

## 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:	8/2	2025	1a. C	Delivered by:	CERT	IFIED I	MAIL					
2. This form must be subn	nitted to ti	\ ne clerk or Lo	cal Municipa	ality when fili	ng for a S	unday O	n-Premis	ses Sales Pe	ermit	· · · · · · · · · · · · · · · · · · ·		
This N	Notice is B	eing Provide	ed to the Cl	erk of the fol	lowing L	ocal Mu	nicipalit	у				
3. Name of Municipality:	CON	MUNITY	BOARD 8	3								
			Lice	ensee Inform	ation							
4. License Serial Number:	0340-22-114735					5. Permit Date(s): 5/31/2026						
6. License name:	27 EAST RESTAURANT HOLDINGS							REC	EIVE	D		
7. Trade Name (if any):	FLEMING BY LE BILBOQUET					SEP N 3 2025						
8. Street Address of Estab	Street Address of Establishment: 27 EAST 62ND STREET						BY COMMUNITY BOARD 8					
9. City, Town or Village:	NEW Y	ORK					] <b>,NY</b> :	Zip Code :	10065	5		
10. Business Telephone N	lumber of i	Applicant/Lic	ensee: 917	7-843-6302	2							
11. Business E-mail of Applicant/Licensee: STEPHANIE.A@LEBILBOQUETNY.COM												
12. Describe municipal sp	ace to be	added: SI	DEWALK									
12a. What date did you ap	ply for a m	unicipal peri	mit? 7/30/	2024								
Rep	resentativ	e or Attorne	y represen	ting the licen	see							
13. Representative/Attorr	ney's Full N	ame: MIC	CHAEL KI	ELLY								
14. Street Address:	136 V	VAVERLY	ROAD									
15. City, Town or Village:	SCAF	SDALE			State:	NY		Zip Code :	10583	3		
16. Business Telephone Number of Representative/Attorney: 914-632-6036												
17. Business Email Address	ss: KEL	LYMLK13	6@GMAI	IL.COM			· · · · ·					
i am the licensee that is answers therein; that the to make the statements a By my sig	same are and answe	true to my kn rs in this app	nowledge; the lication on b such state	nat I have bee	n authori licensee v nswers it:	zed, by o with the : self.	order of t same for	he Board o ce and effe	f Direct ect as if s	ors of said licens said licensee ma		
18. Printed Name: MICH	HAEL K	ELLY			Tit	le RE	PRESE	ENTATIV	E			
Signature: X		W)	\									
The above cap Liquor Author						on to th	eir exist	ing license	e with t	he State		
Please forward The New York		The second secon	_				ettentio	n of				
08/20/2024	seace ride	M MUUIUIT	y wy chilalii	community@	raidity.g	<b></b>		Page 4	of 4	Print Form		