

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

1. Date Notice Sent:

2/12/26

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
RECEIVED**FEB 17 2026**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
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 Community Board 8****Applicant/Licensee Information:**

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

5. Applicant or Licensee Name: **Shira LLC**6. Trade Name (if any): **Patisserie Vanessa**7. Street Address of Establishment: **1340 Lexington Avenue**8. City, Town or Village: **New York** , NY Zip Code: **10128**9. Business Telephone Number of applicant/ licensee: **917 621 5196**10. Business E-mail of Applicant/Licensee: **marc@patisserievanessa.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:
 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): **Wine glasses (no beer) along with Patisserie savory menu of salads, quiches, small plates.**
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

 Original Amended

Date _____

16. List the floor(s) of the building that the establishment is located on: **1st / main floor**

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 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: **MLJBK LLC**23. Building Owner's Street Address: **123 East 89th St**24. City, Town or Village: **New York** State: **NY** Zip Code: **10128**25. Business Telephone Number of Building Owner: **917 860 0443****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: **Marc-Antoine Silengo** Title: **Co-Owner & Brand Director**Principal Signature: Date: **2/4/26**