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VIA CERTIFIED MAIL/RRR

June 6, 2025

Manhattan Community Board 8
505 Park Avenue, Ste. 620
New York, New York 10022

Re.: Stratos Bakery Corp. d/b/a Bocado Bakery Cafe
1297 Lexington Avenue New York, N.Y. 10128
SLA Application to Add Municipal Space
Restaurant Wine License 1258022

Dear Community Board 8:

Enclosed please find a Standard Notice Form concerning the aforementioned entity and their application to add outdoor dining to their current license.

If you should have any questions or concerns, please do not hesitate to contact us.
Thank you.

Sincerely yours,

Kathleen E. Negri Stathopoulos, Esq.
Kathleen E. Negri Stathopoulos, Esq.

RECEIVED
JUN 18 2025
BY COMMUNITY BOARD 8



**Liquor
Authority**

**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: 06/04/2025 1a. Delivered by: Certified Mail/RRR

2. This form must be submitted to the clerk or Local Municipality when filing for a Sunday On-Premises Sales Permit

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

3. Name of Municipality: Manhattan CB 8

Licensee Information

4. License ID Number: 0240-23-140296 / Serial No.: 1258022

6. License name: Stratos Bakery Corp.

7. Trade Name (if any): Bocado Bakery Cafe

8. Street Address of Establishment: 1293 Lexington Avenue

9. City, Town or Village: New York, NY Zip Code: 10128

10. Business Telephone Number of Applicant/Licensee: 212-289-9004

11. Business E-mail of Applicant/Licensee: jgiampilis@gmail.com

12. Describe municipal space to be added: 16' 8" Roadway Cafe with 4 tables and 12 seats on East 87th Street off the corner of Lexington Avenue

12a. What date did you apply for a municipal permit? 7/29/24

Representative or Attorney representing the licensee

13. Representative/Attorney's Full Name: Kathleen E. Negri Stathopoulos, Esq.

14. Street Address: 250 Ashland Place, Suite 18F

15. City, Town or Village: Brooklyn State: New York Zip Code: 11217

16. Business Telephone Number of Representative/Attorney: 718-285-5675

17. Business Email Address: negriesq@aol.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 of Perjury** - that the representations made in this form are true.

18. Printed Name: Ioannia Giampilis Title: Vice-President

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