

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

New York, Thursday January 15, 2026

**RECEIVED**

REC 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

*(1) WAIVER  
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 this 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**

## 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): **Mexiterranean 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 & Cider12. Extent of Food Service:  Full Food menu; full kitchen run by a chef/cook  Menu meets legal minimum food requirements; food prep area required13. 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	