Basement 7. List the room number(s) the establishment is located in within the building, if appropriate:  8. Is the premises located within 500 feet of three or more on-premises liquor establishments?  9 Yes No		Original (	OFFICE USE  Amended C	ONLY  Oate			
. Ust the room number(s) the establishment is located in within the building, if appropriate:  List the premises located within 500 feet of three or more on-premises liquor establishments?	W 17		<del></del>				
Is the premises located within 500 feet of three or more on-premises liquor establishments?  Will the license holder or a manager be physically present within the establishment during all hours of operation?  Yes No	i. List the floor(s) of the building tha	t the establishment	is located on: Ground	Floor and Base	ment		7.
Will the license holder or a manager be physically present within the establishment during all hours of operation?	. List the room number(s) the estab	lishment is located in	n within the building, if	appropriate:	# .	31	
Will the license holder or a manager be physically present within the establishment during all hours of operation?	Is the premises located within 500	feet of three or mor	e on-premises liquor es	tahlishments?	Q Yes Q No.	(1)	
If this is a transfer application (an existing licensed business is being purchased) provide the name and ID number of the licensee:    Billmoro Garage Restaurant Assoc LLC					5		
Billtmore Garage Restaurant Assoc LLC Name  License ib Number  Does the applicant or licensee own the building in which the establishment is located?  Owner of the Building in Which the Licensed Establishment is Located  Building Owner's Full Name:  [1450 Second Avenue LLC  Building Owner's Street Address:  [1486 St. Peters Avenue  City, Town or Village:  Bronx  State:  [NY  Zip Code:  [10461]  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  Representative/Attorney's Full Name:  [Max Bookman, Esq Pesetsky and Bookman, P.C.  Representative/Attorney's Street Address:  [225 Broadway - Suite 501  City, Town or Village:  New York  State:  [NY  Zip Code:  [10007]  July Code:							•
Does the applicant or licensee own the building in which the establishment is located?  Owner of the Building in Which the Licensed Establishment is Located  Building Owner's Full Name:  [1450 Second Avenue LLC  Building Owner's Street Address:  [1466 St. Peters Avenue  City, Town or Village:  Bronx  State: NY  [718] 828-1111  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  Representative/Attorney's Full Name:  [Max Bookman, Esq Pesetsky and Bookman, P.C.  Representative/Attorney's Street Address:  [New York  State: NY  Zip Code: 100007  Business Telephone Number of Representative/Attorney:  [212] 513-1988  Business Telephone Number of Representative/Attorney:  [212] 513-1988  Business E-mail Address of Representative/Attorney:  [212] 513-1988  Business E-mail Address of Representative/Attorney:  [212] 513-1988  Business Lephone Number of Representative/Attorney:  [213] 513-1988  Business Lephone Number of Representative/Attorney:  [214] 513-1988  Business Lephone Number of Representative/Attorney:  [215] 513-1988  Business Lephone Number of Representative/Attorney:  [216] 513-1988  Business Lephone Number of Representative/Attorney:  [217] 513-1988  Business Lephone Number of Representative/Attorney:  [218] 513-1988  Business Lephone Number of Representative/Attorney:  [218] 513-1988  Business Lephone Number of Representative/Attorney:  [219] 513-1988  Business Lephone Number of Representative/Attorney:  [219] 513-1988  Business Lephone Number of Representative/Attorney:  [219]	F		iness is being purchased		e and ID number of th	ne licensee:	
Owner of the Building in Which the Licensed Establishment is Located  Building Owner's Full Name:   [1450 Second Avenue LLC  Building Owner's Street Address:  [1466 St. Peters Avenue  City, Town or Village:    Bronx	Biltimore Garage Restaurant		2	1285953	License ID Nu	mber	
