## KATHLEEN E. NEGRI STATHOPOULOS Attorney At Law 250 Ashland Place, Suite 18F Brooklyn, New York 11217 Negriesq@aol.com Fax 718-855-4709 718-285-5675

## VIA CERTIFIED MAIL/RRR

October 8, 2025

Manhattan Community Board 8 505 Park Avenue, Ste. 620 New York, New York 10022

RECEIVED

OCT 15 2025

BY COMMUNITY BOARD 8

Arancini LLC d/b/a La Piovra 145 E. 61st Street New York, New York, N.Y. 10065

Dear Community Board 8:

We write this letter, under the instruction of the New York State Liquor Authority, to notify you of the intention of the aforementioned applicant to apply for an On-Premises Liquor License and Temporary Permit for the restaurant located at 145 E. 61st Street New York, New York. Enclosed please find the Original Application Notice Form

If you should have any questions or concerns, please do not hesitate to contact us. Thank you.

Sincerely yours,

them E. Nagui Stathoroulas Kathleen E. Negri Stathopoulos, Esq.

	OFFICE USE ONLY	
Original	Amended Date	

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## Standardized <u>NOTICE FORM</u> for Providing <u>30-Day Advance</u> <u>Notice</u> to a <u>Local Municipality or Community Board</u>

1. Date Notice Sent:	10/08/2025 1a. Delivered by: Certified Mail/RRR
• • • • • • • • • • • • • • • • • • • •	oplication that will be filed with the Authority for an On-Premises Alcoholic Beverage License:  the City of New York:
O New Application	Removal Class Change
For premises in the	· ·
O New Application	New Application and Temporary Retail Permit
_	Method of Operation O Corporate Change O Renewal O Alteration
For Renewal applica For Alteration applic For Corporate Chang For Removal applica For Class Change ap	rary Retail Permit applicants, answer each question below using all information known to date ints, answer all questions ants, answer all questions ants, attach a complete written description and diagrams depicting the proposed alteration(s) ge applicants, attach a list of the current and proposed corporate principals ints, attach a statement of your current and proposed addresses with the reason(s) for the relocation policants, attach a statement detailing your current license type and your proposed license type atton Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes
Please include all	documents as noted above. Failure to do so may result in disapproval of the application.
This 30-Day Advan	nce Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:
3. Name of Municipality	y or Community Board: Manhattan Community Board 8
Applicant/Licensee	Information:
4. Licensee Serial Numb	per (if applicable): Expiration Date (if applicable):
5. Applicant or Licenses	Name: Arancini LLC
6. Trade Name (if any):	La Piovra
7. Street Address of Est	
8. City, Town or Village:	New York , NY Zip Code: 10065
	Number of applicant/ Licensee: 917- 578-6685
LO. Business E-mail of Ap	
to. Oddiness E man of Ap	pricating accritice.
11. Type(s) of alcohol so	d or to be sold:
.2. Extent of Food Service	ce: Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area required
13. Type of Establishmer	Restaurant (Full Menu and Kitchen Required)
	☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☐ Recorded Music ☐ Karaoke
<ol> <li>Method of Operation (check all that apply)</li> </ol>	I I livo Mucie (givo dotaile i o grade hande poquetia inspirato ).
	☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment
	☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
	Other (specify):
15. Licensed Outdoor Ar (check all that app	

pla-rev12312021	OFFICE USE ONLY	
	Original Amended Date	
		4
16. List the floor(s) of the	ouilding that the establishment is located on: Ground Floor and Basement	
17. List the room number(	s) the establishment is located in within the building, if appropriate:	
18. Is the premises located	within 500 feet of three or more on-premises liquor establishments?	
19. Will the license holder	or a manager be physically present within the establishment during all hours of operation? • Yes • No	
20. If this is a transfer appl	cation (an existing licensed business is being purchased) provide the name and serial number of the licensee:	
	None	
21 Does the applicant or l	Name Serial Number  censee own the building in which the establishment is located? O Yes (if YES, SKIP 23-26)	
21. Does the applicant of t	censee own the building in which the establishment is located?	
	Owner of the Building in Which the Licensed Establishment is Located	
22. Building Owner's Full N	ame: Eliana Properties	
23. Building Owner's Stree	Address: 3 W. 57th Street	
24. City, Town or Village:	New York State: New York Zip Code: 10019	
25. Business Telephone Nu	mber of Building Owner: 212-988-2357	
ŕ		
	Representative or Attorney Representing the Applicant in Connection with the	
	Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice	
26. Representative/Attorn	ey's Full Name: Kathleen E. Negri Stathopoulos, Esq.	
27. Representative/Attorn	ey's Street Address: 250 Ashland Place, Ste 18F	
28. City, Town or Village:	Brooklyn State: New York Zip Code: 11217	
29. Business Telephone Nu	mber of Representative/Attorney: 718-285-5675	
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50. Dusiness E-mail Address	of Representative/Attorney: negriesq@aol.com	
l am the	applicant or licences holder or a principal of the legal entity that holds are a number of such a licence	
Represent	applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. tions in this form are in conformity with representations made in submitted documents relied upon by	
	rity when granting the license. I understand that representations made in this form will also be relied d that false representations may result in disapproval of the application or revocation of the license.	
By my	signature, I affirm - under <b>Penaity of Perjury</b> - that the representations made in this form are true.	
21 Drintad Dringing   No.	The Nickerson	
31. Printed Principal Nar	ne: Dan Nistorescu Title: Member	
Principal Signatu	re: DN	