

BROOKLYN COMMUNITY BOARD 9

Antonio Reynoso Borough President TO:

Dante B. Arnwine District Manager

Fred P. Baptiste Chair

(Vacant) 1st Vice Chair

Francisca Leopold 2nd Vice Chair

Linda Watson-Lorde Executive Secretary

> Mayna Legoute Treasurer

Nicolas Almonor Member-at-Large

(Vacant) Member-at-Large Baptiste, Fred (Ex-Officio); Cohen, Chavi CB9 Member; Lehrer, Yisroel CB9 Member; Charles - Brazil, Jenelle CB9 Member; Mochkin, Zlati Resident Member; Banks, Ronald, Resident Member

FROM:Fred Baptiste, Interim ChairRE:Public Safety Committee Meeting

DATE: Friday, June 14, 2024

The meeting of the Public Safety Committee has been scheduled as follows:

DATE:	Monday, June 17, 2024
TIME:	7:00 p.m.
PLACE:	890 Nostrand Avenue Brooklyn, New York 11225 Livestreamed on CB9 YouTube Page: http://www.youtube.com/@brooklyncommunityboard9

AGENDA

- 1. Welcome
- 2. Roll Call
- 3. NYS Liquor Authority Application Review
 - Agi's Counter 818 Franklin Avenue (Union Street/Eastern Parkway), Brooklyn, New York 11225; Class Change from Wine, Beer, and Cider License to Liquor, Wine, Beer, and Cider License
 - b. **Bomberino LLC**, 392 Rogers Avenue (Empire Blvd/Sterling Street), Brooklyn, New York 11225; Application for a new Wine, Beer, and Cider License
 - New Era Restaurant 366 Utica Avenue (Carroll/Crown Streets), Brooklyn, New York 11225; Application for a new Wine, Beer, and Cider License and Retail Permit
 - Masatunde 708 Parkside Avenue (Nostrand/New York Avenues), Brooklyn, New York 11225; Application for a new Wine, Beer, and Cider License and Retail Permit
 - e. **665 Flatbush Bar LLC d/b/a Ruth,**665 Flatbush Avenue, Brooklyn, New York 11225; Application for the renewal a Liquor, Wine, Beer, and Cider License
 - f. Cupcakes by Brenda Grill Corp. d/b/a Taqueria El Patron Mexican Grill - 49-51 Lincon Road, Brooklyn, New York 11225



BROOKLYN COMMUNITY BOARD 9

- g. Franklin 820 d/b/a Crow Bar- 820 Franklin Avene (corner of Union Street) 820 Franklin Avene, Brooklyn, New York 11225; Application for the renewal a Liquor, Wine, Beer, and Cider License
- 4. NYS Office of Cannabis Management Application Review
 - a. Unresponsive applicants
 - Proud New York Cannabis LLC 324 Empire Boulevard, Brooklyn, New York 11225
 - ii. Elevated 718, LLC 324 Empire Boulevard, Brooklyn, New York 11225
 - iii. Zed Eats -675 Flatbush Avenue, Brooklyn, New York 11225
 - iv. Flavorstown 392 Rogers Avenue, Brooklyn, New York 11225
 - v. Infused, LLC 1130 Nostrand Avenue, Brooklyn, New York 11225
 - b. Failure to appear applicants
 - The Giving Tree Holding, Inc. 693 Flatbush Avenue, Brooklyn. New York 11225
 - ii. Flatbush Exotic 544 Flatbush Avenue, Brooklyn, New York 11225
 - c. Recommendation for disapproval
 - i. 552 ENY LLC 546 East New York Avenue, Brooklyn, New York 11225
- 5. Other Business
- 6. Adjournment



Dante B. Arnwine District Manager

Fred P. Baptiste Chair

(Vacant) Ist Vice Chair

Francisca Leopold 2nd Vice Chair

Linda Watson-Lorde Executive Secretary

> Mayna Legoute Treasurer

Nicolas Almonor Member-at-Large

(Vacant) Member-at-Large

BROOKLYN COMMUNITY BOARD 9

DATE TO BE DETERMINED

New York State Office of Cannabis Management P.O. Box 2071 Albany, New York 12220

Attention: Licensing Unit

Re: Proud New York Cannabis LLC 324 Empire Boulevard Brooklyn, New York 11225 OCMRETL-2023-000992

Dear Sir or Madam:

Our office was notified by the above-referenced applicant of their intent to apply for a cannabis retail dispensary license at the above-referenced premises, located within the confines of Community District 9.

Our office received the Notification to Municipality Notice from this applicant on November 8, 2023. To date, this applicant has been unresponsive to all forms of communication from Community Board 9. The members of our Public Safety Committee and our Board Membership cannot effectively vet this applicant and therefore we are recommending that this application not be approved.

Should you have any questions as to the above, please feel free to contact the Brooklyn Community Board 09 office at (718) 778 - 9279, or via email at bk09-1@cb.nyc.gov; or darnwine@cb.nyc.gov.

Sincerely,

Dante B. Arnwine District Manager

cc: Isaac Aghelan, Applicant

	of Cannabis vement		Notification to Munic
RE:	Notification of adult-use retail	ispensary license application	
License Type:	New Establishment	application application	
Previous DBA:			DECELVEN
License Number (if applicable):		
Applicant Name:	ISAAC AGH	I IAN	NOV 0 8 2023
Phone Number:			NYC Community Board 9
Email Address:			
	•	—	
Dear Municinal	Clerk/NYC Community Boa	d.	
10.55	otification that I (name) IS		
	D NEW YORK CANNABIS		
	e, file(d) an application for	censure with the Office of Ca	annabis Management
to open a(n):	e, file(d) an application for	censure with the Office of Ca	annabis Management
to open a(n):		w or additional) Tregiste	red organization with
to open a(n):	ail dispensary premises (n	w or additional) Tregiste	
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to open a(n):	tail dispensary premises (n crobusiness	ew or additional) register dispension	red organization with sing (or ROD)
to open a(n): re m in (county name)	ail dispensary premises (n	ew or additional) register dispension	red organization with
to open a(n):	tail dispensary premises (n crobusiness <u>Kings County</u>	ew or additional) register dispension	red organization with sing (or ROD) the license is approved, shall b
to open a(n): re m in (county name) at:	tail dispensary premises (n crobusiness <u>Kings County</u> <u>324 EMPIRE BLVD</u>	ew or additional) register dispensions . This business, once	red organization with sing (or ROD) the license is approved, shall b
to open a(n): re m in (county name) at: Address Line 1:	tail dispensary premises (n crobusiness <u>Kings County</u> <u>324 EMPIRE BLVD</u>	ew or additional) register dispensional dispension disp	red organization with sing (or ROD) the license is approved, shall b
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to open a(n): re m in (county name) at: Address Line 1: Address Line 2: City	tail dispensary premises (n crobusiness <u>Kings County</u> <u>324 EMPIRE BLVD</u> <u>BROOKLYN</u>	ew or additional) registe dispensional dispension dispe	red organization with sing (or ROD) the license is approved, shall b
to open a(n): re m in (county name) at: Address Line 1: Address Line 2: City Zip code: The mailing addr	tail dispensary premises (n crobusiness <u>Kings County</u> <u>324 EMPIRE BLVD</u> <u>BROOKLYN</u>	ew or additional) register dispensions. This business, once	red organization with sing (or ROD) the license is approved, shall b
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to open a(n): re m in (county name) at: Address Line 1: Address Line 2: City Zip code: The mailing addr Address Line 1:	tail dispensary premises (n crobusiness <u>Kings County</u> <u>324 EMPIRE BLVD</u> <u>BROOKLYN</u> <u>11225</u> ess is (if different from bus	ew or additional) register dispension. This business, once	red organization with sing (or ROD) the license is approved, shall b
to open a(n): re m in (county name) at: Address Line 1: Address Line 2: City Zip code: The mailing addr Address Line 1: Address Line 2:	tail dispensary premises (n crobusiness <u>Kings County</u> <u>324 EMPIRE BLVD</u> <u>BROOKLYN</u> <u>11225</u> ess is (if different from bus	ew or additional) register dispensions.	red organization with sing (or ROD) the license is approved, shall b

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(As applicable, name of business if different from above retained the legal services of (attorney or representativ	
Name:	RECEIVEN
Address Line 1:	NOV 0 8 2023
Address Line 2:	
City/Town/Village:	NYC Community Board 9
State: Zip code:	
Telephone with area code:	

If the municipality or community board would like to express an opinion to the Cannabis Control Board, they must respond to this notification within 30 days by emailing an opinion to This expressed opinion must be on official municipality or community

board letterhead.

If the municipality or community board would like to request a one-time 30 day extension for the municipality or community board to provide their opinion, or if the municipality or community board has any comments, concerns, or questions, they must reach out to the Office at with "Notification to Municipalities Municipality Opinion 30 Day Extension Request – [Insert municipality or community board name here]" in the subject line. Municipalities or community boards should be sure to provide proof of the date of receipt of the Notification to Municipalities that they wish to request an extension of time for submitting a municipality opinion. Any request that does not include such information will be rejected as incomplete.

Signed			Today's date:	11/13/23
-	-1-	V		-

Print ISAAC AGHELIAN



Dante B. Arnwine District Manager

Fred P. Baptiste Chair

(Vacant) 1st Vice Chair

Francisca Leopold 2nd Vice Chair

Linda Watson-Lorde Executive Secretary

Christian Loubeau Treasurer

Nicolas Almonor Member-at-Large

(Vacant) Member-at-Large

BROOKLYN COMMUNITY BOARD 9

DATE TO BE DETERMINED

New York State Office of Cannabis Management P.O. Box 2071 Albany, New York 12220

Attention: Licensing Unit

Re: Elevated 718, LLC 324 Empire Boulevard Brooklyn, New York 11225 OCMRETL-2023-001266

Dear Sir or Madam:

Our office was notified by the above-referenced applicant of their intent to apply for a cannabis retail dispensary license at the above-referenced premises, located within the confines of Community District 9.

Our office received the Notification to Municipality Notice from this applicant on November 13, 2023. To date, this applicant has been unresponsive to all forms of communication from Community Board 9. The members of our Public Safety Committee and our Board Membership cannot effectively vet this applicant and therefore we are recommending that this application not be approved.

Should you have any questions as to the above, please feel free to contact the Brooklyn Community Board 09 office at (718) 778 - 9279, or via email at bk09-1@cb.nyc.gov; or darnwine@cb.nyc.gov.

Sincerely,

Dante B. Arnwine District Manager

cc: Halim and Blerta Spaho, Applicant

	of Cannabis gement	Notification to Municipality OCM-06009
RE:	Notification of adult-use retail dispensary license application	
License Type:	New Establishment	
Previous DBA:	NIA	DECEIVEN
License Number	lif applicable): NA	
Applicant Name:		NOV 1 3 2023
Phone Number:		NYC Community Board 9
Email Address:		
Dear Municipal	Clerk/NYC Community Board:	
This serves as r	notification that I (name) Halim & Blerta Spaho	
of (dba) ELEV	ATED 718 LLC	
intend to, or hav	ve, file(d) an application for licensure with the Office of	Cannabis Management
to open a(n):		
	etail dispensary premises (new or additional) regis dispe	stered organization with ensing (or ROD)
in (county name) Kings County . This business, one	ce the license is approved, shall be located
at:		
Address Line 1:	324 Empire Blvd	
Address Line 2:	Ground Floor Retail	
City	Brooklyn	
Zip code:	11225	
The second states and st		
Address Line 1:	ress is (if different from business location):	
Address Line 1:	L	
	e: Brooklyn]
City/Town/Villag	Zip code: 11230	
State: NY		

(As applicable, name of business if different from above) has ELEVATED 718 LLC retained the legal services of (attorney or representative)

Name:	Bressler, Amery & Ross
Address Line 1:	
Address Line 2:	
City/Town/Village:	New York
State: NY	Zip code: 10004
Telephone with are	ea code:

If the municipality or community board would like to express an opinion to the Cannabis Control Board, they must respond to this notification within 30 days by emailing an opinion to <u>municipalities@ocm.ny.gov</u>. This expressed opinion must be on official municipality or community board letterhead.

If the municipality or community board would like to request a one-time 30 day extension for the municipality or community board to provide their opinion, or if the municipality or community board has any comments, concerns, or questions, they must reach out to the Office at <u>municipalities@ocm.ny.gov</u> with "Notification to Municipalities Municipality Opinion 30 Day Extension Request – [Insert municipality or community board name here]" in the subject line. Municipalities or community boards should be sure to provide proof of the date of receipt of the Notification to Municipalities that they wish to request an extension of time for submitting a municipality opinion. Any request that does not include such information will be rejected as incomplete.

Signed	//mun +port	Today's date: October 15th, 2023
Print	Halim Spaho	

1



Dante B. Arnwine District Manager

Fred P. Baptiste Chair

(Vacant) 1st Vice Chair

Francisca Leopold 2nd Vice Chair

Linda Watson-Lorde Executive Secretary

> Mayna Legoute Treasurer

Nicolas Almonor Member-at-Large

(Vacant) *Member-at-Large*

BROOKLYN COMMUNITY BOARD 9

DATE TO BE DETERMINED

New York State Office of Cannabis Management P.O. Box 2071 Albany, New York 12220

Attention: Licensing Unit

Re: Zed Eats 675 Flatbush Avenue Brooklyn, New York 11225

Dear Sir or Madam:

Our office was notified by the above-referenced applicant of their intent to apply for a cannabis retail dispensary license at the above-referenced premises, located within the confines of Community District 9.

Our office received the Notification to Municipality Notice from this applicant on November 17, 2023. To date, this applicant has been unresponsive to all forms of communication from Community Board 9. The members of our Public Safety Committee and our Board Membership cannot effectively vet this applicant and therefore we are recommending that this application not be approved.

Should you have any questions as to the above, please feel free to contact the Brooklyn Community Board 09 office at (718) 778-9279, or via email at bk09-1@cb.nyc.gov; or darnwine@cb.nyc.gov.

Sincerely,

Dante B. Arnwine District Manager

cc: Trevor Noel, Applicant

STATE Mana	e of Cannabis agement	Notification to Municipality
· · · ·	Beueur	OCM-06009
RE:	Notification of adult-use retail dispensary license application	
License Type:	New Establishment	
Previous DBA:		DECEIVEN
License Number	(if applicable):	NOV 17 2023
Applicant Name	Trevor Noel	
Phone Number:		NYC Community Board 9
Email Address:		
	50	
Dear Municipal	Clerk/NYC Community Board:	
This serves as	notification that I (name) Trevor No	el
of (dba) Z	eo eats	
intend to, or ha	ve, file(d) an application for licensure with the Office of Ca	annabis Management
to open a(n):		
	etail dispensary premises (new or additional) register dispens	red organization with sing (or ROD)
in (county name	e) Kings . This business, once t	he license is approved, shall be located
at:		
Address Line 1:	675 Flatbush AVE.	
Address Line 2:		
City	Brooklyn, N.V	-
Zip code:	11225	
The mailing add Address Line 1:	Iress is (if different from business location):	
Address Line 2:		_
City/Town/Villag	e: Brooklyn	_
State: N	Zip code: 11203	

(As applicable, name of business if different from above) has retained the legal services of (attorney or representative)

Name:		
Address Line 1:		
Address Line 2:		
City/Town/Village:		
State:	Zip code:	
Telephone with are	a code:	

If the municipality or community board would like to express an opinion to the Cannabis Control Board, they must respond to this notification within 30 days by emailing an opinion to <u>municipalities@ocm.ny.gov</u>. This expressed opinion must be on official municipality or community board letterhead.

If the municipality or community board would like to request a one-time 30 day extension for the municipality or community board to provide their opinion, or if the municipality or community board has any comments, concerns, or questions, they must reach out to the Office at <u>municipalities@ocm.ny.gov</u> with "Notification to Municipalities Municipality Opinion 30 Day Extension Request – [Insert municipality or community board name here]" in the subject line. Municipalities or community boards should be sure to provide proof of the date of receipt of the Notification to Municipalities that they wish to request an extension of time for submitting a municipality opinion. Any request that does not include such information will be rejected as incomplete.

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Signed		Today's date: _// ///
Print TREVOR	Nod	/ <i>l</i> /



Dante B. Arnwine District Manager

Fred P. Baptiste Chair

(Vacant) Ist Vice Chair

Francisca Leopold 2nd Vice Chair

Linda Watson-Lorde Executive Secretary

> Mayna Legoute Treasurer

Nicolas Almonor Member-at-Large

(Vacant) Member-at-Large

BROOKLYN COMMUNITY BOARD 9

DATE TO BE DETERMINED

New York State Office of Cannabis Management P.O. Box 2071 Albany, New York 12220

Attention: Licensing Unit

Re: Flavorstown Farms Long Island Corp. 392 Rogers Avenue Brooklyn, New York 11225

Dear Sir or Madam:

Our office was notified by the above-referenced applicant of their intent to apply for a cannabis retail dispensary license at the above-referenced premises, located within the confines of Community District 9.

Our office received the Notification to Municipality Notice from this applicant on December 15, 2023. To date, this applicant has been unresponsive to all forms of communication from Community Board 9. The members of our Public Safety Committee and our Board Membership cannot effectively vet this applicant and therefore we are recommending that this application not be approved.

Should you have any questions as to the above, please feel free to contact the Brooklyn Community Board 09 office at (718) 778-9279, or via email at bk09-1@cb.nyc.gov; or darnwine@cb.nyc.gov.

Sincerely,

Dante B. Arnwine District Manager

cc: Michael LaSala, Applicant Andrew Cooper, Representative

	e of Cannabis gement	Notification to Municipality OCM-06009
RE:	Notification of adult-use retail dispensary license application	
License Type:	New Establishment	DECUVED
Previous DBA:		DEC 15 SOOD
License Number	(if applicable):	U U DEC 15 ZUZS LEY
Applicant Name:	Michael Lasala	NYC Community Board 9
Phone Number:	***	
Email Address:		
Dear Municipal	Clerk/NYC Community Board:	
This serves as a	notification that I (name) Michael LaSal	a
2.43	avortown forms long Island	Corp.
	ve, file(d) an application for licensure with the Office of	f Cannabis Management
to open a(n):		
×		stered organization with ensing (or ROD)
in (county name at:	Brooklyn. This business, on	ce the license is approved, shall be located
Address Line 1:	392 Rogers Ave	
Address Line 2:	0,22	
City	Brooklyn	
Zip code:	11225	
The mailing add	ress is (if different from business location):	
Address Line 1:		
Address Line 2:		
City/Town/Villag	e: Centreach	
State: NY] Zip code: <u>1172</u> 0	14

	ne of business if different from above) has ervices of (attorney or representative)	BROLLER
Name:	Andrew Cooper	DEC 1 5 2023
Address Line 1:		and the second se
Address Line 2:		NYC Community Board 9
City/Town/Village:		
State: NY	Zip code: 11570	
Telephone with are	ea code	

If the municipality or community board would like to express an opinion to the Cannabis Control Board, they must respond to this notification within 30 days by emailing an opinion to <u>municipalities@ocm.ny.gov</u>. This expressed opinion must be on official municipality or community board letterhead.

If the municipality or community board would like to request a one-time 30 day extension for the municipality or community board to provide their opinion, or if the municipality or community board has any comments, concerns, or questions, they must reach out to the Office at <u>municipalities@ocm.ny.gov</u> with "Notification to Municipalities Municipality Opinion 30 Day Extension Request – [Insert municipality or community board name here]" in the subject line. Municipalities or community boards should be sure to provide proof of the date of receipt of the Notification to Municipalities that they wish to request an extension of time for submitting a municipality opinion. Any request that does not include such information will be rejected as incomplete.

Signed .	Today's date:	12-15-2
Print Michael LaSala		



Dante B. Arnwine District Manager

Fred P. Baptiste Chair

(Vacant) Ist Vice Chair

Francisca Leopold 2nd Vice Chair

Linda Watson-Lorde Executive Secretary

> Mayna Legoute Treasurer

Nicolas Almonor Member-at-Large

(Vacant) Member-at-Large

BROOKLYN COMMUNITY BOARD 9

DATE TO BE DETERMINED

New York State Office of Cannabis Management P.O. Box 2071 Albany, New York 12220

Attention: Licensing Unit

Re: Infused, LLC 1130 Nostrand Avenue Brooklyn, New York 11225

Dear Sir or Madam:

Our office was notified by the above-referenced applicant of their intent to apply for a cannabis retail dispensary license at the above-referenced premises, located within the confines of Community District 9.

Our office received the Notification to Municipality Notice from this applicant on November 17, 2023. To date, this applicant has been unresponsive to all forms of communication from Community Board 9. The members of our Public Safety Committee and our Board Membership cannot effectively vet this applicant and therefore we are recommending that this application not be approved.

Should you have any questions as to the above, please feel free to contact the Brooklyn Community Board 09 office at (718) 778 - 9279, or via email at bk09-1@cb.nyc.gov; or darnwine@cb.nyc.gov.

Sincerely,

Dante B. Arnwine District Manager

cc: Jeffrey Budhoo, Applicant



RE:	Notification of adult-use retail dispensary license application	
License Type:	New Establishment	
Previous DBA:	Infused LLC NOV 17 2023	
License Number	r (if applicable):	
Applicant Name:	Teffrey Buchoo NYC Community Board 9	
Phone Number:		
Email Address:		
Dear Municipal	I Clerk/NYC Community Board:	
This serves as	notification that I (name) Joffrey Budhoo	
of (dba)	Infused LLC	-
intend to, or ha	ave, file(d) an application for licensure with the Office of Cannabis Management	-
to open a(n):		
	retail dispensary premises (new or additional) registered organization with dispensing (or ROD) microbusiness	
in (county name	e) Kings . This business, once the license is approved, shall be loo	ated
at:		
Address Line 1:	: 1130 Nostrand Ave	
Address Line 2:		
City	Brooklyn	
Zip code:	11225	
	dress is (if different from business location):	
Address Line 1:	i	
Address Line 2:	<u> </u>	
City/Town/Villag	ge:	
State:	Zip code:	

and the second		ifferent from above) ey or representative)	Contraction of the second s	
Name:				DECEIVED
Address Line 1:				NOV 17 2023
Address Line 2:				NYC Community Board 9
City/Town/Village:			L	the bonniancy board s
State:	Zip code:			
Telephone with are	a code:			

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Signed	Тос
Print Jeffrey Rudha	<i>>0</i>
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day's date:	11/16/2023	
	///	



Dante B. Arnwine District Manager

Fred P. Baptiste Chair

(Vacant) Ist Vice Chair

Francisca Leopold 2nd Vice Chair

Linda Watson-Lorde Executive Secretary

> Mayna Legoute Treasurer

Nicolas Almonor Member-at-Large

(Vacant) Member-at-Large

BROOKLYN COMMUNITY BOARD 9

DATE TO BE DETERMINED

New York State Office of Cannabis Management P.O. Box 2071 Albany, New York 12220

Attention: Licensing Unit

Re: The Giving Tree Holding, Inc. 544 Flatbush Avenue Brooklyn, New York 11225 OCMRETL-2023-001896

Dear Sir or Madam:

Our office was notified by the above-referenced applicants of their intent to apply for a cannabis retail dispensary license at the above-referenced premises, located within Community District 9.

The applicant appeared before our Public Safety Committee on Thursday, May 9, 2024, after which our Public Safety Committee recommended the applicant to the Full Board for review. The applicant failed appear at our General Board meeting that was scheduled for Tuesday, May 28, 2024.

It is our understanding that the above-referenced applicant is unable to be issued a license due to the approval of OET, Inc. (license #OCM-RETL-24-000011). Therefore, we cannot recommend this application for approval due to its proximity to an active license.

Should you have any questions as to the above, please feel free to contact the Brooklyn Community Board 09 office at (718) 778 - 9279, or via email at <u>bk09-1@cb.nyc.gov</u>; or <u>darnwine@cb.nyc.gov</u>.

Sincerely,

Dante B. Arnwine District Manager

cc: Pari Patel, Applicant



Dante B. Arnwine District Manager

Fred P. Baptiste Chair

(Vacant) 1st Vice Chair

Francisca Leopold 2nd Vice Chair

Linda Watson-Lorde Executive Secretary

> Mayna Legoute Treasurer

Nicolas Almonor Member-at-Large

(Vacant) Member-at-Large

BROOKLYN COMMUNITY BOARD 9

DATE TO BE DETERMINED

New York State Office of Cannabis Management P.O. Box 2071 Albany, New York 12220

Attention: Licensing Unit

Re: The Giving Tree Holding, Inc. 544 Flatbush Avenue Brooklyn, New York 11225 OCMRETL-2023-001896

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Sincerely,

Dante B. Arnwine District Manager

cc: Pari Patel, Applicant

890 NOSTRAND AVENUE • BROOKLYN, NEW YORK 11225 • PHONE: (718) 778-9279 • FAX: (718) 467-0994 WEBSITE: www. https://cbbrooklyn.cityofnewyork.us/cb9/ • EMAIL: BK09-1@CB.NYC.GOV

	e of Cannabis gement	Notification to Municipality OCM-06009
RE:	Notification of adult-use retail dispensary license application	
License Type:	New Establishment	MECELVEN
Previous DBA:		101/ 1 2 2022
License Number	(if applicable):	NUV 1 3 2023
Applicant Name:	Pari P. Pater LLC	NYC Community Board 9
Phone Number:		
Email Address:	· · · · · · · · · · · · · · · · · · ·	
Dear Municipal	Clerk/NYC Community Board:	
This serves as	notification that I (name) Pari P. Patel	LLC
of (dba)		
intend to, or hav	ve, file(d) an application for licensure with the Office of C	annabis Management
to open a(n):		
	etail dispensary premises (new or additional) registe dispen	red organization with sing (or ROD)
in (county name	e) Kings . This business, once	the license is approved, shall be located
at:		
Address Line 1:		Bernt
Address Line 2:		
City	Brooklyn, NY	
Zip code:	11225	
The mailing add Address Line 1:	Iress is (if different from business location):	
Address Line 2:		
City/Town/Villag	je:	
State: NM	Zip code: 11554	*

(As applicable, name of business if different from above) has retained the legal services of (attorney or representative)

Name:	
Address Line 1:	
Address Line 2:	
City/Town/Village:	
State:	Zip code:
Telephone with are	a code:

If the municipality or community board would like to express an opinion to the Cannabis Control Board, they must respond to this notification within 30 days by emailing an opinion to <u>municipalities@ocm.ny.gov</u>. This expressed opinion must be on official municipality or community board letterhead.

If the municipality or community board would like to request a one-time 30 day extension for the municipality or community board to provide their opinion, or if the municipality or community board has any comments, concerns, or questions, they must reach out to the Office at <u>municipalities@ocm.ny.gov</u> with "Notification to Municipalities Municipality Opinion 30 Day Extension Request – [Insert municipality or community board name here]" in the subject line. Municipalities or community boards should be sure to provide proof of the date of receipt of the Notification to Municipalities that they wish to request an extension of time for submitting a municipality opinion. Any request that does not include such information will be rejected as incomplete.

Signed			Today's date:	11723	_
Print	Pari	Pater		1 .]	



Dante B. Arnwine District Manager

Fred P. Baptiste Chair

Vacant 1st Vice Chair

Francisca Leopold 2nd Vice Chair

Linda Watson-Lorde Executive Secretary

> Mayna Legoute Treasurer

Nicolas Almonor Member-at-Large

Vacant Member-at-Large

BROOKLYN COMMUNITY BOARD 9

DATE TO BE DETERMINED

New York State Office of Cannabis Management P.O. Box 2071 Albany, New York 12220

Attention: Licensing Unit

Re: Flatbush Exotic 544 Flatbush Avenue Brooklyn, New York 11225 OCMMICR-2023-000414

Dear Sir or Madam:

Our office was notified by the above-referenced applicants of their intent to apply for a cannabis retail dispensary license at the above-referenced premises, located within Community District 9.

The applicant appeared before our Public Safety Committee on Thursday, January 11, 2024, and February 8, 2024, after which our Public Safety Committee recommended that the applicant to the Full Board for review. The applicant has subsequently failed to appear at our General Board meeting for review by our membership body, therefore we are recommending that this application not be approved.

Should you have any questions as to the above, please feel free to contact the Brooklyn Community Board 09 office at (718) 778 - 9279, or via email at <u>bk09-1@cb.nyc.gov</u>; or darnwine@cb.nyc.gov.

Sincerely,

Dante B. Arnwine District Manager

cc: Hesham M. Kassim, Applicant



RE: Notification of adult-use retail dispensary license application

License Type: New Establishment

Previous DBA:

License Number:

Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) HESHAM M. KASSIM

of (dba) FLATBUSH EXOTIC

have obtained a provisional license from the Cannabis Control Board and intend to file an application for full licensure with the Office of Cannabis Management to open a

retail dispensary

on-site consumption business

in (county name) Kings County located at:

Street:	 544 FLATBUSH AVENUE

Unit:

City of NEW YORK

Zip code: 11225

The mailing address is (if different from business location):

Street:

Unit:

City/Town/Village:

State:

Zip code:

(As applicable, name of business if different from above) has retained the legal services of (attorney or representative) Name: FRANCIS YALLEY

Street:

Unit:

City/Town/Village: BROOKLYN

State: Zip code: 11226

Telephone with area code:

If you would like to express an opinion to the Cannabis Control Board please respond to this notification within 30 days by mail to:

Attn: Licensing Division New York State Office of Cannabis Management P.O. Box 2071 Albany, NY 12220

Thank you.

Today's date:

3/9/2023



Dante B. Arnwine District Manager

Fred P. Baptiste Chair

Vacant 1st Vice Chair

Francisca Leopold 2nd Vice Chair

Linda Watson-Lorde Executive Secretary

> Mayna Legoute Treasurer

Nicolas Almonor Member-at-Large

Vacant Member-at-Large

BROOKLYN COMMUNITY BOARD 9

DATE TO BE DETERMINED

New York State Office of Cannabis Management P.O. Box 2071 Albany, New York 12220

Attention: Licensing Unit

Re: 552 ENY LLC 546 East New York Avenue Brooklyn, New York 11225 OCMRETL-2023-001850

Dear Sir or Madam:

Our office was notified by the above-referenced applicant of their intent to apply for a retail dispensary license at the above-referenced premises, located within the confines of Community District 9.

The applicant appeared at our May 9, 2024, Public Safety Committee meeting and it was determined that the proposed location is in within 500 feet of two educational institutions serving children. The applicant has not demonstrated the capacity to locate a more appropriate location for their business. Therefore, Community Board 9 is recommending that this location not be approved for licensing.

Should you have any questions as to the above, please feel free to contact the Brooklyn Community Board 09 office at (718) 778 - 9279, or via email at bk09-1@cb.nyc.gov; or darnwine@cb.nyc.gov.

Sincerely,

Dante B. Arnwine District Manager

Cc: Aron Hershkop, Applicant

	e of Cannabis agement	Notification to Municipality OCM-06009
		1
RE:	Notification of adult-use retail dispensary license application	
License Type:	New Establishment	
Previous DBA:		
License Number	(if applicable):	
Applicant Name	Aron Hershkop	
Phone Number:		
Email Address:		
Dear Municipal	Clerk/NYC Community Board:	
This serves as	notification that I (name) Aron Hershkop	
of (dba)	552 ENY LLC	
intend to, or ha	ve, file(d) an application for licensure with the Office of Car	nabis Management
to open a(n):		
r r	etail dispensary premises (new or additional)	d organization with
	nicrobusiness	ng (or ROD)
in (county name	e) RINGS . This business, once th	e license is approved, shall be located
at:		
Address Line 1:	546 E New York Avenue	
Address Line 2:		
City	Brooklyn	
Zip code:	11225	
The mailing add	dress is (if different from business location): 5/AME	
Address Line 1:		-
Address Line 2:		_
City/Town/Villag	ge:	-
State:	Zip code:	

Not at this time

Name:		
Address Line 1:		
Address Line 2:		
City/Town/Village:		
State:	Zip code:	
Telephone with are	a code:	

If the municipality or community board would like to express an opinion to the Cannabis Control Board, they must respond to this notification within 30 days by emailing an opinion to <u>municipalities@ocm.ny.gov</u>. This expressed opinion must be on official municipality or community board letterhead.

If the municipality or community board would like to request a one-time 30 day extension for the municipality or community board to provide their opinion, or if the municipality or community board has any comments, concerns, or questions, they must reach out to the Office at <u>municipalities@ocm.ny.gov</u> with "Notification to Municipalities Municipality Opinion 30 Day Extension Request – [Insert municipality or community board name here]" in the subject line. Municipalities or community boards should be sure to provide proof of the date of receipt of the Notification to Municipalities that they wish to request an extension of time for submitting a municipality opinion. Any request that does not include such information will be rejected as incomplete.

Signed			Today's date:	11	17	23	-
Print	> Aron	Hershkop					

rev12312021 OFFICE USE ONLY Original O Amended Date	E.
Standardized <u>NOTICE FORM</u> for Providing <u>30-Day Advance</u> <u>Notice</u> to a <u>Local Municipality or Community Board</u>	đi s o
1. Date Notice Sent: 03/05/2024 1a. Delivered by: Overnight Mail, Tracking Number and Pro	
 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: 	
O New Application O Removal O Class Change	
For premises in the City of New York:	
O New Application O New Application and Temporary Retail Permit O Temporary Retail Permit O 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: BROOKLYN COMMUNITY BOARD 9	
Applicant/Licensee Information:	
4. Licensee Serial Number (if applicable): N/A Expiration Date (if applicable): N/A	
5. Applicant or Licensee Name: AGI'S CAFE, LLC	
6. Trade Name (if any): AGI'S COUNTER	
7. Street Address of Establishment: 818 FRANKLIN AVENUE	
8. City, Town or Village: BROOKLYN , NY Zip Code: 11225	
9. Business Telephone Number of applicant/ Licensee:	
10. Business E-mail of Applicant/Licensee:	
11. Type(s) of alcohol sold or to be sold: O Beer & cider O Wine, Beer & Cider O Liquor, Wine, Beer & Cider	
12. Extent of Food Service: O Full Food menu; full kitchen run by a chef/cook O 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	
(check all that apply)	
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):	

.

Page 1 of 2

opla-rev12312021 OFFICE USE ONLY Original O Amended Date 49
16. List the floor(s) of the building that the establishment is located on: Ground Floor + Basement/Cellar
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? O Yes (C No
13. Will the recense holder of a manager of physically present within the establish interview of the state of the state of the
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
21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26) ONO
Owner of the Building in Which the Licensed Establishment is Located
22. Building Owner's Full Name: L. ROSE REALTY
23. Building Owner's Street Address:
24. City, Town or Village: BROOKLYN State: NY Zip Code: 11222
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: JOSEPHLEVEY;HELBRAUN & LEVEYLLP
27. Representative/Attorney's Street Address: 4
28. City, Town or Village: NEW YORK State: NEW YORK Zip Code: 10038
29. Business Telephone Number of Representative/Attorney:
30. Business E-mail Address of Representative/Attorney: C/
l 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 signatu re,I affirm - under Penalty of Perjury - that the representations made in this form are true.
31. Printed Principal Name: JOSEPHLEVEY Title: ATTORNEY
~ /

*

<u>Community Board 9 SLA Liquor License</u> <u>Application Questionnaire</u>

Check for which you are applying: New liquor license Alteration of an existing liquor license License renewal
Check either that apply: Sale of assets Alteration (change of class) of an existing liquor license
Today's Date: 05/62/2024
Is location currently licensed? Yes D No Type of license:
If alteration, describe nature of alteration: UPGRADE TO FULL LIQUOR (OP)
Previous or current use of the location: RESTAURANT
Corporation and trade name of current license: AGVS CAFE LLC
APPLICANT:
Name of applicant and all principals: <u>AGIS CAFE LLC - SEREMY SALAMON</u> <u>AND MICHAEL HERMAN</u>
Trade name (DBA): AGI'S COUNTER
Premises address: 818 FRANKLIN AVE, BROOKLYN, NY 11225
Cross streets: UNION STREET AND EASTERN PARKWAY
PREMISES:
Establishment square footage: Maximum Occupancy: 74
Are residential units within the building? A Yes \Box No If Yes, have all residents within the building been notified of the pending license? A Yes \Box No If Yes, explain how notice was provided to residents: NOTICE POSTINGS

Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? (includes roof & yard) Yes I No If Yes, describe: <u>DOT SIDEWALK</u> <u>CAFE</u> Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? A Yes \square No What is maximum NUMBER of people permitted? **74**

PROPOSED METHOD OF OPERATION:

Will any other business besides food or alcohol service be conducted at premise? \Box Yes $\overleftarrow{\mu}$ No If yes, please describe what type: N/A

Proposed hours of operation:

		Monday-Thursday	Friday-Saturday	Sunday
From / To		9AM / ILPM	9 AM / IIPM	9 AM / IIPM
Outdoor Hours (If Applicable)		9AH / IOPM	9AM / IOPM	9AM / IOPM
Number of tables?	6	Number of seat	s? 12	

Will food be served? 🗖 Yes 🗖 No If yes, describe cuisine and submit a menu: _____

How many employees will there be? 10

Do you plan to hire residents from the immediate neighborhood? Yes D No

Will music be played on the premises? X Yes D No

If Yes, what type of music? Live musician DJ XJuke box/CDs/iPad/Bluetooth device

If other types, please describe N/A

What will be the music volume? Background (quiet)
Entertainment level

Will there be security personnel? I Yes No If Yes, how many, and when: NA

How do you plan to manage noise and crowds inside and outside your business so neighbors will not be affected? GIVEN THE EARLY HOURS AND CONSERVATIVE METHOD OF OPERATION, NO ADVERSE NOISE IS ANTICIPATED.

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously?

If yes, please indicate	e name(s) of estab	lishment(s):	AGIS	CAFE	666	_		
Address: 818 FR	ANKUN AV	E		Com	munity Board #_	91	BK)
Dates of operation:						_ If	à	,
principal of license				Board, plea	se provide a let	ter fi	rom	

principal of licensed business within another Community Board, please provide a letter from the community board indicating history of complaints or other comments. Has any principal had work experience similar to the proposed business? \blacksquare Yes \square No If Yes, please attach explanation of experience or resume.

APPLICANTS ARE THE CURRENT OWNERS IN THE SPACE.

Does any principal have other businesses in this area? A Yes No If Yes, please give trade name and describe type of business

Has any principal had SLA reports or action within the past 3 years? D Yes No If Yes, attach list of violations and dates of violations and outcomes, if any.

LOCATION:

How many SLA-licensed establishments are within 2 blocks? APPROXIMATELY 5

Is premises within 200 feet of any school or place of worship? \Box Yes \blacksquare No If so, has the school or place of worship been notified of the pending application: \Box Yes \Box No

Are you aware of any community opposition to your application? \Box Yes \varkappa No If Yes, please explain in detail:

NA

Community Outreach: Applicants are encouraged to reach out to community groups. Please use the attached petition to reflect community support for the application. Also, you are encouraged to reach out to local organizations to obtain support and feedback regarding how community interests may be affected by the applicant's proposed operation.

Affirmation: I, an authorized agent of the above stated applicant, affirm that all statements within this questionnaire are true to the best of my knowledge and that I have made all reasonable efforts to obtain accurate and up to date information. If material information changes before the Public Safety Committee, Community Board 9 General Board or the New York State Liquor Authority make final determinations regarding my license application, I will notify Community Board 9 as soon as practicable. If, at any time, a dispute arises between members of the community and the establishment for which this application was submitted, I agree to work with Community Board 9 to resolve such disputes quickly and fairly. I understand that Community Board 9's ongoing support of my license is contingent on my ongoing compliance with the law and respect for the community. I affirm that I conspicuously posted the public notice for 7 days prior to submitting this form.

Name: MATTHEN COLTON	Title: ATTORNEY
Telephone Number:	Email Address:
-	
Signature	

1.Com



	1
BREAKFAST & LUNCH MENU	
POGACSA (HOUSE-MADE BISCUIT)13 fried egg, alpine cheddar, mayo add bacon - 5	
SUGARED GRAPEFRUIT	
PALACSINTA(HUNGARIAN CREPES) 16 Warm crepes lathered with salted butter, and layered with poached pineapple, soft cream & powdered sugar	
PAPRIKA PORK SAUSAGE	
CONFIT TUNA MELT.17served on griddled potato pullman with alpine cheddar, a sideof cabbage slaw & mustardadd fried egg - 2	
CARAWAY CAESAR	
CHILLED BORSCHT	
CHICKEN LIVER MOUSSE	
A BOWL OF AGI O'S	
THICK CUT BACON9	
GREEN DEVILS	
SIDES housemade hot sauce1 sweet & sour pickles	
5% KITCHEN APPRECIATION FEE BY APPLYING A KITCHEN APPRECIATION FEE TO OUR CHECKS, WE ARE WORKING TOWARD BRIDGING THE PAY GAP BETWEEN THE SERVERS AND THE KITCHEN STAFF, WHO ARE UNABLE TO RECEIVE TIPS. WE ARE GRATEFUL FOR YOUR PATRONAGE AND WELCOME ANY QUESTIONS YOU HAVE ABOUT THIS POLICY	

BRUNCH

POGACSA (BISCUIT).....13 Fried egg, alpine cheddar, mayo +add bacon – 5

SUGARED GRAPEFRUIT.....13 Carmelized & served with griddled pullman & salted yogurt

PALACSINTA......16 (HUNGARIAN CREPES) Warm crepes lathered with salted butter, and layered with poached pineapple, soft cream & powdered sugar

COUNTRY CLUB PLATE......26 House cured salmon, smoked trout salad, pickled green tomato, cucumber, parsely-shallot salad, whipped farmers cheese & caraway rye

+add trout roe -5 +add anchovy -3 +add chicken liver mousse -5

CONFIT TUNA MELT......17

Served on griddled potato pullman with alpine cheddar & a side of cabbage slaw +add fried egg -2 CARAWAY CAESAR......16 radicchio, anchovy, "VIGO" crumbs, granna padano & lemon

CHILLED BORSCHT12 Beets, shallot & coriander. Pureed & chilled until ice cold. Whipped with yogurt.

Sub. yogurt & compote -5

+ add anchovy -3+ add hot sauce -2

SPANAKOPITA BABKA......7 +add fried egg -2

scallion sour cream +add trout roe -5

SIDES

housemade hot sauce.....1 sweet & sour pickles.....2 griddled pullman toast......3 thick cut bacon.....9

5% KITCHEN APPRECIATION FEE

BY APPLYING A KITCHEN APPRECIATION FEE TO OUR CHECKS, WE ARE WORKING TOWARD BRIDGING THE PAY GAP BETWEEN THE SERVERS AND THE KITCHEN STAFF, WHO ARE UNABLE TO RECEIVE TIPS. WE ARE GRATEFUL FOR YOUR PATRONAGE AND WELCOME ANY QUESTIONS YOU HAVE ABOUT THIS POLICY.

NOSHES
GREEN DEVILS
CHICKEN LIVER MOUSSE
DIP & CHIPS
CARAWAY CAESAR
TROUT CARPACCIO
MAINS
PRESSED CHICKEN PAPRIKAS
SEMOLINA DUMPLINGS & MORELS
LAMB STUFFED CABBAGE
HERITAGE PORK SHOULDER STEAK
SIDES
ASPARAGUS
CRISPY SCHMALTZ POTATOES
WILD MARKET GREENS
5% KITCHEN APPRECIATION FEE BY APPLYING AN AUTO 5% GRATHITY WE ARE WORKING TOWARD RRIDGING THE DAY CAR

BY APPLYING AN AUTO 5% GRATUITY WE ARE WORKING TOWARD BRIDGING THE PAY GAP BETWEEN THE SERVERS & THE KITCHEN STAFF, WHO ARE LEGALLY UNABLE TO RECEIVE TIPS FROM THE POOL. WE WELCOME ANY QUESTIONS YOU HAVE ABOUT THIS POLICY.



rev12	312021 State Liquor Authority		Original 🔿 Am	OFFICE USE ONLY ended Date		49
-	57 1			FORM for Provi lunicipality or C		
	Date Notice Sent:	May 22, 202		1a. Delivered by:		Tracking Number and Proof of Delivery
2	O New Application	O Removal	ork:	ority for an On-Premises A	lcoholic Beverage I	JUN 0 4 2024
	For premises in the					NYC Community Book
			ion and Temporary Re		ry Retail Permit	O Removal
	O Class Change	O Method of Ope	ration O Corporate	Change ORenewal	O Alteration	
	For Renewal applic For Alteration appli For Corporate Char For Removal applic For Class Change applic	ants, answer all qui cants, attach a con ige applicants, atta ants, attach a state oplicants, attach a s	estions uplete written descript ch a list of the current ment of your current a tatement detailing you	ch question below using a ion and diagrams depictir and proposed corporate and proposed addresses v ur current license type an equired, if you choose to s	ng the proposed alt principals vith the reason(s) f d your proposed lic	eration(s) or the relocation
:	Please include all	documents as no	oted above. Failure	to do so may result in	disapproval of the	he application.
	This 30-Day Adva	nce Notice is Bei	ng Provided to the (Clerk of the Following l	ocal Municipalit	y or Community Board:
3.	Name of Municipali	ty or Community Bo	ard: Brooklyn Co	mmunity Board 9		
,	Applicant/License	e Information:				
			1293347 License ID: 03	40-23-139046 Exp	iration Date (if ann	licable): 08/31/2024
	Applicant or License					00/01/2024
			- mo.			
	Trade Name (if any)					
	Street Address of Es		Franklin Avenue			
8.	City, Town or Village	Brooklyn			, NY Zip Code:	11225
9.	Busíness Telephone	Number of applica	nt/ Licensee:			
10.	Business E-mail of A	pplicant/Licensee;				
	Type(s) of alcohol so		O Beer & cider	O Wine, Beer & Cide		iquor, Wine, Beer & Cider
				y a chef/cook 🗿 Menu m	neets legal minimur	m food requirements; food prep area require
13.	Type of Establishme			uke Box Disc Jocke		
	Method of Operatio (check all that apply		(give details i.e., rock l cing Employee de Games Thin	bands, acoustic, jazz, etc.) Dancing Exotic Da	:	ss Entertainment
15.	Licensed Outdoor A (check all that app	rea: 🖌 None	Patio or Deck	Rooftop Ga	arden/Grounds	Freestanding Covered Structure

100

opla-rev12312021			
× 96	Original OAmended	CE USE ONLY Date	
			49
16. List the floor(s) of the building tha	t the establishment is located on:	Ground Floor	
17. List the room number(s) the estab	lishment is located in within the bu	lding, if appropriate:	
18. Is the premises located within 500) feet of three or more on-premises	iquor establishments? O Yes	(C No
19. Will the license holder or a manag	er be physically present within the e	stablishment during all hours of oper	ation? • Yes O No
20. If this is a transfer application (an	existing licensed business is being p	urchased) provide the name and seria	I number of the licensee:
	Name		Serial Number
21. Does the applicant or licensee ow		ment is located? O Yes (if YES, SK	
	Owner of the Building in Which	n the Licensed Establishment is Lo	ocated
22. Building Owner's Full Name: 10	45 Union Associates LLC		
23. Building Owner's Street Address:			
24. City, Town or Village: Brooklyn		State: NY	Zip Code: 11222
25. Business Telephone Number of Bu	ilding Owner:		
3			
Rep Applicatio	resentative or Attorney Repres on for a License to Traffic in Alco	enting the Applicant in Connection whol at the Establishment Identific	on with the ed in this Notice
Rep Applicatio 26. Representative/Attorney's Full Na	on for a License to Traffic in Alco	enting the Applicant in Connection hol at the Establishment Identifie	on with the ed in this Notice
Applicatio	me: Michael J. Paleudis, Esq.	enting the Applicant in Connection whol at the Establishment Identifie	on with the ed in this Notice
Application 26. Representative/Attorney's Full National 27. Representative/Attorney's Street A	me: Michael J. Paleudis, Esq.	enting the Applicant in Connection whol at the Establishment Identifie	on with the ed in this Notice
Applicatio	me: Michael J. Paleudis, Esq.	enting the Applicant in Connection whol at the Establishment Identified	on with the ed in this Notice Zip Code: 08540
Application 26. Representative/Attorney's Full National 27. Representative/Attorney's Street A	me: Michael J. Paleudis, Esq.	hol at the Establishment Identifie	ed in this Notice
Application 26. Representative/Attorney's Full Nation 27. Representative/Attorney's Street A 28. City, Town or Village: Princeton	on for a License to Traffic in Alco me: Michael J. Paleudis, Esq. Address:	hol at the Establishment Identifie	ed in this Notice
Application 26. Representative/Attorney's Full Nation 27. Representative/Attorney's Street A 28. City, Town or Village: Princeton 29. Business Telephone Number of Rep	on for a License to Traffic in Alco me: Michael J. Paleudis, Esq. Address:	hol at the Establishment Identifie	ed in this Notice
Application 26. Representative/Attorney's Full Nation 27. Representative/Attorney's Street A 28. City, Town or Village: Princeton 29. Business Telephone Number of Rep 30. Business E-mail Address of Represent 1 am the applicant Representations in the the Authority when upon, and that false	on for a License to Traffic in Alco me: Michael J. Paleudis, Esq. Address: oresentative/Attorney: entative/Attorney: or licensee holder or a principal his form are in conformity with re granting the license. I understar is representations may result in	hol at the Establishment Identifie	applying for the license. documents relied upon by his form will also be relied revocation of the license.
Application 26. Representative/Attorney's Full Nation 27. Representative/Attorney's Street A 28. City, Town or Village: Princeton 29. Business Telephone Number of Rep 30. Business E-mail Address of Represent 1 am the applicant Representations in the the Authority when upon, and that fals By my signature,	on for a License to Traffic in Alco me: Michael J. Paleudis, Esq. Address: oresentative/Attorney: entative/Attorney: or licensee holder or a principal his form are in conformity with re- granting the license. I understar be representations may result in 1 affirm - under Penalty of Perju	of the legal entity that holds or is state: NJ State: NJ of the legal entity that holds or is epresentations made in submitted ind that representations made in t disapproval of the application or i ry - that the representations mad	applying for the license. documents relied upon by his form will also be relied revocation of the license.
Application 26. Representative/Attorney's Full Nation 27. Representative/Attorney's Street A 28. City, Town or Village: Princeton 29. Business Telephone Number of Rep 30. Business E-mail Address of Represent 1 am the applicant Representations in the the Authority when upon, and that false	on for a License to Traffic in Alco me: Michael J. Paleudis, Esq. Address: oresentative/Attorney: entative/Attorney: or licensee holder or a principal his form are in conformity with re- granting the license. I understar be representations may result in 1 affirm - under Penalty of Perju	of the legal entity that holds or is state: NJ State: NJ of the legal entity that holds or is epresentations made in submitted ind that representations made in t disapproval of the application or i ry - that the representations mad	applying for the license. documents relied upon by his form will also be relied revocation of the license.
Application 26. Representative/Attorney's Full Nation 27. Representative/Attorney's Street A 28. City, Town or Village: Princeton 29. Business Telephone Number of Rep 30. Business E-mail Address of Represent 1 am the applicant Representations in the the Authority when upon, and that fals By my signature,	on for a License to Traffic in Alco me: Michael J. Paleudis, Esq. Address:	of the legal entity that holds or is state: NJ State: NJ of the legal entity that holds or is epresentations made in submitted ind that representations made in t disapproval of the application or i ry - that the representations mad	applying for the license. documents relied upon by his form will also be relied revocation of the license.
Application 26. Representative/Attorney's Full Nation 27. Representative/Attorney's Street A 28. City, Town or Village: Princeton 29. Business Telephone Number of Rep 30. Business E-mail Address of Represent 1 am the applicant Representations in the the Authority when upon, and that fals By my signature,	on for a License to Traffic in Alco me: Michael J. Paleudis, Esq. Address:	of the legal entity that holds or is state: NJ State: NJ of the legal entity that holds or is epresentations made in submitted ind that representations made in t disapproval of the application or i ry - that the representations mad	applying for the license. documents relied upon by his form will also be relied revocation of the license.

(q, b)

<u>Community Board 9 SLA Liquor License</u> <u>Application Questionnaire</u>

Check for which you are ap New liquor license	plying: Alteration of an existing liquor license	License renewal
Check either that apply: Sale of assets	□ Alteration (change of class) of an existing	g liquor license
Today's Date: <u>6/5/20</u>		
Is location currently licensed	d? 🖾 Yes 🗖 No 🛛 Type of license: 🔜 🗖 🗛 🗤 🖉	R / BEE / WEVE / C= DER
If alteration, describe nature		
Previous or current use of the	e location:RESTAVAANT	
Corporation and trade name	of current license: CROW ISAR JOBA	FRANKLIN 820
APPLICANT:		
Name of applicant and all pr	rincipals: DANWELBY MIKE B	RALTE ATN KARU
Trade name (DBA):	RAWILLEN 820	
Premises address:&U	FRANKLEN AVE	
Cross streets:	JER JERANKIN/VNION	
PREMISES:		
Establishment square footag	e: <u>1600</u> Maximum Occupancy: <u>7</u>	2
been notified of the pending	the building? 🖬 Yes 🗖 No If Yes, have all reside g license? 🗖 Yes 🗖 No If Yes, explain how	ents within the building notice was provided to

Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? (includes roof & yard) up Yes up No If Yes, describe:

Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use?
Yes No What is maximum NUMBER of people permitted?

PROPOSED METHOD OF OPERATION:

Will any other business besides food or alcohol service be conducted at premise?
Yes No If yes, please describe what type: ______

Proposed hours of operation:

	Monday-Thursday	Friday-Saturday	Sunday
From / To	4:00PM / 2:00AM	2:00PM / 4:00AM	2:00PM / 12:00AM
Outdoor Hours (If Applicable)	/	/	/

Number of tables? ______ Number of seats? _____8

Will food be served? Ves No If yes, describe cuisine and submit a menu: AMENSIAN

How many employees will there be? 10

Do you plan to hire residents from the immediate neighborhood? DYes No STAFF IN PLACE

Will music be played on the premises? 📓 Yes 🗖 No

If Yes, what type of music?
Live musician DJ DJ Juke box/CDs/iPad/Bluetooth device

If other types, please describe

What will be the music volume? Background (quiet) Centertainment level

Will there be security personnel?
Yes Ves No If Yes, how many, and when: ______

How do you plan to manage noise and crowds inside and outside your business so neighbors will not be affected?

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? 🖬 Yes 🗖 No

If yes, please indicate name(s) of establishment(s):	HOLLOW NICHEL					
Address: <u>494 ATLANTEL AVE</u>	Community Board #					
Dates of operation: 2012 - PRESENS	If a					
principal of licensed business within another Community Board, please provide a letter from						
the community board indicating history of complaints or other comments.						

Has any principal had work experience similar to the proposed business? Yes No If Yes, please attach explanation of experience or resume.

Does any principal have other businesses in this area?
Yes No If Yes, please give trade name and describe type of business

Has any principal had SLA reports or action within the past 3 years? \Box Yes No If Yes, attach list of violations and dates of violations and outcomes, if any.

LOCATION:

How many SLA-licensed establishments are within 2 blocks?

Is premises within 200 feet of any school or place of worship? \Box Yes \boxtimes No If so, has the school or place of worship been notified of the pending application: \Box Yes \Box NoN/A

Are you aware of any community opposition to your application? \Box Yes \boxtimes No If Yes, please explain in detail:

Community Outreach: Applicants are encouraged to reach out to community groups. Please use the attached petition to reflect community support for the application. Also, you are encouraged to reach out to local organizations to obtain support and feedback regarding how community interests may be affected by the applicant's proposed operation.

Affirmation: I, an authorized agent of the above stated applicant, affirm that all statements within this questionnaire are true to the best of my knowledge and that I have made all reasonable efforts to obtain accurate and up to date information. If material information changes before the Public Safety Committee, Community Board 9 General Board or the New York State Liquor Authority make final determinations regarding my license application, I will notify Community Board 9 as soon as practicable. If, at any time, a dispute arises between members of the community and the establishment for which this application was submitted, I agree to work with Community Board 9 to resolve such disputes quickly and fairly. I understand that Community Board 9's ongoing support of my license is contingent on my ongoing compliance with the law and respect for the community. I affirm that I conspicuously posted the public notice for 7 days prior to submitting this form.

Name: DAN WELBY	Title: OWNER	-
Telephone Number:	Email Address:	
Signature:		

SMASH BURGERS

ADD FRIES OR SIDE SALAD \$5

F820 CLASSIC \$15 2 special blond boot patties, american chesse, special sauce, lettuce, tomato, onion, pickles

SPICY SMASH \$16

2 special blend beef patties, chipotle mayo, reasted jalapeno relish, monterey cheese, lettuce, tomato, onion, picktes

BEYOND BURGER \$17 special sauce, lettuce, tomato, onion, pickles

BREAKFAST BURGER \$18 all day, all night

2 special blend beef patties, american cheese, bacon, fried egg

SANDWICHES

ADD FRIES OR SIDE SALAD \$5

BUTTERMILK FRIED CHICKEN \$12 double battered, lettuce, tomato, pickles, onion, special homemade sauce

GRILLED CHEESE \$9 add bacon or veggle bacon \$4, tomato \$1

BLT OR VEGGIE BLT \$13 bacon, lettuce, tomato, chipotle mayo

GRILLED CHICKEN WRAP \$17 bacon, lettuce, tomato, cheddar cheese, wrapped in a flour tortilla

CHEESE QUESADILLA \$11 cheddar, monterey, black beans, pico da gallo sour cream, add chicken \$4

SALAD

ADD CHICKEN OR BACON \$4 CAESAR SALAD \$14 topped with parmesan chease, croutons

BITES

HAND CUT FRIES basket \$10 small \$6 add cheese \$1, add bacon \$4, cajun seasoning \$1 King Style: fried onions, cheese, special sauce \$4

POPCORN CHICKEN \$11 served with builde or southern BBQ sauce.

FRIED PICKLES \$9 served with honey mustard or chipotle mayo

NACHOS \$15 layered with chedder & monterey cheese, black beans, pico de gallo & sour cream, add chicken or bacon \$4

TATER TOTS basket \$11 small \$7 served with ketchup & chipotle mayo

CHIPS & SALSA \$8 homomade chips with salsa made to order

DAWGS

ADD FRIES OR SIDE SALAD \$5

HOT DOG \$5 served with choice of ketchup, chipotle mayo, mustard, add crispy bacon wrap \$4, add Cheese \$1.

KICKIN BACON HOT DOG \$9 crispy bacon wrapped hot dog, monterey cheese, chipotle mayo, sauteed onions

WINGS

LARGE \$18 SMALL \$10 BUFFALO, BBQ, OLD BAY OR HONEY SRIRACHA

served with celery and carrots, choice of blue cheese or ranch dressing

DAILY SPECIAL

BEER & BURGER \$18

(820 classic smash & 16oz lionshead draft

BEER ON TAP

AUSTIN BLOOD ORANGE CIDER 3 FLOYDS ZOMBIE DUST PALE ALE LIONSHEAD PILSNER SIXPOINT BKLYN SUNNY CITRUS LAGUNITAS IPA THREE'S LOGICAL CONCLUSION IPA SIX POINT STOOPER HAZY IPA VICTORY BROTHERLY LOVE HAZY IPA BLUE POINT TOASTED LAGER NARRAGANSETT SUMMER CRUSHER

> WE ALSO CARRY A BEER SELECTION OF BOTTLES AND CANS <</p>

SUMMER COCKTAILS

SUMMER DREAMS tequila, strawberry puree, honey, temon

MISS BEHAVIN' vodka, st. germain, lime juice, syrup, soda splash STRAWBERRY 75 gin, honey, lemon, strawberry, prosecco

> FRANKLIN LEMONADE spiced rum, lemon, honey

SPICY MARGARITA infused tequila, lime juice, triple sec

NEW YORK A GO-GO gin, aperol, maraschino, dry vermouth, lime

MATCHA DO ABOUT NOTHING bourbon, matcha, lemon, demerara syrup

BEE IN THE GARDEN earl grey gin, honey, lemon, celery bitters

820 OLD FASHIONED whiskey, angostura bitters, demerara syrup

> WE MAKE ALL THE CLASSICS SO JUST ASK IF YOU DON'T SEE IT ON THE MENU <

LATE NIGHT MENU

FRI -SAT 11:30 PM - 1:00AM

WINGS LARGE \$18 SMALL \$10 CHIPS & SALSA \$8 POPCORN CHICKEN \$11 FRIED PICKLES \$9 HAND CUT FRIES BASKET \$10 SMALL \$6

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	OFFICE USE ONLY Original Amended Date
ante (49
	Standardized <u>NOTICE FORM</u> for Providing <u>30-Day Advance</u> <u>Notice</u> to a <u>Local Municipality or Community Board</u>
1. Date Notice Sent:	May 21, 2024 1a. Delivered by: Overnight Mail, Tracking Number and Proof of Delivery
For premises outside t	HIN MAY 2.2 coor III //
-	O Removal O Class Change
For premises in the Ci	NYC Community Board 9
	O New Application and Temporary Retail Permit O Temporary Retail Permit O Removal
O Class Change	Method of Operation O Corporate Change ORenewal O Alteration
For Renewa l applicant For Alteration applicar For Corporate Change For Removal applicant For Class Change appli	ry Retail Permit applicants, answer each question below using all information known to date s, answer all questions nts, attach a complete written description and diagrams depicting the proposed alteration(s) applicants, attach a list of the current and proposed corporate principals s, attach a statement of your current and proposed addresses with the reason(s) for the relocation cants, attach a statement detailing your current license type and your proposed license type ion Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes
	ocuments as noted above. Failure to do so may result in disapproval of the application.
	e Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:
3. Name of Municipality o	
Applicant/Licensee Ir	
	(if applicable): 1331938 License ID: 0340-22-108456 Expiration Date (if applicable): 08/31/2024 ame: 665 Flatbush Bar LLC
6. Trade Name (if any):	
L	
7. Street Address of Establ	
8. City, Town or Village: B	rooklyn , NY Zip Code: 11225
9. Business Telephone Nur	nber of applicant/ Licensee:
10. Business E-mail of Appli	cant/Licensee:
11. Type(s) of alcohol sold o	or to be sold: O Beer & cider O Wine, Beer & Cider O Liquor, Wine, Beer & Cider
12. Extent of Food Service:	O Full Food menu; full kitchen run by a chef/cook 🗿 Menu meets legal minimum food requirements; food prep area required
13. Type of Establishment:	Bar/Tavern
	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: (check all that apply)	□ None □ Patio or Deck □ Rooftop ✔ Garden/Grounds □ Freestanding Covered Structure □ Sidewalk Cafe □ Other (specify):

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opia-rev 125 12021		OFFICE US				
	Original A	mended	Date			49
16. List the floor(s) of the building tha	it the establishment is loc	ated on: Groun	d Floor			
17. List the room number(s) the estab	lishment is located in wit	bin the building is	annranviata, Luca			
18. Is the premises located within 500) feet of three or more on	-premises liquor e	stablishments? O	Yes (C) No		
19. Will the license holder or a manag	er be physically present v	vithin the establis	hment during all hours of	f operation? (Yes O No	
20. If this is a transfer application (an	existing licensed business	s is being purchase	ed) provide the name and	d serial number of	the licensee:	
	Name			Serial Num	her	
21. Does the applicant or licensee ow		e establishment is	located? C. Yes (if Y	ES, SKIP 23-26)	O No	
			in the second se	25, 5101 25-201	ONO	
	Owner of the Buildin	g in Which the L	icensed Establishmen	t is Located		
22. Building Owner's Full Name: 66	65 Flatbush Ave Pro	operty LLC				
23. Building Owner's Street Address:						
24. City, Town or Village: Orange			State: NJ		Zip Code: 07050	
25. Business Telephone Number of Bu	uliding Owner:					
	L					
Rep	resentative or Attorn	ev Representing	the Applicant in Con	nection with the		
	on for a License to Traf					
26. Representative/Attorney's Full Na	me: Michael J. Paleu	idis, Esq.				
27. Representative/Attorney's Street	Address:					
28. City, Town or Village: Princeton			State: NJ	-	Zip Code: 08540	
29. Business Telephone Number of Re	presentative/Attorney:	[J. 34		,	
30. Business E-mail Address of Represe	entative/Attorney:					
Representations in t the Authority when	t or licensee holder or a his form are in conform granting the license. I	nity with represe understand tha	ntations made in subr	nitted document le in this form wi	s relied upon by Il also be relied	
	se representations ma					
By my signature,	, I affirm - under Pena l	ty of Perjury - th	at the representations	s made in this for	m are true.	
By my signature,		ty of Perjury - th	at the representations	s made in this for	m are true.	
		ty of Perjury - th	at the representations		m are true.	
	, I affirm - under Penal i	ty of Perjury - th			m are true.	
	, I affirm - under Penal i	ty of Perjury - th			m are true.	

Page 2 of 2 Doc ID: 670d8a1b27f8b195947d963455fc38812b8ad3a4

<u>Community Board 9 SLA Liquor License</u> <u>Application Questionnaire</u>

Check for which you are applying: New liquor license Alteration of an existing liquor license License renewal
 Check either that apply: □ Sale of assets □ Alteration (change of class) of an existing liquor license
Today's Date:06 / 11 / 2024
Is location currently licensed? Ves INO Type of license: Bar/Tavern
If alteration, describe nature of alteration:
Previous or current use of the location: Bar/Tavern
Corporation and trade name of current license:665 Flatbush Bar LLC
APPLICANT:
Name of applicant and all principals: <u>Steve Fishman</u>
Trade name (DBA):Ruth
Premises address:665 Flatbush Avenue, Brooklyn NY 11225
Cross streets: Winthrop / Hawthorne
PREMISES:
Establishment square footage: <u>1200</u> Maximum Occupancy: <u>92</u>
Are residential units within the building?

Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? *(includes roof & yard)* 🛛 Yes 🗆 No If Yes, describe: Enclosed back yard

Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? ☐ Yes ☐ No What is maximum NUMBER of people permitted?

PROPOSED METHOD OF OPERATION:

Will any other business besides food or alcohol service be conducted at premise? □ Yes ⊠ No If yes, please describe what type: _____

Proposed hours of operation:

	Monday-Thursday	Friday-Saturday	Sunday
From / To	5PM / 12AM	5PM / 2AM	4PM / 12AM
Outdoor Hours (If Applicable)	5PM / 10PM	5PM / 12AM	4PM _/ 10PM

Number of tables?	20	Number of seats?	64

How many employees will there be? 10

Do you plan to hire residents from the immediate neighborhood? Ves Ves No

Will music be played on the premises? ☑ Yes □ No

If Yes, what type of music?
Live musician DJ DJ Juke box/CDs/iPad/Bluetooth device

If other types, please describe

What will be the music volume?
Background (quiet)
Entertainment level

Will there be security personnel? 🛛 Yes 🗖 No If Yes, how many, and when:

How do you plan to manage noise and crowds inside and outside your business so neighbors will not be affected? _____ Low volume music, safe serving practices, sound proofing, early back yard closure _____

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously?
Yes
No

If yes, please indicate name(s) of establishment(s):	665 Flatbush Bar LLC	-				
Address: 665 Flatbush Avenue	Community Board #	9				
Dates of operation: <u>12/31/2022-Current</u>		_ If a				
principal of licensed business within another Community Board, please provide a letter from						
the community board indicating history of complaints or other comments.						

Has any principal had work experience similar to the proposed business? 🛛 Yes 🗖 No If Yes, please attach explanation of experience or resume.

Bar / Cafe

Does any principal have other businesses in this area? □ Yes ⊠ No If Yes, please give trade name and describe type of business

Has any principal had SLA reports or action within the past 3 years? \square Yes \square No If Yes, attach list of violations and dates of violations and outcomes, if any.

Before it closed, Steve Fishman owned 2122 Beekman Bar LLC. That entity received an SLA violation in March of 2021 for Covid related violations and paid a \$10,000.00 fine.

LOCATION:

How many SLA-licensed establishments are within 2 blocks? 4

Is premises within 200 feet of any school or place of worship? \Box Yes \Box No If so, has the school or place of worship been notified of the pending application: \Box Yes \Box No

Are you aware of any community opposition to your application? \Box Yes \boxtimes No If Yes, please explain in detail:

-

Community Outreach: Applicants are encouraged to reach out to community groups. Please use the attached petition to reflect community support for the application. Also, you are encouraged to reach out to local organizations to obtain support and feedback regarding how community interests may be affected by the applicant's proposed operation.

Affirmation: I, an authorized agent of the above stated applicant, affirm that all statements within this questionnaire are true to the best of my knowledge and that I have made all reasonable efforts to obtain accurate and up to date information. If material information changes before the Public Safety Committee, Community Board 9 General Board or the New York State Liquor Authority make final determinations regarding my license application, I will notify Community Board 9 as soon as practicable. If, at any time, a dispute arises between members of the community and the establishment for which this application was submitted, I agree to work with Community Board 9 to resolve such disputes quickly and fairly. I understand that Community Board 9's ongoing support of my license is contingent on my ongoing compliance with the law and respect for the community. I affirm that I conspicuously posted the public notice for 7 days prior to submitting this form.

Name: Steve Fishman	Title: Owner	
Telephone Number:	Email Address:	
0/		
Signature:		

🔀 Dropbox Sign

Title	665 Flatbush Bar LLC; Liquor License Renewal
File name	06.06.24%20-%20Br65%20Flatbush.pdf
Document ID	c3eb826ab1453841026abed5de488348f22fcf07
Audit trail date format	MM / DD / YYYY
Status	Signed

This document was requested from app.clio.com

Document History

G SENT	06 / 06 / 2024 17:20:02 UTC	Sent for signature to Steve Fishman from IP: 96.248.92.228
۲	06 / 12 / 2024 00:28:58 UTC	Viewed by Steve Fishman IP: 173.77.43.79
VIEWED	00.28.38 010	IF. 173.77.43.73
r	06 / 12 / 2024	Signed by Steve Fishman (
SIGNED	00:29:25 UTC	IP: 173.77.43.79
COMPLETED	06 / 12 / 2024 00:29:25 UTC	The document has been completed.

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ev12312021	OFFICE USE ONLY		
	Original Amended Date		
49 Standardized <u>NOTICE FORM</u> for Providing <u>30-Day Advance</u> <u>Notice</u> to a <u>Local Municipality or Community Board</u>			
1. Date Notice Sent:	1a. Delivered by: Certified Mail Return Receipt Requested		
 Select the type of App For premises outside t 	plication that will be filed with the Authority for an On-Premises Alcoholic Beverage License:		
	O Removal O Class Change		
For premises in the Ci	and the second se		
	O New Application and Temporary Retail Permit O Temporary Retail Permit O Removal		
	Method of Operation O Corporate Change O Renewal O 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			
	tion Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes ocuments as noted above. Failure to do so may result in disapproval of the application.		
	e Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:		
	or Community Board: BROOKLYN COMMUNITY BOARD #9		
Applicant/Licensee II			
	Name: CUP CAKES BY BRENDA GRILL CORP.		
1200	TAQUERIA EL PATRON MEXICAN GRILL		
7. Street Address of Estab			
8. City, Town or Village:	BROOKLYN , NY Zip Code: 11225		
9. Business Telephone Nu	Imber of applicant/ Licensee:		
10. Business E-mail of Appl	icant/Licensee:		
11. Type(s) of alcohol sold	or to be sold: O Beer & cider O Wine, Beer & Cider O Liquor, Wine, Beer & Cider		
12. Extent of Food Service:	• Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area required		
13. Type of Establishment:	Restaurant (full kitchen and full menu required)		
14. Method of Operation: (check all that apply)	Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke 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 (check all that apply)			

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16. List the floor(s) of the build	ing that the establishment is locat	ted on: GROUND FLOOR AND BASE	MENT
17. List the room number(s) th	e establishment is located in withi	in the building, if appropriate: N/A	
18. Is the premises located with	hin 500 feet of three or more on-p	remises liquor establishments? O Yes	s 🗄 No
19. Will the license holder or a	manager be physically present wit	thin the establishment during all hours of o	peration? 💿 Yes 🔿 No
20. If this is a transfer applicati	on (an existing licensed business is	s being purchased) provide the name and se	erial number of the licensee:
21. Does the applicant or licen:	Name see own the building in which the	establishment is located? 👘 👌 Yes (if YES,	Serial Number , SKIP 23-26)
	Owner of the Building	in Which the Licensed Establishment is	s Located
22. Building Owner's Full Name	SOLARIS PROPERTIES L	LLC (RONG GE)	
23. Building Owner's Street Ad	dress:		
24. City, Town or Village: NE	WYORK	State: NY	Zip Code: 10065
25: Business Telephone Numb	er of Building Owner:		
Ap 26. Representative/Attorney's	plication for a License to Traffi	y Representing the Applicant in Conne ic in Alcohol at the Establishment Iden FONG	
27. Representative/Attorney's	in the second		
		State: NY	Zip Code: 10010
29. Business Telephone Numbe			
23. Business relepitone numb	in or Representative/Attorney.		
30. Business E-mail Address of	Representative/Attorney:		
Representation the Authority upon, and t	ns in this form are in conformi y when granting the license. I u hat false representations may nature, I affirm - under Penalty	principal of the legal entity that holds of ty with representations made in submi understand that representations made result in disapproval of the application representations of Perjury - that the representations of Title: OWNER	tted documents relied upon by in this form will also be relied or revocation of the license. nade in this form are true.
		λ. Λ. τ. ·	

INN NON

Principal Signature:	
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Page 2 of 2

<u>Community Board 9 SLA Liquor License</u> <u>Application Questionnaire</u>

Check for which you are applying: New liquor license Alteration of an existing liquor license License renewal		
Check either that apply: ☐ Sale of assets ☐ Alteration (change of class) of an existing liquor license		
Today's Date: 05/28/2024		
Is location currently licensed? 🗹 Yes 🗖 No Type of license:		
If alteration, describe nature of alteration:		
Previous or current use of the location:		
Corporation and trade name of current license:		
APPLICANT:		
Name of applicant and all principals:CUP CAKES BY BRENDA GRILL CORP		
Trade name (DBA):TAQUERIA EL PATRON MEXICAN GRILL		
Premises address: 49-51 LINCOLN RD, BROOKLYN NY 11225		
Cross streets: OCEAN AVE & FLATBUSH AVE		
PREMISES:		
Establishment square footage: Maximum Occupancy: 50		
Are residential units within the building? Yes No If Yes, have all residents within the building been notified of the pending license? Yes No If Yes, explain how notice was provided to residents: I posted the meeting notice so the residents and customers can see.		

Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? (includes roof & yard) 🛛 Yes 🗆 No If Yes, describe: at the front sidewalk

Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Yes I No What is maximum NUMBER of people permitted?

PROPOSED METHOD OF OPERATION:

Will any other business besides food or alcohol service be conducted at premise? Yes No If yes, please describe what type: _____

Proposed hours of operation:

	Monday-Thursday	Friday-Saturday	Sunday
From / To	12pm / 10pm	12pm / 10pm	12pm / 10pm
Outdoor Hours (If Applicable)	12pm / 10pm	12pm / 10pm	12pm / 10pm

Number of tables? <u>16</u> Number of seats? <u>58</u>

Will food be served? Ves D No If yes, describe cuisine and submit a menu: MEXICAN STREET STYLE

How many employees will there be? 10

Do you plan to hire residents from the immediate neighborhood? Yes No

Will music be played on the premises? ☑ Yes □ No

If Yes, what type of music? Live musician DJ DJ Juke box/CDs/iPad/Bluetooth device

If other types, please describe RECORDED MUSIC

What will be the music volume? **Z** Background (quiet) **D** Entertainment level

Will there be security personnel?
Yes Ves Vo If Yes, how many, and when: ______

How do you plan to manage noise and crowds inside and outside your business so neighbors will not be affected? _____NO MUSIC OUTDOORS. ONLY INDOORS AT LOW LEVEL

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? Z Yes D No

If yes, please indicate name(s) of establishment(s): <u>ESTHER HADASSA CORP, LAS LILYS CORP & ISAIAH 45 CORP</u> Address: <u>43 LINCOLN RD, 191 5TH AVE, 52 LINCOLN RD</u> Community Board #<u>9</u> Dates of operation: <u>7 DAYS A WEEK</u> If a principal of licensed business within another Community Board, please provide a letter from the community board indicating history of complaints or other comments. Has any principal had work experience similar to the proposed business? \square Yes \square No If Yes, please attach explanation of experience or resume.

I have been operating the forementioned restaurant locations with SLA licenses

Does any principal have other businesses in this area? Yes D No If Yes, please give trade name and describe type of business All 3 of them are mexican restaurants

Has any principal had SLA reports or action within the past 3 years? \Box Yes \Box No If Yes, attach list of violations and dates of violations and outcomes, if any.

LOCATION:

How many SLA-licensed establishments are within 2 blocks? 5

Is premises within 200 feet of any school or place of worship? \Box Yes \Box No If so, has the school or place of worship been notified of the pending application: \Box Yes \Box No

Are you aware of any community opposition to your application? \Box Yes \Box No If Yes, please explain in detail:

Community Outreach: Applicants are encouraged to reach out to community groups. Please use the attached petition to reflect community support for the application. Also, you are encouraged to reach out to local organizations to obtain support and feedback regarding how community interests may be affected by the applicant's proposed operation.

Affirmation: I, an authorized agent of the above stated applicant, affirm that all statements within this questionnaire are true to the best of my knowledge and that I have made all reasonable efforts to obtain accurate and up to date information. If material information changes before the Public Safety Committee, Community Board 9 General Board or the New York State Liquor Authority make final determinations regarding my license application, I will notify Community Board 9 as soon as practicable. If, at any time, a dispute arises between members of the community and the establishment for which this application was submitted, I agree to work with Community Board 9 to resolve such disputes quickly and fairly. I understand that Community Board 9's ongoing support of my license is contingent on my ongoing compliance with the law and respect for the community. I affirm that I conspicuously posted the public notice for 7 days prior to submitting this form.

Name: SANDRA HUNG FONG	Title: REPRESENTATIVE
Telephone Number:	Email Address:
Signature:	

ATTENTION RESIDENTS & NEIGHBORS

CUP CAKES BY BRENDA GRILL CORP

Company/DBA Name and Contact Number for Questions

plans to open a

BAR/RESTAURANT

(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

49-51 LINCOLN RD, BROOKLYN NY 11225

Building Number and Street Name (Address)

This establishment is seeking a license to serve

LIQUOR, WINE, BEER, CIDER

Beer & Cider • Wine, Beer & Cider • or Liquor, Wine, Beer & Cider

Applicant Contact Information

Contact the Applicant or COMMUNITY BOARD 9 With any questions or concerns.

bk09-1@cb.nvc.gov • 718*778-9279

Taqueria El Patron (Prospect Park)

51 Lincoln Rd

Brooklyn, NY 11225

J (917) 893-8733

Noon - 10:00 PM

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Author of	49 Standardized <u>NOTICE FORM</u> for Providing <u>30-Day Advance</u> <u>Notice</u> to a <u>Local Municipality or Community Board</u>
1. Date Notice Sent:	04/25/2024 1a. Delivered by: HAHOO delivereo
For premises outsi New Applicatio For premises in the	Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License: ide the City of New York: On O Removal O Class Change MAY 1 4 2024 NYC Community Board S New Application and Temporary Retail Permit O Temporary Retail Permit O Removal
	Image: Second
For Renewal applic For Alteration applic For Corporate Char For Removal applic For Class Change a For Method of Ope Please include all	borary Retail Permit applicants, answer each question below using all information known to date cants, answer all questions licants, attach a complete written description and diagrams depicting the proposed alteration(s) inge applicants, attach a list of the current and proposed corporate principals cants, attach a statement of your current and proposed addresses with the reason(s) for the relocation ipplicants, attach a statement detailing your current license type and your proposed license type eration Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes Il documents as noted above. Failure to do so may result in disapproval of the application. ance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:
	ity or Community Board: Community board 😿 9
Applicant/License	e Information:
_ 4. Licensee Serial Num	nber (if applicable): Expiration Date (if applicable):
5. Applicant or License	ee Name: Masatunde Noble
6. Trade Name (if any)	
7. Street Address of Es	stablishment: 708 Parkside Avenue
8. City, Town or Village	Brooklyn , NY Zip Code: 11226
9. Business Telephone	Number of applicant/ Licensee:
10. Business E-mail of A	
Type(s) of alcohol so	old or to be sold: O Beer & cider O Wine, Beer & Cider 🕺 Liquor, Wine, Beer & Cider
12. Extent of Food Servi 13. Type of Establishmer	
14. Method of Operatior (check all that apply)	
15. Licensed Outdoor Ar (check all that app	rea: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure

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16. List the floor(s) of the building that	at the establishment is located on:	Ground Floor	
17. List the room number(s) the estab	blishment is located in within the b	uilding, if appropriate: N/A	
18. Is the premises located within 500	0 feet of three or more on-premise	s liquor establishments? O Yes	XNO
19. Will the license holder or a manage	ger be physically present within the	e establishment during all hours of opera	ation? Yes O 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
21. Does the applicant or licensee ow	on the building in which the establis	shment is located? Yes (if YES, SKI	IP 23-26) No
			·
	Owner of the Building in Whi	ich the Licensed Establishment is Lo	ocated
22. Building Owner's Full Name:	Chong Sun Lee & Keun Su	Lee	
23. Building Owner's Street Address:			
24. City, Town or Village:		State: PA	Zip Code: 18914
25. Business Telephone Number of B	uilding Owner.		
Reg Applicati 26. Representative/Attorney's Full Na	ion for a License to Traffic in Al	esenting the Applicant in Connectic cohol at the Establishment Identifie	on with the ed in this Notice
Applicati	ame: Michael Campbell	esenting the Applicant in Connectic cohol at the Establishment Identifie	on with the ed in this Notice
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Community Board 9 SLA Liquor License Application Questionnaire

Check for which you are applying: New liquor license

Alteration of an existing liquor license

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License renewal

Check either that apply: Sale of assets

Alteration (change of class) of an existing liquor license

Au

Now New York

Today's Date: 06-09-2024

Is location currently licensed? 🗖 Yes 💐 No – Type of license:

If alteration, describe nature of alteration:

Previous or current use of the location:

Corporation and trade name of current license:

APPLICANT:

Name of applicant and all principals: Has Afonde . Doble

Trade name (DBA):

Premises address:

Cross streets:

PREMISES:

Establishment square footage: 600 Maximum Occupancy: 28

Are residential units within the building? 🗆 Yes 🐱 No If Yes, have all residents within the building been notified of the pending license? I Yes I No If Yes, explain how notice was provided to residents:

Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? (includes roof & yard) D Yes No If Yes, describe:

1 of 3

Has any principal had work experience similar to the proposed business? Prycs D No. If Yes, please attach explanation of experience or resume.

Does any principal have other businesses in this area? D Yes TNo. If Yes, please give trade name and describe type of business

Has any principal had SLA reports of action within the past 3 years?
Yes
No. If Yes, attach list of violations and outcomes, if any.

LOCATION:

How many SLA-licensed establishments are within 2 blocks?



Is premises within 200 feet of any school or place of worship?
Yes No If so, has the school or place of worship been notified of the pending application:
Yes
No

Are you aware of any community opposition to your application?
Yey No If Yes, please explain in detail:

Community Outreach: Applicants are encouraged to reach out to community groups. Please use the attached petition to reflect community support for the application. Also, you are encouraged to reach out to local organizations to obtain support and feedback regarding how community interests may be affected by the applicant's proposed operation.

