

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

1. Date Notice Sent: 12/26/2025 1a. Delivered by: Certified Mail Return Receipt Requested

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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: (counties of Kings, New York, Bronx, Queens and Richmond):

New Application New Application and Temporary Retail Permit Temporary Retail Permit

Removal

Class Change Method of Operation Corporate Change Renewal Alteration

RECEIVED

JAN 02 2026

BY COMMUNITY BOARD 8

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: MANHATTAN CB 8

Applicant/Licensee Information:

4. Licensee License ID (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name: LINDA'S AT MADISON INC

6. Trade Name (if any): N/A

7. Street Address of Establishment: 44 E 92ND STREET

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

9. Business Telephone Number of applicant/ Licensee: 914-826-5566

10. Business E-mail of Applicant/Licensee: shkreljal@gmail.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: Restaurant (full kitchen and full menu required)

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):

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 checked="" type="radio"/> Original | <input type="radio"/> Amended | Date <u>12/26/25</u> |

Linda's AT Madison

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16. List the floor(s) of the building that the establishment is located on: GROUND FL & BASEMENT17. 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 No19. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No

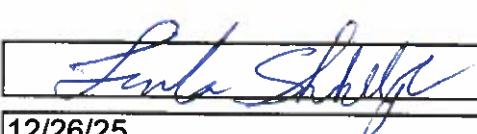
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and ID number of the licensee:

| | |
|------|-------------------|
| Name | License ID 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: KHEOUDORI EZAIR23. Building Owner's Street Address: 931 MADISON AVE24. City, Town or Village: NEW YORK State: NY Zip Code: 1012825. Business Telephone Number of Building Owner: 646-342-5630**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: FRANK NALEVAIKO27. Representative/Attorney's Street Address: 118-60 METROPOLITAN AVE, 1D28. City, Town or Village: KEW GARDENS State: NY Zip Code: 1141529. Business Telephone Number of Representative/Attorney: 718-909-939830. Business E-mail Address of Representative/Attorney: blu718@gmail.com

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: LINDA SHKRELJA Title: PRESIDENTPrincipal Signature: Date: 12/26/25