Building Owner's Full Name: 1450 Second Avenue LLC  Building Owner's Street Address: 1466 St. Peters Avenue  City, Town or Village: Bronx State: NY Zip Code: 10461  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  Representative/Attorney's Full Name: Max Bookman, Esq Pesetsky and Bookman, P.C.  Representative/Attorney's Street Address: 325 Broadway - Suite 501  City, Town or Village: New York State: NY Zip Code: 10007  Business Telephone Number of Representative/Attorney: (212) 513-1988  Business E-mail Address of Representative/Attorney: max@pb.law; sorraya@pb.law  Lam 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 authorizing with representations made in his form will also be relied upon by the Authority when granting the license. I inderchand that representations made in this form are true.  By my signature, I affirm - under Penalty of Penjusy - that the representations made in this form are true.  Printed Principal Name: Land Control of Penjusy - that the representations made in this form are true.	Does the applicant or licensee own	n the building in whic	ch the establishment is l	located? OYe	es (if YES, SKIP 23-26)	<b>⊚</b> No	
Building Owner's Full Name: 1450 Second Avenue LLC  Building Owner's Street Address: 1466 St. Peters Avenue  City, Town or Village: Bronx State: NY Zip Code: 10461  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  Representative/Attorney's Full Name: Max Bookman, Esq Pesetsky and Bookman, P.C.  Representative/Attorney's Street Address: 325 Broadway - Suite 501  City, Town or Village: New York State: NY Zip Code: 10007  Business Telephone Number of Representative/Attorney: (212) 513-1988  Business E-mail Address of Representative/Attorney: max@pb.law; sorraya@pb.law  Lam 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 authorizing with representations made in his form will also be relied upon by the Authority when granting the license. I inderchand that representations made in this form are true.  By my signature, I affirm - under Penalty of Penjusy - that the representations made in this form are true.  Printed Principal Name: Land Control of Penjusy - that the representations made in this form are true.							
Building Owner's Full Name: 1450 Second Avenue LLC  Building Owner's Street Address: 1466 St. Peters Avenue  City, Town or Village: Bronx State: NY Zip Code: 10461  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  Representative/Attorney's Full Name: Max Bookman, Esq Pesetsky and Bookman, P.C.  Representative/Attorney's Street Address: 325 Broadway - Suite 501  City, Town or Village: New York State: NY Zip Code: 10007  Business Telephone Number of Representative/Attorney: (212) 513-1988  Business E-mail Address of Representative/Attorney: max@pb.law; sorraya@pb.law  Lam 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 authorizing with representations made in his form will also be relied upon by the Authority when granting the license. I inderchand that representations made in this form are true.  By my signature, I affirm - under Penalty of Penjusy - that the representations made in this form are true.  Printed Principal Name: Land Control of Penjusy - that the representations made in this form are true.		Owner of the Buil	iding in Which the Lid	censed Establish	ment is Located		
Building Owner's Street Address: 1466 St. Peters Avenue  City, Town or Village: Bronx State: NY Zip Code: 10461  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 Representative/Attorney's Full Name: Max Bookman, Esq Pesetsky and Bookman, P.C.  Representative/Attorney's Street Address: 325 Broadway - Suite 501  City, Town or Village: New York Street Address: 425 Broadway - Suite 501  City, Town or Village: New York State: NY Zip Code: 10007  Business Telephone Number of Representative/Attorney: (212) 513-1988  Business Telephone Number of Representative/Attorney: max@pb.law; sorraya@pb.law  Fam the applicant or licensee holder or a principal of the legal entity that holds or is applying for the licensee. Representations in this form are in quantomity, with representations made in this form will also be relied upon, and that faite representations may result in disapproved of the application or revocation of the licensee. By my signature, I affirm - under Penalty of Perjusy - that the representations made in this form are true.  Printed Principal Name: A Line: Title: A Line:	Podlitica Constantina				Interior In Location	ii	*
City, Town or Village: Bronx   State: NY   Zip Code: 10461    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    Representative/Attorney's Full Name:   Max Bookman, Esq Pesetsky and Bookman, P.C.    Representative/Attorney's Street Address:   325 Broadway - Suite 501    City, Town or Village:   New York   State:   NY   Zip Code: 10007    Business Telephone Number of Representative/Attorney:   (212) 513-1988    Business Telephone Number of Representative/Attorney:   max@pb.law; sorraya@pb.law    Fam The applicant or licensee holder or a principal of this legal entity that holds or is applying for the licensee.   Representations in this form are in participally with representations made in significating documents relied upon by the Austricative Village granting the license in indigentant of the application or revocation of the license.   By my signature, I affirm - under Penalty of Perjusy - that the representations made in this form are true.    Printed Principal Name:   All Address   All Address   All Address   All Address    Business Feliphone Number of Business   All Address   All Address    By my signature, I affirm - under Penalty of Penjusy - that the representations made in this form are true.	Building Owner's Full Name: 14	50 Second Avenue	LLC	-	. W .		
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  Representative/Attorney's Full Name:  Max Bookman, Esq Pesetsky and Bookman, P.C.  Representative/Attorney's Street Address:  325 Broadway - Suite 501  City, Town or Village:  New York  State: NY  Zip Code: 10007  Business Telephone Number of Representative/Attorney:  (212) 513-1988  Business E-mail Address of Representative/Attorney:  max@pb.law; sorraya@pb.law  Iam The applicant or Representative/Attorney:  max@pb.law; sorraya@pb.law  Iam The applicant or Representative/Attorney:  Representations in this form are in quisionably with representations made in this form will also be refered upon, and that false representations made representations made in this form are true.  By my signature, I affirm - under Prenalty of Perjusy - that the representations made in this form are true.	Building Owner's Street Address:	1466 St. Peters /	Avenue		J		
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  Representative/Attorney's Full Name:  Max Bookman, Esq Pesetsky and Bookman, P.C.  Representative/Attorney's Street Address:  325 Broadway - Suite 501  City, Town or Village:  New York  State: NY  Zip Code: 10007  Business Telephone Number of Representative/Attorney:  (212) 513-1988  Business E-mail Address of Representative/Attorney:  max@pb.law; sorraya@pb.law  Igam the applicant or licensee holder or a principal of this legal entity that holds or is applying for this license.  Representations in this forms are in quartorizing with inspression tailors in ade in this form will also be relied upon, and that false representations may result in disapproved of the applications made in this form are true.  E. Printed Principal Name:  Title:  Ti	City, Town or Village: Bronx	38		State: NY		Zip Code: 10461	34
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 Representative/Attorney's Full Name:    Max Bookman, Esq Pesetsky and Bookman, P.C.	Davidson Talankana Stronkan Spe	145-0					
Representative/Attorney's Street Address: 325 Broadway - Suite 501  City, Town or Village: New York State: NY Zip Code: 10007  Business Telephone Number of Representative/Attorney: (212) 513-1988  Business E-mail Address of Representative/Attorney: max@pb.law; sorraya@pb.law  Fain the applicant or Reensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformally with representations made in submitted documents relied upon by the Authority when granting the license. I and extend that representations made in this form will also be relied upon, and that false representations may result in disappressed of the application or revocation of the license.  By my signature, I affirm - under Penalty of Penjusy - that the representations made in this form are true.  Printed Principal Name:	Application	n for a License to	Traffic in Alcohol at t	he Establishmei	nt Identified in this	Notice	
Business Telephone Number of Representative/Attorney: (212) 513-1988  Business E-mail Address of Representative/Attorney: max@pb.law; sorraya@pb.law  Faim the applicant or licensee holder or a principal of the legal entity that holds or is applying for the licensee. Representations in this form are in conformity with representations made in this form will also be relied upon, and that false representations may result in disappressed of the application or revocation of the licensee.  By my signature, I affirm - under Penalty of Penjusy - that the representations made in this form are true.	Representative/Attorney's Full Nar	ne: Max Bookma	an, Esq Pesetsky an	id Bookman, P.C	).	\$1	
