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Flynn & Flynn, P.L.L.C.

BY COMMUNITY BOARD 8

ATTORNEYS AT LAW

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MARY P. FLYNN

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Belle Harbor, New York 11694
TEL: 718-945-1000
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August 6, 2025

CERTIFIED MAIL

NO. 9589 0710 5270 2462 6306 86

RETURN RECEIPT REQUESTED

Manhattan Community Board #8
Mr. Bill Brightbill, District Manager
505 Park Avenue Suite 620
New York, NY 10022

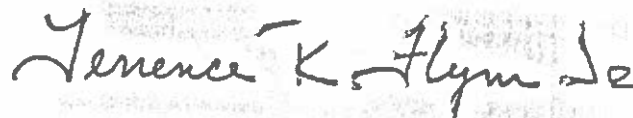
Re: Essex Market Leasing Co-Alteration Application

Dear Mr. Brightbill:

Please be advised that I am the attorney for Essex Market Leasing Co that is applying for an Alteration Application for the premise located at 1652 2nd Avenue, New York, NY 10028 to add the sidewalk cafe to the licensed premise. This notification is given pursuant to Section 64 subdivision 2A of the Alcoholic Beverage Control Law.

If you have any questions, please do not hesitate to call my office. Thank you for your cooperation in this matter.

Very truly yours,



Terrence R. Flynn, Jr

TRF/mh
Enclosure

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: 8/6/25 1a. Delivered by: Certified Mail Return Receipt

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 - Manhattan

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): 0370-24-120647 Expiration Date (if applicable): 7/31/2026

5. Applicant or Licensee Name: Essex Market Leasing Corp

6. Trade Name (if any): Jeremy's

7. Street Address of Establishment: 1652 2nd Avenue

8. City, Town or Village: New York, NY Zip Code: 10028

9. Business Telephone Number of applicant/ Licensee: _____

10. Business E-mail of Applicant/Licensee: Accounting@schallerweber.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: Bar/Tavern

☐ 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.): Recorded + DJ Music

☐ 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): _____

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

16. List the floor(s) of the building that the establishment is located on: Street Level, Rear Courtyard and Cellar (Storage and Kitchen)
17. List the room number(s) the establishment is located in within the building, if appropriate: N/A
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:
- | | |
|-----------|---------------|
| <u>NO</u> | |
| 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: 1652-54 2nd Avenue LLC a subsidiary of Schaller Mfg Corp
23. Building Owner's Street Address: 1652 2nd Avenue
24. City, Town or Village: New York State: New York Zip Code: 10028
25. Business Telephone Number of Building Owner: 718-721-5480

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: Terrence R. Flynn, Jr
27. Representative/Attorney's Street Address: 444 Beach 129th Street, 2nd Floor
28. City, Town or Village: Belle Harbor State: New York Zip Code: 11694
29. Business Telephone Number of Representative/Attorney: 718-945-1000
30. Business E-mail Address of Representative/Attorney: trflynnjr@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: Jeremy Schaller Title: President

Principal Signature: _____

