

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:	08/23/2025	1a. Delivered by	CERTIFIE	D MAIL, RETURN RECEIPT R	EQUIRED
2. This form must be sub	mitted to the clerk	or Local Municipality when f	iling to alter co	ontiguous and/or non-contiguou	s municipal space
TI	nis Notice is Being	Provided to the Clerk of th	e following L	ocal Municipality	
3. Name of Municipality:	COMMUNITY BO	OARD 8			
		Licensee Infor	mation	RECEIVE	D
4. License ID Number:	0524-25-11351			9 - 7 1 3 2025	
6. License name:	GNOCCHI HOUS	SE NEW YORK INC.		BY COMMUNITY BOARD	
7. Trade Name (if any):					
8. Street Address of Establishment: 1431 1ST AVENUE					
9. City, Town or Village:	NEW YORK	25		,NY Zip Code : 10021	
10. Business Telephone Number of Applicant/Licensee: (917)409-0009					
11. Business E-mail of Ap	plicant/Licensee:	ERTON.F@YAHOO.COM	Л		
12. Describe municipal space to be added: SIDEWALK CAFE					
12a. What date did you a	oply for a municipa	I permit? 4/23/25			
Representative or Attorney representing the licensee					
13. Representative/Attor	ney's Full Name:	MICHAEL KELLY			
14. Street Address: 136 WAVERLY ROAD					
15. City, Town or Village:	SCARSDALE		State: NY	Zip Code : 10583	
16. Business Telephone N	Number of Represe	ntative/Attorney: 914-632	-6036		
17. Business Email Address : KELLYMLK136@GMAIL.COM					
answers therein; that the to make the statements	e same are true to n and answers in this	ny knowledge; that I have be application on behalf of sai such statements and	en authorized d licensee with answers itself.	of the above application and the l, by order of the Board of Directo n the same force and effect as if sa ntations made in this form are tru	rs of said licensee aid licensee made
18. Printed Name: MICH		inder remarky or renjury · (f)		AUTHORIZED REPRESENTA	
Signature: X		1,		TO THE RESERVE	
	tioned on-press	es licensee is anniving for	an alteration	to their existing license with th	a State
		c beverages on municipal		o men evisund irrense with th	e state
Diaze foruse	d any concerns to	rarding the iccurree of the	altoration to	the attention of	

The New York State Liquor Authority by e-mail community@sla.ny.gov