

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:	08/29/2025		1a. Delivered by:	CERTIFIE	D MAIL, RETURN	RECEIPT REQUIRED
2. This form must be sub	mitted to the clerk	or Local Mu	unicipality when fili	ng to alter c	ontiguous and/or n	on-contiguous municipal space
т	his Notice is Being	Provided 1	to the Clerk of the	following L	ocal Municipality	
3. Name of Municipality:	COMMUNITY BO	DARD 8				
			Licensee Inform	ation		
4. License ID Number:	0340-22-103228					
6. License name:	82ND STREET CAFE INC SEr 1 3 2025					
7. Trade Name (if any):						
8. Street Address of Estab	olishment: 1453	3RD AVEN	NUE		BY COMMUNITY BO	ARD 8
9. City, Town or Village:	NEW YORK				,NY Zip Co	ode : 10028
10. Business Telephone N	Number of Applica	nt/Licensee:	(212) 988-9434			
11. Business E-mail of Ap	plicant/Licensee:	BLAKE_[DILLON@HOTMA	IL.COM		
12. Describe municipal sp	pace to be added:	SIDEWA	LK CAFE		70	
12a. What date did you a	pply for a municipa	l permit?	7/26/24			
Rep	presentative or At	torney repi	resenting the licer	see		
13. Representative/Attor	ney's Full Name:	MICHAEI	L KELLY			
14. Street Address: 136	WAVERLY ROA)				
15. City, Town or Village:	SCARSDALE			State: NY	Zip Co	ode: 10583
16. Business Telephone I	Number of Represe	ntative/Atto	orney: 914-632-6	036		
17. Business Email Addre	ess : KELLYMLK	136@GMA	AIL.COM			
answers therein; that the to make the statements	e same are true to a and answers in thi	my knowled s application sucl	dge; that I have bee	n authorized licensee with nswers itself	d, by order of the Bo h the same force an	cation and the statements and lard of Directors of said licensed d effect as if said licensee made is form are true.
18. Printed Name: MICH	IAEL KELLY			Title	AUTHORIZED R	EPRESENTATIVE
Signature: X	1/			<u>.</u>]
Liquor Author	rity to sell alcohol	ic beve rage	es on municipal sp	ace.		cense with the State
			e issuance of the a -mail community@		the attention of	

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