

| OFFICE USE ONLY | | |
|--------------------------------|-------------------------------|------------|
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

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

1. Date Notice Sent: 08/04/2025 1a. Delivered by: Certified Mail Return Receipt Requested

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:

☐ New Application ☐ New Application and Temporary Retail Permit ☐ Renewal ☒ Alteration ☐ Removal

☐ Class Change ☐ Method of Operation ☐ Corporate Change

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 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: COMMUNITY BOARD 8

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): _____ Expiration Date (if applicable): _____

5. Applicant or Licensee Name: EAT IS OWNED BY ELI ZABAR INC

6. Trade Name (if any): _____

7. Street Address of Establishment: 1064 MADISON AVENUE

8. City, Town or Village: NEW YORK, NY Zip Code: 10028

9. Business Telephone Number of applicant/ Licensee: (212)772-0022

10. Business E-mail of Applicant/Licensee: THEOT@ELIZABAR.COM

11. Type(s) of alcohol sold or to be sold: ☐ Beer & cider ☒ Wine, Beer & Cider ☐ Liquor, Wine, Beer & Cider

12. Extent of Food Service: ☒ Full Food menu; full kitchen run by a chef/cook ☐ 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): _____

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|--------------------------------|-------------------------------|------------|
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

16. List the floor(s) of the building that the establishment is located on: **BASEMENT & FIRST FLOOR**
17. List the room number(s) the establishment is located in within the building, if appropriate: _____
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☒ Yes ☐ No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:
- | | |
|-------|---------------|
| _____ | _____ |
| Name | Serial Number |
21. Does the applicant or licensee own the building in which the establishment is located? ☐ Yes (if YES, SKIP 23-26) ☒ No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: **THE GOLDBERG GROUP**
23. Building Owner's Street Address: **1 NORTH BROADWAY #400**
24. City, Town or Village: **WHITE PLAINS** State: **NEW YORK** Zip Code: **10601**
25. Business Telephone Number of Building Owner: **(914)683-3600**

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

26. Representative/Attorney's Full Name: **MICHAEL KELLY**
27. Representative/Attorney's Street Address: **136 WAVERLY ROAD**
28. City, Town or Village: **SCARSDALE** State: **NEW YORK** Zip Code: **10583**
29. Business Telephone Number of Representative/Attorney: **(914)740-3580**
30. Business E-mail Address of Representative/Attorney: **KELLYMLK136@GMAIL.COM**

I am 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 conformity 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 Perjury** - that the representations made in this form are true.

31. Printed Principal Name: **MICHAEL KELLY** Title: **AUTHORIZED REPRESENTATIVE**

Principal Signature: _____



EAT IS OWNED BY ELI ZABAR INC.
1064 MADISON AVENUE,
NEW YORK, NY 10028
SERIAL #0240-23-141267

08/04/2025

Community Board # 8
505 Park Avenue, Suite 620,
New York, NY 10022

To Whom It May Concern:

Attached is a 30-day notification for an alteration application that will be filed with the State Liquor Authority. The alteration application is being submitted for the licensee to add on the adjacent store front.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to be 'Michael Kelly', written over the word 'Sincerely,'.

Michael Kelly
Authorized Representative
Tel: (914) 740-3580
Email: kellymlk136@gmail.com

9589 0710 5270 2911 8389 60

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only *Earl is Owned*

For delivery information, visit our website at www.usps.com
 New York, NY 10022

OFFICIAL USE

| | |
|--|---------|
| Certified Mail Fee | \$5.30 |
| Extra Services & Fees (check box, add fee as appropriate) | \$4.40 |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$3.00 |
| <input type="checkbox"/> Return Receipt (electronic) | \$0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$0.00 |
| <input type="checkbox"/> Adult Signature Required | \$0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$0.00 |
| Postage | \$0.78 |
| Total Postage and Fees | \$10.48 |

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10
Postmark Here
08/04/2025

Sent To *CB-8*
 Street and Apt. No., or PO Box No.
505 Park Ave Suite 620
 City, State, ZIP+4®
New York, NY 10022

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | |
|---|---|---|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature X <i>JAA</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Joe Kraws</i> C. Date of Delivery <i>8-6-25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | | |
| <p>1. Article Addressed to: <i>CB-8</i> <i>505 Park Avenue Suite 620</i> <i>New York, NY 10022</i></p> <p> 9590 9402 9131 4225 5259 80</p> | <p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table> | <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery | | |
| <p>2. Article Number (Transfer from service label) 9589 0710 5270 2911 8389 60</p> | | | |

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt