



December 23, 2024

*Via FedEx Overnight Delivery*

Bronx Community Board 11  
1741 Colden Avenue  
Bronx, NY 10462

DEC 24 2024

Re: 1776 Atrium Hotel LLC & Hutch MGMT LLC  
Serial No.: 1279867, 1279868, 1279869  
License ID: 0343-23-122455, 0423-23-135092, 0423-23-13511

To Whom It May Concern:

Please accept the enclosed Standardized 30-Day Notice for filing. Thank you in advance for your anticipated attention to the enclosed notice. Should you have any questions or require any additional documentation please do not hesitate to contact me at (212) 566-5021.

Yours truly,

Benjamin Korngut, Esq.

Enclosure

cc: Clement Carey, *via email*

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

1. Date Notice Sent:

December 23, 2024

1a. Delivered by:

Overnight Mail, Tracking Number and Proof of Delivery

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

DEC 24 2024

For premises in the City of New York:

 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: Bronx Community Board 11

**Applicant/Licensee Information:** 1279867 License ID: 0343-23-122455

1279868 License ID: 0423-23-135092

4. Licensee Serial Number (if applicable): 1279869 License ID: 0423-23-135111 Expiration Date (if applicable): 03/31/2025

5. Applicant or Licensee Name: 1776 Atrium Hotel LLC &amp; Hutch Hosp MGMT LLC

6. Trade Name (if any): Marriot Residence Inn, NY, The Bronx

7. Street Address of Establishment: 1776 Eastchester Road

8. City, Town or Village: Bronx , NY Zip Code: 10461

9. Business Telephone Number of applicant/ Licensee: (718) 215-3000

10. Business E-mail of Applicant/Licensee: ccarey@ribronx.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 required

13. Type of Establishment: Hotel (requires full on premises restaurant open to the public)

 Seasonal Establishment  Juke Box  Disc Jockey  Recorded Music  Karaoke14. 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): Hotel15. Licensed Outdoor Area:  None  Patio or Deck  Rooftop  Garden/Grounds  Freestanding Covered Structure  
(check all that apply)  Sidewalk Cafe  Other (specify):

<b>OFFICE USE ONLY</b>		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

16. List the floor(s) of the building that the establishment is located on: **Lobby, 2nd Floor, Floors 4-8**

17. List the room number(s) the establishment is located in within the building, if appropriate: **126 Hotel Rooms, Cafe, Conference Rooms**

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 serial number of the licensee:

Name	Serial Number
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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: **Joseph Simone**

23. Building Owner's Street Address: **1250 Waters Place**

24. City, Town or Village: **Bronx** State: **NY** Zip Code: **10461**

25. Business Telephone Number of Building Owner: \_\_\_\_\_

**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: **Benjamin A. Korngut, Esq.**

27. Representative/Attorney's Street Address: **100 Canal Pointe Boulevard, Suite 125**

28. City, Town or Village: **Princeton** State: **NJ** Zip Code: **08540**

29. Business Telephone Number of Representative/Attorney: **(212) 566-5021**

30. Business E-mail Address of Representative/Attorney: **bak@kplawyers.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: **Joseph Simone** Title: **LLC Member**

Principal Signature:

