OFFICE USE ONLY					
Original	Amended	Date	6.		



i n 3 2025

Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

HY COMMUNITY BOARD 8

1. Date Notice Sent: 6725 1a. Delive	Certified Mail Return Receipt Requested
2. Select the type of Application that will be filed with the Authority for an On-Pa For premises outside the City of New York:	remises Alcoholic Beverage License:
O New Application O Removal O Class Change	
For premises in the City of New York:	e many or a
O New Application C New Application and Temporary Retail Permit O	Temporary Retail Permit Removal
	Renewal O Alteration
For New and Temporary Retail Permit applicants, answer each question below For Renewal applicants, answer all questions For Alteration applicants, attach a complete written description and diagram For Corporate Change applicants, attach a list of the current and proposed action for Removal applicants, attach a statement of your current and proposed ad For Class Change applicants, attach a statement detailing your current license For Method of Operation Change applicants, although not required, if you change include all descriptions are restained by the contract of the	s depicting the proposed alteration(s) proporate principals dresses with the reason(s) for the relocation e type and your proposed license type noose to submit, attach an explanation detailing those changes
Please include all documents as noted above. Failure to do so may i	
This 30-Day Advance Notice is Being Provided to the Clerk of the Fol	lowing Local Municipality or Community Board:
3. Name of Municipality or Community Board: CB-8	2 4000 4000 15 92 300 0000
Applicant/Licensee Information:	Program Vocas de la Programa
4. Licensee Serial Number (if applicable): 1335573	Expiration Date (if applicable): 6 30 25
5. Applicant or Licensee Name: Paola'S Restaulant	Group UC
6. Trade Name (If any): Paola's	
7. Street Address of Establishment: 1361 Lexington Au	9
8 City Town or Village	ACCURATION OF THE PROPERTY OF
	, NY Zlp Code: 10128
10. Business E-mail of Applicant/Licensee: Daniel Marraci	no@ we.Com
11. Type(s) of alcohol sold or to be sold: O Beer & cider O Wine, Be	eer & Cider Liquor, Wine, Beer & Cider
12. Extent of Food Service: 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:	
Seasonal Establishment Juke Box 🔲	Disc Jockey Recorded Music
14. Method of Operation: (check all that apply)	
D Batron Carrier D	
☐ Video/Arcade Games ☐ Third Party Promote	
Other (specify):	
15. Licensed Outdoor Area: None Patio or Deck Rooftop (check all that apply) Sidewalk Cafe Other (specify):	Garden/Grounds Freestanding Covered Structure

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	Original An	nended Date	(*)		49		
16. List the floor(s) of the building th			Bal				
17. List the room number(s) the esta	blishment is located in with	in the building, if app					
18. Is the premises located within 50)O feet of three or more on-	premises liquor estab	ishments? Yes	€ No			
19. Will the license holder or a mana					O No		
20. If this is a transfer application (a	n existing licensed business	is being purchased) p	rovide the name and seria	al number of the license	ę.		
	Name			Serial Number			
21. Does the applicant or licensee o	wn the building in which the	e establishment is loc	ated? Cyes (if YES, Si	KIP 23-26) XXIII			
Owner of the Building in Which the Licensed Establishment is Located							
22. Building Owner's Full Name:	LL 1361 L	exington !	Avenue LL	C			
23. Building Owner's Street Addres	s: Clo LC Lei	mle Real E	STATE GROUP	177 8 37 3	- SUTE 501		
24. City, Town or Village:	<u> </u>		State: Ly	Zip Code	10128		
25. Business Telephone Number of	Building Owner:	(212)257-4	2281		79		
Applic Applic 26. Representative/Attorney's Full	Representative or Attorn ation for a License to Tra	ffic in Alcohol at th	e Applicant in Connect e Establishment Identi	tion with the fied in this Notice	=		
27. Representative/Attorney's Stre	eet Address: 136 WAVE	RLY RD		79			
28. City, Town or Village: SCAF	RSDALE		State: NY	Zip Code	10583		
29. Business Telephone Number o		(914) 740-3580					
30. Business E-mail Address of Rep	-	ELLYMLK136@G		w			
30. Business E-mail Address of Rep	resentative/Accorney.						
Representations the Authority w upon, and tha	cant or licensee holder or in this form are in confor hen granting the license. t false representations m ture, I affirm - under Pena	mity with represent I understand that it ay result in disappr	representations made in submit representations made it oval of the application of the application of the	ted documents relied in this form will also b or revocation of the li	pe relied icense.		
Ry my signat	ure, i amini - unuer Pena	ark or beilmin - ma					
31. Printed Principal Name:	MICHAEL KELLY		Title: AUTHO	RIZED REPRESENT	ATIVE		
Principal Signature:		1		4), (Oremunity bearing		
			8		11 1 7625		