

Rezzonator Services  
244 5th Avenue S251, New York, NY 10001  
Tel: 212.390.0806 Fax: 888.502.5620

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New York, Thursday January 15, 2026

**RECEIVED**

FEB 02 2026

**Re: Lenox Hill Management NYC Inc  
1365 1<sup>st</sup> Ave, New York, NY 10021  
30 Day Notification for On Premises Liquor License RENEWAL  
Serial #1337147**

BY COMMUNITY BOARD 8

AWAIVER  
Request

Dear Members of Manhattan Community Board #8,

My name is Gen Harris of Rezzonator Services, the firm representing the applicant mentioned above.

This letter is to notify you of the RENEWAL of On Premises Liquor License Serial #1337147  
(Community Board Notice Attached)

The applicant inadvertently missed the renewal deadline due to travel and the holidays.  
**Expiration 12/31/2025.**

We respectfully request that you would process our 30 day notification at your earliest convenience, and that if possible, you would issue a waiver of the 30 day notification period.

Kindly consider that his is a longstanding licensee with no incidents or negative community impact.

The Method of operation, ownership and all other details are the same as the original application in 2022 so that this business does not experience any delays in the Liquor License Renewal Process.

Thank you for your time and attention to this matter. If you have any further questions feel free to contact me at 212.390.0806 or via email [info@rezzonatorservices.com](mailto:info@rezzonatorservices.com).

Best Wishes,



Gen Harris  
**Representative  
Rezzonator Services**



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: 01/15/2026 1a. Delivered by: Certified Mail Return Receipt Requested

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 ☒ On Premise Renewal

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

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 Community Board 8

### Applicant/Licensee Information:

4. Licensee License ID (if applicable): 1337147 Expiration Date (if applicable): 12/31/2025

5. Applicant or Licensee Name: Lenox Hill Management NYC Inc

6. Trade Name (if any): Mediterranean Grill

7. Street Address of Establishment: 1365 1st Avenue

8. City, Town or Village: New York, NY Zip Code: 10021

9. Business Telephone Number of applicant/ Licensee: (646) 609-6400 please Contact Representative (212) 390-0806

10. Business E-mail of Applicant/Licensee: pitagrillmanagement@aol.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): \_\_\_\_\_

**C. - Continued - All remaining Principals on the license must be listed below.****(Attach additional sheets as needed to include all principals)**

Print Name:	Thomas Calandrucci	Date of Birth:	11/21/1972	Social Security #:	081-52-6183
Residence street address:	5 Amawalk Point Road				
City:	Amawalk	State:	NY	Zip Code:	10501
Title:	Vice President				
Telephone # (include area code):	(914) 490-3680	Cell Phone # (include area code):	(914) 490-3680		

Print Name:	N/A	Date of Birth:	N/A	Social Security #:	N/A
Residence street address:	N/A				
City:	N/A	State:	N/A	Zip Code:	N/A
Title:	N/A				
Telephone # (include area code):	N/A	Cell Phone # (include area code):	N/A		

Print Name:	N/A	Date of Birth:	N/A	Social Security #:	N/A
Residence street address:	N/A				
City:	N/A	State:	N/A	Zip Code:	N/A
Title:	N/A				
Telephone # (include area code):	N/A	Cell Phone # (include area code):	N/A		

Print Name:	N/A	Date of Birth:	N/A	Social Security #:	N/A
Residence street address:	N/A				
City:	N/A	State:	N/A	Zip Code:	N/A
Title:	N/A				
Telephone # (include area code):	N/A	Cell Phone # (include area code):	N/A		