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**The City of New York
Community Board 8 Manhattan**

December 6, 2024

Robert Benedetto
Deputy Commissioner
State Liquor Authority
80 South Swan Street, Suite 900
Albany, NY 12210-8002

RE: Jacaranda Club, LLC dba Sapphire, 333 East 60th Street (Between Ed Koch Queensboro Bridge Upper Roadway and First Avenue) - 30 Day Waiver for a Renewal Application for Liquor, Wine, Beer, and Cider

Dear Deputy Commissioner Benedetto,

Please be advised that Community Board 8 Manhattan received notice on December 4, 2024 for the above-referenced establishment's Renewal application of a Liquor, Wine, Beer, and Cider license. A copy of their 30-day advance notice is attached.

We agree to this one-time waiver of the 30-day notice on the condition that the applicant appears at the January 7, 2025 Street Life Committee meeting so the public has the opportunity to comment on the application. If the applicant fails to appear at the January 7, 2025 Street Life Committee meeting, the waiver will be revoked.

Please advise this office of any action taken regarding this matter.

Sincerely,

Will Brightbill

Will Brightbill
District Manager



Jonathan L. Bing
(212) 801-9284
Jonathan.Bing@gtlaw.com

December 4, 2024

VIA EMAIL AND OVERNIGHT MAIL

Manhattan Community Board 8
505 Park Avenue, Suite 620
New York, NY 10022

Re: Jacaranda Club, LLC d/b/a Sapphire
License No. 0417-22-102546
333 East 60th Street, New York, NY 10022

Dear Sir/Madam:

Please see attached 30-Day Notice regarding the above-referenced applicant's intention to apply for renewal of its on-premises restaurant liquor license with the New York State Liquor Authority.

As the license expired on November 30, 2024, we respectfully request a waiver of the 30-day notice period.

Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jonathan L. Bing", written in a cursive style.

Jonathan L. Bing

Enclosure



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

Standardized **NOTICE FORM** for Providing **30-Day Advance Notice** to a **Local Municipality or Community Board**

1. Date Notice Sent: 12/4/2024 1a. Delivered by: Overnight Mail, Tracking Number and Pro

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

☐ New Application ☐ Removal ☐ Class Change

For premises in the City of New York:

☐ New Application ☐ New Application and Temporary Retail Permit ☒ Renewal ☐ Alteration ☐ Removal
☐ Class Change ☐ Method of Operation ☐ Corporate Change

For **New** and Temporary Retail Permit applicants, answer each question below using all information known to date

For **Renewal** applicants, answer all questions

For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)

For **Corporate Change** applicants, attach a list of the current and proposed corporate principals

For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation

For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type

For **Method of Operation 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 Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board: Community Board 8, Manhattan

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): 0417-22-102546 Expiration Date (if applicable): 11/30/24

5. Applicant or Licensee Name: Jacaranda Club, LLC

6. Trade Name (if any): Sapphire

7. Street Address of Establishment: 333 East 60th Street

8. City, Town or Village: New York, NY Zip Code: 10022

9. Business Telephone Number of applicant/ Licensee: 212-421-3600

10. Business E-mail of Applicant/Licensee: jr@cochisecap.com

11. Type(s) of alcohol sold or to be sold: ☐ Beer & cider ☐ Wine, Beer & Cider ☒ Liquor, Wine, Beer & Cider

12. Extent of Food Service: ☒ Full Food menu; full kitchen run by a chef/cook ☐ Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Cabaret (musical or other entertainment with 600 or more patron capacity)

☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☐ Recorded Music ☐ Karaoke

14. Method of Operation: (check all that apply) ☐ Live Music (give details i.e., rock bands, acoustic, jazz, etc.):

☒ Patron Dancing ☒ Employee Dancing ☒ Exotic Dancing ☒ Topless Entertainment

☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel

☐ Other (specify): Patron dancing is incidental; entertainment by independent contractors

15. Licensed Outdoor Area: ☒ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
 (check all that apply) ☐ Sidewalk Cafe ☐ Other (specify): _____

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

16. List the floor(s) of the building that the establishment is located on:
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? ☒ Yes ☐ No
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 application (an existing licensed business is being purchased) provide the name and serial number of the licensee:
- | | |
|------|---------------|
| | |
| Name | Serial Number |
21. Does the applicant or licensee own the building in which the establishment is located? ☐ Yes (if YES, SKIP 23-26) ☒ No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name:
23. Building Owner's Street Address:
24. City, Town or Village: State: Zip Code:
25. Business Telephone Number of Building Owner:

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/Attorney's Full Name:
27. Representative/Attorney's Street Address:
28. City, Town or Village: State: Zip Code:
29. Business Telephone Number of Representative/Attorney:
30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

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

31. Printed Principal Name: Title:

Principal Signature: _____

David Talla