

# SKENE LAW FIRM, P.C.

A NEW JERSEY PROFESSIONAL CORPORATION  
2614 ROUTE 516, 2<sup>ND</sup> FLOOR • OLD BRIDGE, NEW JERSEY • 08857  
PHONE: 732-727-5030 • FAX: 732-727-5028  
WWW.SKENELAWFIRM.COM

ROBERT D. SKENE \* +  
LISA M. MILLER \* + ^  
LINDSEY FARINA \* +

AMANDA TAYLOR \*

\* NEW JERSEY BAR ADMISSION  
+ NEW YORK BAR ADMISSION  
^ PENNSYLVANIA BAR ADMISSION

**RECEIVED**

**APR 15 2026**

**BY COMMUNITY BOARD 8**

April 14, 2026

**VIA FEDERAL EXPRESS**

Community Board 8  
505 Park Ave., Suite 620  
NY, NY 10022

Re: CulinArt, Inc.  
2 W. Loop Road, NY, NY 10044  
New Catering Establishment Liquor License Application

Dear Sir or Madam:

Please be advised that this firm represents the above-referenced entity in its alcoholic beverage regulatory matters. This correspondence along with the enclosed Standardized Notice Form will serve to notify Manhattan Community Board 8 that a Catering Establishment Liquor License Application will be filed shortly with the New York State Liquor Authority for the above referenced premises.

Thank you in advance for your time and consideration to this matter. Please feel free to contact me at [cminio@skenelawfirm.com](mailto:cminio@skenelawfirm.com) or 732-801-9827 if you wish to discuss this matter in further detail.

Very truly yours,

SKENE LAW FIRM, PC

  
Colleen Minio  
Paralegal



OFFICE USE ONLY

Original    Amended   Date \_\_\_\_\_

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

1. Date Notice Sent: 4/14/26      1a. Delivered by: Overnight Mail, Tracking Number and Pro

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

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: CulinArt, Inc.

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

7. Street Address of Establishment: 2 W. Loop Road, Verizon Executive Education Center

8. City, Town or Village: NY , NY      Zip Code: 10044

9. Business Telephone Number of applicant/ Licensee: 704-328-4036

10. Business E-mail of Applicant/Licensee: cminio@skenelawfirm.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: Catering Facility (private events only)

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): Catering Establishment

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 type="radio"/> Original	<input type="radio"/> Amended	Date _____

16. List the floor(s) of the building that the establishment is located on: 1 and 2

17. List the room number(s) the establishment is located in within the building, if appropriate: N/A

18. Is the premises located within 500 feet of three or more on-premises liquor establishments?  Yes  No

19. 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: Cornell Tech

23. Building Owner's Street Address: 2 W Loop Road

24. City, Town or Village: NY State: NY Zip Code: 10044

25. Business Telephone Number of Building Owner: (646) 971-3777

**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: Skene Law Firm, P.C./Colleen Minio, Paralegal

27. Representative/Attorney's Street Address: 2614 Route 516

28. City, Town or Village: Old Bridge State: NJ Zip Code: 08857

29. Business Telephone Number of Representative/Attorney: 732-727-5030

30. Business E-mail Address of Representative/Attorney: cminio@skenelawfirm.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: Jennifer McConnell Title: EVP, General Counsel, Secretary

By checking this box I agree, and it is my intent, to electronically sign this document. By submitting this e-document to the New York State Liquor Authority in this way, I understand that my electronic signature I added to the signature line below is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document and I am affirming the truth of the information contained therein.

Principal Signature: 

Date: 4/14/26