Business Telephone Number of Representative/Attorney:    max@pb.law; sorraya@pb.law    laim 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 conformally with representations made in submitted documents relied upon by the Astificity when granting the license. I widerstand that representations made in this form will also be relied upon, and that sales representations may result in disapproved of the application or revocation of the license.   By my signature, I affirm - under Penalty of Perjuny - that the representations made in this form are true.   Printed Principal Name:	Representative/Attorney's Street A	ddress: 325 Broa	adway - Suite 501	2.			
Business E-mail Address of Representative/Attorney:    Itam the applicant or licensee holder or a principal of the legal entity that holds or is applying for the licensee.   Representations in this form are in conformally 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 take representations may result in disappressal of the application or revocation of the licensee.  By my signature, I affirm - under Penalty of Penjusy - that the representations made in this form are true.    Printed Principal Name:	City, Town or Village: New York			State: NY	7, 10	Zip Code: 10007	
Business E-mail Address of Representative/Attorney:    Itam the applicant or licensee holder or a principal of the legal entity that holds or is applying for the licensee.   Representations in this form are in conformally 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 take representations may result in disappressal of the application or revocation of the licensee.  By my signature, I affirm - under Penalty of Penjusy - that the representations made in this form are true.    Printed Principal Name:	Business Telephone Number of Reg	resentative/Attorne	ey: (212) 513-1988	e e			
Frinted Principal Name:  Land Parincipal Name:  Land Land Land Parincipal Name:  Land Land Land Land Land Land Land Land	Rusiness F-mail Address of Renzese	intative/Attorneys		a@nh law			÷0
Representations in this form are in quite may 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 Perjusy - that the representations made in this form are true.  E. Printed Principal Name:  [L. Printed Principal Name: [L. Printed Principal Name: [L. Printed Principal Name] [L. Printed Print	Usiness E-mail Address of Represe	ntative/Attorney.	max@po.iaw, sorray	афромам	= 55		
Representations in this form are in conternally with representations made in submitted documents relied upon by the Additions with the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproved of the application or revocation of the license.  By my signature, I affirm - under Penalty of Perjusy - that the representations made in this form are true.  E. Printed Principal Name:  [E. Printed Principal Name: [E. Printed Principal Name]	The state of			Fig.		11	
Representations in this form are in conformally 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 disapproved of the application or revocation of the license.  By my signature, I affirm - under Penalty of Perjusy - that the representations made in this form are true.  I. Printed Principal Name:  Title:  Title:			the Driege	, 12-		20	5
the Additionary when granting the license. I winderstand that representations made in this form will also be relied upon, and that take representations may result in disapproved of the application or revocation of the license.  By my signature, I affirm - under Penalty of Perjusy - that the representations made in this form are true.  I. Printed Principal Name:    Lack	fain the applicant of	r licensee holder or	a principal of the legal	entity that holds	or is applying for the l	icense.	Ĭ.
Ey my signature, I affirm - under Penalty of Perjusy - that the representations made in this form are true.  1. Printed Principal Name:	the Additionity when a	ranting the license.	minderstand that repre	esentations made	in this form will also	be relied	
E. Printed Principal Name: Fine Et Burke. Title: Outlas!	upon, and that false	representations inc	ay result in disapproval	of the application	or revocation of the	license.	
E. Printed Principal Name: Fine Et Burke. Title: Outlas!	By my signature, I	affirm - vnder Pena	ity of Perjuny - that the	representations	made in this form are	true,	
I The state of the					a. 19	1327	
N	1. Printed Principal Name:	E OFF	Q.AV.	Title;	Dullar!		*
Principal Signature: Knowlet Ruse	L.	- Was I		, <u> </u>	*		
Printing Signature: Know		V	•		37.5		
	Principal Signature:	Vanad	H Ru	ve		6	-



