



## 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: **CERTIFIED MAIL, RETURN RECEIPT REQUIRED**

2. This form must be submitted to the clerk or Local Municipality when filing to alter contiguous and/or non-contiguous municipal space

### This Notice is Being Provided to the Clerk of the following Local Municipality

3. Name of Municipality: **COMMUNITY BOARD 8**

#### Licensee Information

**RECEIVED**

4. License ID Number: **0340-22-110161** **SEP 03 2025**

6. License name: **RATHBONES ARD LLC** **BY COMMUNITY BOARD 8**

7. Trade Name (if any):

8. Street Address of Establishment: **1702 2ND AVENUE**

9. City, Town or Village: **NEW YORK**, **NY** Zip Code: **10128**

10. Business Telephone Number of Applicant/Licensee: **(646) 490-5050**

11. Business E-mail of Applicant/Licensee: **ROBERTMELLER@YAHOO.COM**

12. Describe municipal space to be added: **SIDEWALK CAFE**

12a. What date did you apply for a municipal permit? **4/15/25**

#### Representative or Attorney representing the licensee

13. Representative/Attorney'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 Number of Representative/Attorney: **914-632-6036**

17. Business Email Address: **KELLYMLK136@GMAIL.COM**

I am the licensee that is applying for the permit and I certify that I know the contents of the above application and the statements and answers therein; that the same are true to my knowledge; that I have been authorized, by order of the Board of Directors of said licensee to make the statements and answers in this application on behalf of said licensee with the same force and effect as if said licensee made such statements and answers itself.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

18. Printed Name: **MICHAEL KELLY** Title: **AUTHORIZED REPRESENTATIVE**

Signature: X 

**The above captioned on-premises licensee is applying for an alteration to their existing license with the State Liquor Authority to sell alcoholic beverages on municipal space.**

**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](mailto:community@sla.ny.gov)**