851049X26X4XPRI admin@warrenkalyan.com 506 West 14th Street Suite A Austin, TX 78701

PRESORTED FIRST-CLASS MAIL POSTAGE AND FEES PAID C2M LLC 22202

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SIGNATURE REQUIRED PER DMM 3.1.1

Manhattan Community Board 8 505 Park Ave Ste 620 New York, NY 10022-9326

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APR 2 2 2025

BY COMMUNITY BOARD &



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:	04/17/25	1	a. Delivered by:	Certified	Mailing
2. This form must be submitted to the clerk or Local Municipality when filing for a Sunday On-Premises Sales Permit					
This Notice is Being Provided to the Clerk of the following Local Municipality					
3. Name of Municipality: Manhattan Community Board 8					
Licensee Information					
4. License ID Number:	0340-24-1394	24			
6. License name:	Corner Joint L	LC			
7. Trade Name (if any):					
8. Street Address of Establishment: 1496 2nd Avenue					
9. City, Town or Village:	New York				, NY Zip Code : 10075
10. Business Telephone Number of Applicant/Licensee: (212) 472-4552					
11. Business E-mail of Applicant/Licensee: mlusardi@intunehospitality.com					
12. Describe municipal space to be added: sidewalk & roadway cafes					
12a. What date did you apply for a municipal permit? 7/1/24					
Representative or Attorney representing the licensee					
13. Representative/Attorney's Full Name: Hari Nathan Kalyan					
14. Street Address: 504 W 14th St a					
15. City, Town or Village:	Austin			State: TX	Zip Code : 78701
16. Business Telephone Number of Representative/Attorney: (512) 347-8777					
17. Business Email Address : hari@warrenakalyan.com					
answers therein; that the to make the statements	e same are true to a and answers in thi	ny knowledge s application e such s	e; that I have beer on behalf of said I statements and ar	n authorized icensee with nswers itself	s of the above application and the statements and d, by order of the Board of Directors of said licensee n the same force and effect as if said licensee made ntations made in this form are true.
18. Printed Name: Massimo Lusardi Title Managing Member					
Signature: X					
The above captioned on-premises licensee is applying for an alteration to their existing license with the State					

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