

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	1:	a. Delivered by:	CERTIFIED	MAIL, RE	TURN REC	EIPT REQUIRED
2. This form must be sub	mitted to the clerk o	r Local Muni	cipality when filir	g to alter con	tiguous an	d/or non-co	ntiguous municipal space
TI	his Notice is Being	Provided to	the Clerk of the	following Loc	al Munici	pality	
3. Name of Municipality:	COMMUNITY BO	ARD 8					
		L	icensee Inform	ition			
4. License ID Number:	0340-23-138367				R	ECEIV	ED
6. License name:	MACC HOSPITAL	ITY LLC			S	EP n 3 20	25
7. Trade Name (if any):					BY CO	MMUNITY BOA	AO 8
8. Street Address of Estab	olishment: 338 EA	ST 92ND S	TREET	····			
9. City, Town or Village:	NEW YORK				,NY	Zip Code : 1	0128
10. Business Telephone Number of Applicant/Licensee: (646) 846-8986							
11. Business E-mail of Ap	plicant/Licensee:	ARUNM@E	ICNY.COM				
12. Describe municipal s	pace to be added:	SIDEWALK	CAFE				
12a. What date did you a	pply for a municipal	permit? 7/2	26/24	\$(*)			
Rep	presentative or Att			see			
13. Representative/Attor	ney's Full Name:	MICHAEL K	KELLY				
14. Street Address: 136	WAVERLY ROAD						
		<u> </u>					
15. City, Town or Village:	SCARSDALE			State: NY		Zip Code :	10583
16. Business Telephone I	Number of Represer	tative/Attorn	ey: 914-632-6	036	<u>.</u>		
17. Business Email Addre	ess: KELLYMLK1	36@GMAIL.	COM				
answers therein; that the to make the statements	e same are true to m and answers in this	y knowledge application o such s	; that I have been on behalf of said I tatements and ar	n authorized, b icensee with t nswers itself.	oy order of the same fo	the Board of orce and effe	and the statements and Directors of said licenses ct as if said licensee made
	gnature, I affirm - ur	der Penalty	of Perjury - that				
18. Printed Name: MICH	IAEL KELLY	1		Title A	UTHORIZ	ED REPRE	SENTATIVE
Signature: X							
	ptioned on-premis rity to sell alcoholi				their exis	iting license	with the State

Please forward any concerns regarding the issuance of the alteration to the attention of The New York State Liquor Authority by e-mail community@sla.ny.gov