## Pesetsky & Bookman, PC

Attorneys at Law

325 Broadway, Suite 501 New York, NY 10007

(212) 513-1988 | www.PB.law

Max Bookman | Partner | max@pb.law

June 11, 2025

Via FedEx

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

Re:

Emmetts Uptown LLC

d/b/a Emmets / Emmeetts Uptown

1450 2nd Avenue New York, NY 10021 RECEIVED
JUN 15 2025
BY COMMUNITY ST

Dear Sir/Madam:

Please allow this correspondence and enclosure to serve as a notification of the above-referenced licensee's intent to apply to the State Liquor Authority for an on-premises liquor license and temporary permit at the above referenced premises.

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.

By: Max Bookman, Esq.

rev-01/2	28/25



	OFFICE	USE ONLY	
Original	○ Amended	Date	

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## Standardized <u>NOTICE FORM</u> for Providing <u>30-Day Advance</u> <u>Notice</u> to a <u>Local Municipality or Community Board</u>

1. Date Notice Sent:	6/11/2025 Overnight Mail, Tracking Number and Pro
	pplication that will be filed with the Authority for an On-Premises Alcoholic Beverage License:  e the City of New York:
New Application	n 🔘 Removal 👩 Class Change
For premises in the	City of New York: (counties of Kings, New York, Bronx, Queens and Richmond):
O New Application	New Application and Temporary Retail Permit
O Class Change	Method of Operation O Corporate Change ORenewal O Alteration
For Renewal application application application application for Corporate Champer Removal applications Class Change approximation of Operation Method of Operation Application application application for Method of Operation Application application application for Renewal application application application application for Renewal application	corary Retail Permit applicants, answer each question below using all information known to date cents, answer all questions cants, attach a complete written description and diagrams depicting the proposed alteration(s) age applicants, attach a list of the current and proposed corporate principals cents, attach a statement of your current and proposed addresses with the reason(s) for the relocation applicants, attach a statement detailing your current license type and your proposed license type ration Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes documents as noted above. Failure to do so may result in disapproval of the application.
	nce Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:
3. Name of Municipalit	ty or Community Board: Manhattan Community Board No. 8
Applicant/License	
4. Licensee License ID	(if applicable): Expiration Date (if applicable):
5. Applicant or License	e Name: Emmetts Uptown LLC
6. Trade Name (if any)	Emmets / Emmeetts Uptown
7. Street Address of Es	
8. City, Town or Village	
9. Business Telephone	Number of applicant/ Licensee: (847) 800-7321
10. Business E-mail of A	pplicant/Licensee: emmett@emmettsnyc.com
11. Type(s) of alcohol so	
12. Extent of Food Serv	ice: O Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area requirec
13. Type of Establishme	
	Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
14. Method of Operatio	O: Ulivo Musio (sino detaile i e real/handa accustia iore aba).
(check all that apply	Patron Dancing
	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
	Other (specify):
15. Licensed Outdoor A (check all that ap	Though the ratio of peck the prooftob the datability dipolities the best and like the first and the standards and the standards are the standards and the standards are the st

	Original	OFFICE US  Amended	E ONLY Date		
5. List the floor(s) of the	building that the establishme	nt is located on: Grour	d Floor and Basement		12
7. List the room number(	s) the establishment is locate	ed in within the building, i	f appropriate:		
B. Is the premises located	l within 500 feet of three or n	nore on-premises liquor (	establishments?	Yes O No	
. Will the license holder	от a manager be physically pr	resent within the establis	hment during all hours o	f oneration?	Yes   No
	ication (an existing licensed b				*
		damess is being purchase	brovide the name and	number of th	e licensee:
<b>.</b>	Name			License ID Nur	nber
. Does the applicant or l	icensee own the building in w	hich the establishment i	s located?	(ES, SKIP 23-26)	<b>②</b> No
	Owner of the B	Building in Which the L	icensed Establishmen	t is Located	
Building Owner's Full N	ame: 1450 Second Aven	ue LLC			
Building Owner's Stree	t Address: 1466 St. Peter	rs Avenue			
City, Town or Village:	Bronx	<del></del>	State: NY		Zip Code: 10461
Business Telephone Nu	mber of Building Owner: (7	718) 828-1111	-		, , , , , , , , , , , , , , , , , , ,
Representative/Attorne		man, Esq Pesetsky a	nd Bookman, P.C.		8
City, Town or Village:	<del></del>		State: NY	::	7. 0. 1. 40007
	mber of Representative/Attor				Zip Code: 10007
	,	\(\frac{1}{2}\)	n., 24 E		X) ///
Business E-mail Address	of Representative/Attorney:	max@pb.law; sorra	ya@pb.law	<del></del>	
		* * * * * * * * * * * * * * * * * * * *			(A 40 C) - C 40 C 40 C 40 C 40 C
		**	. Y		
Represe the Au	the applicant or licensee holentations in this form are in e thority when granting the lic , and that false representation	umformity with represences. I understand that	ntations made in submit representations made i	ted documents r in this form will a	elied upon by Iso be relied
Ву	my signature, I affirm - under	r Penalty of Perjuny - the	At the representations m	nade in this form	are true.
		4		=>	· **
31. Printed Principal	Name: France	Bucke	Title;	DULINE!	(4)
		<u> </u>	Şa	<u> </u>	
Printipal Signatu	re:	world -	Kurc		
Date:		107412	921		