Affirmation: I, an authorized agent of the above stated applicant, affirm that all statements within this questionnaire are true to the best of my knowledge and that I have made all reasonable efforts to obtain accurate and up to date information. If material information changes before the Public Safety Committee, Community Board 9 General Board or the New York State Liquor Authority make final determinations regarding my license application, I will notify Community Board 9 as soon as practicable. If, at any time, a dispute arises between members of the community and the establishment for which this application was submitted, I agree to work with Community Board 9 to resolve such disputes quickly and fairly. I understand that Community Board 9's ongoing support of my license is contingent on my ongoing compliance with the law and respect for the community. I affirm that I conspicuously posted the public notice for 7 days prior to submitting this form.

Oblejite: Tasutonole Name:

Telephone Number

imail Address:

Signature:

Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Yes I No What is maximum NUMBER of people permitted?

PROPOSED METHOD OF OPERATION:

Will any other business besides food or alcohol service be conducted at premise?
Yeyta No If yes, please describe what type:

Proposed hours of operation: Monday-Thursday Friday-Saturday Sunday From / To PAy 12pr Jan 4 Aug 9 Ay 2pr Outdoor Hours (If Applicable) Number of tables? 7 Number of seats? 14 Will food be served? 🗗 Yes 🗖 No If yes, describe cuisine and submit a menu: ______ How many employees will there be? S Do you plan to hire residents from the immediate neighborhood? Z Yes D No Will music be played on the premises? Ves D No If Yes, what type of music? D Live musician D DJ DJuke box/CDs/iPad/Bluetooth device If other types, please describe ____ What will be the music volume? D Background (quiet) E Entertainment level Will there be security personnel?
Yes
No If Yes, how many, and when: flow do you plan to manage noise and crowds inside and outside your business so neighbors will not be affected?

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? D Yes No

If yes, please indicate name(s) of establishment(s):	and the second
Address	Community Board #
Dates of operation:	lfa

principal of licensed business within another Community Board, please provide a letter from the community board indicating history of complaints or other comments.

Petition to Support Proposed Liquor License

The following undersigned residents of the area	SUPPORT the issuance of the following (indicate full-liquo
or beer-wine-cider)	liquor license to the following applicant/
establishment (company and/or trade name) Address of premises: 708 Phufe	role Ale
This business will be a: (circle) Bar Rest The hours of operation will be: 9-A-	aurant Other:

NOTE: Signatures should be from residents of building & adjoining buildings, within 2-block area.

Other information regarding the license:

Name	Signature	Address
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Dowald Gray	De	
Joisse Dinz _aisha Edmond	1	
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RONALD JAMES Reniel Griffet	G	8
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	Use additional pages as necessary klyn Community Board 9: (718) 7	

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rev12302021 OFFICE USE ONLY Original Original Date	49
Standardized <u>NOTICE FORM</u> for Providing <u>30-Day Advance</u> <u>Notice</u> to a <u>Local Municipality or Community Board</u>	
1. Date Notice Sent: 05/04/2024 1a. Delivered by:	כ
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: MAY 1 6 2024	
New Application O Removal O Class Change For premises in the City of New York: NYC Community Board 9	
 New Application New Application and Temporary Retail Permit Renewal Alteration Removal Class Change Method of Operation Corporate Change 	
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: BROOKLYN COMMUNITY BOARD 09	T
Applicant/Licensee Information:	Т
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):	٦
5. Applicant or Licensee Name: NEW ERA RESTAURANT INCORPORATED	Ļ
6. Trade Name (if any):	Ļ
7. Street Address of Establishment: 366 UTICA AVENUE	4
	Ļ
9. Business Telephone Number of applicant/Licensee:	1
10. Business E-mail of Applicant/Licensee:]
11. Type(s) of alcohol sold or to be sold: O Beer & cider O Wine, Beer & Cider O Liquor, Wine, Beer & Cider	
12. Extent of Food Service: O Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area requi	red
13. Type of Establishment: Restaurant (full kitchen and full menu required)	
14. Method of Operation: (check all that apply) 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.): CONTEMPORARY Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Video/Arcade Games Third Party Promoters Security Personnel]
Other (specify):	1
15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (check all that apply) Sidewalk Cafe Other (specify):	1

1. 1. A.

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opla-rev12302021			
	OFFICE US	Date	
			49
16. List the floor(s) of the building tha	t the establishment is located on: GRC	UND, BASEMENT	
17. List the room number(s) the estab	plishment is located in within the building,	if appropriate:	
18. Is the premises located within 500) feet of three or more on-premises liquor	establishments? O Yes (© N	0
19. Will the license holder or a manage	er be physically present within the establi	shment during all hours of operation?	• Yes • No
20. If this is a transfer application (an	existing licensed business is being purchas	sed) provide the name and serial numbe	er of the licensee:
	Nama		
	Name		Number
21. Does the applicant or licensee own	n the building in which the establishment	is located? ① Yes (if YES, SKIP 23-26	6) O No
	Owner of the Building in Which the	Licensed Establishment is Located	
22. Building Owner's Full Name: 36	6 UTICA LLC		
23. Building Owner's Street Address:			
24. City, Town or Village: BROOKL	LYN	State: NY	Zip Code: 11213
25. Business Telephone Number of Bu	uilding Owner:		
	- L		
Rep Applicatio 26. Representative/Attorney's Full Nar	resentative or Attorney Representin on for a License to Traffic in Alcohol a me: PATRICK AGARD of PARLI	t the Establishment Identified in th	the is Notice
-		AMENT ADVISERS LLC	
27. Representative/Attorney's Street A	Address: 1		
28. City, Town or Village: BROOKL	YN	State: NY	Zip Code: 11213
29. Business Telephone Number of Rep	presentative/Attorney:		
30. Business E-mail Address of Represe	entative/Attorney:		
Representations in th the Authority when upon, and that fals	or licensee holder or a principal of the his form are in conformity with represe granting the license. I understand that we representations may result in disap I affirm - under Penalty of Perjury - th	entations made in submitted docum at representations made in this form proval of the application or revocat	nents relied upon by n will also be relied ion of the license.
Sy my sphere,	and a second contract of regary - u	nat the representations made in this	s ionn die true.
31. Printed Principal Name: KELV	YN KELLY	Title: PRESIDENT	
	1 . 11		
Principal Signature:	1 . 11		

<u>Community Board 9 SLA Liquor License</u> <u>Application Questionnaire</u>

Check for which you are applying: Alteration of an existing liquor license License renewal
Check either that apply: Sale of assets Alteration (change of class) of an existing liquor license
Today's Date: 05/06/2024
Is location currently licensed? Yes INO Type of license:
If alteration, describe nature of alteration: NA
Previous or current use of the location: RESTAURANT
Corporation and trade name of current license: NEW ERA RESTAURANT INCORPORATES
APPLICANT:
Name of applicant and all principals: KELVYN KELLY
Trade name (DBA):
Premises address: 366 UTICA AVE
Cross streets: CARROLL ST & CROWN ST
PREMISES:
Establishment square footage: 600 Maximum Occupancy: 74
Are residential units within the building? \square Yes \square No If Yes, have all residents within the building been notified of the pending license? \square Yes \square No If Yes, explain how notice was provided to residents: \square \square \square \square \square

Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Yes No What is maximum NUMBER of people permitted?

PROPOSED METHOD OF OPERATION:

Will any other business besides food or alcohol service be conducted at premise? If yes, please describe what type: ______

Proposed hours of operation:

	Monday-Thursday	Friday-Saturday	Sunday
From / To	ILAM / ILPM	NAM ZAM	11AM 100M
Outdoor Hours (If Applicable)	/	1	/

Number of tables? 15 Number of seats? 30

Will food be served? MYcs I No If yes, describe cuisine and submit a menu: CARIBBEAN TosioN

How many employees will there be? 4-6

Do you plan to hire residents from the immediate neighborhood? Di Yes D No

Will music be played on the premises? Yes D No

If Yes, what type of music? 🖾 Live musician 🗖 DJ 🛱 Juke box/CDs/iPad/Bluetooth device

If other types, please describe

What will be the music volume? Sp Background (quiet) D Entertainment level

Will there be security personnel?
Yes Vo If Yes, how many, and when:

How do you plan to manage noise and crowds inside and outside your business so neighbors will not be affected? $\underline{In} Door$

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? 🗖 Yes 🕅 No

If yes, please indicate name(s) of establishment(s):				
Address:	Community Board #			
Dates of operation:	Ifa			
principal of licensed business within another Community	Buard, please provide a letter from			
the community board indicating history of complaints or other comments.				

Has any principal had work experience similar to the proposed business? I Yes I No If Yes, please attach explanation of experience or resume. HAS WORKED IN RESTAURANT FOR THE ARS

Does any principal have other businesses in this area? Yes No If Yes, please give trade name and describe type of business

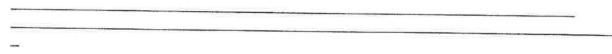
Has any principal had SLA reports or action within the past 3 years? I Yes in No If Yes, attach list of violations and dates of violations and outcomes, if any.

LOCATION:

How many SLA-licensed establishments are within 2 blocks?

Is premises within 200 feet of any school or place of worship? \Box Yes \blacksquare No If so, has the school or place of worship been notified of the pending application: \Box Yes \Box No

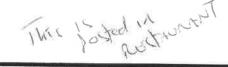
Are you aware of any community opposition to your application? \Box Yes \bowtie No If Yes, please explain in detail:



Community Outreach: Applicants are encouraged to reach out to community groups. Please use the attached petition to reflect community support for the application. Also, you are encouraged to reach out to local organizations to obtain support and feedback regarding how community interests may be affected by the applicant's proposed operation.

Affirmation: I, an authorized agent of the above stated applicant, affirm that all statements within this questionnaire are true to the best of my knowledge and that I have made all reasonable efforts to obtain accurate and up to date information. If material information changes before the Public Safety Committee, Community Board 9 General Board or the New York State Liquor Authority make final determinations regarding my license application, I will notify Community Board 9 as soon as practicable. If, at any time, a dispute arises between members of the community and the establishment for which this application was submitted, I agree to work with Community Board 9 to resolve such disputes quickly and fairly. I understand that Community Board 9's ongoing support of my license is contingent on my ongoing compliance with the law and respect for the community. I affirm that I conspicuously posted the public notice for 7 days prior to submitting this form.

Name: KELVYN KELLY	Title: PRESIDENT
Telephone Number:	Email Address:
Signature:	



ATTENTION RESIDENTS & NEIGHBORS

NEW ERA RESTAURANT JN CORPORTED

Company/DBA Name and Contact Number for Questions

plans to open a BAR RESTAURANT

(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

366 UTICA AUE

Building Number and Street Name (Address)

This establishment is seeking a license to serve

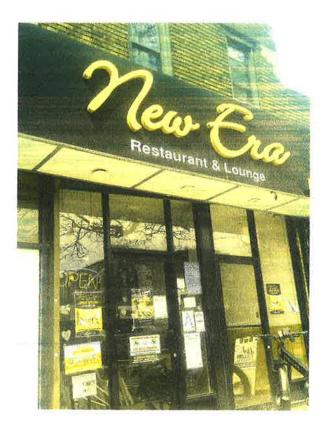
LIQUOR, WINE, BEER, CIDER

Beer & Cider • Wine, Beer & Cider • or Liquor, Wine, Beer & Cider

Applicant Contact Information

Contact the Applicant or COMMUNITY BOARD 9 With any questions or concerns.

bk09-1@cb.nyc.gov • 718*778-9279





Additional photos will be sent

Menu for New Era Restaurant & Lounge

Side Choices

French Fries

Side of French Fries • \$5.00 Rice and Peas Side of Rice and peas \$6.00 • **Spinach Rice** \$6.00 Veggies Veggies \$4.00 • Yellow Rice Side of Yellow Rice 0 \$6.00 **Fried Plantains Fried Plantains** • \$2.00 White Rice White Rice • \$5.00 Appetizers Mussels Contains shellfish. \$28.00 ٠ **Buffalo Wings** \$9.00 ٠ **Fish Fingers** \$9.00 • **Fried Calamari** Contains shellfish. \$9.00 . **Pepper Shrimp** Contains shellfish. \$10.00

\$8.00

Chicken Fingers

Salads

Shrimp Salad Contains shellfish. \$17.00 • **Grilled Chicken Salad** Grilled Chicken Salad • \$15.00 **Regular Salad** Regular Salad • \$10.00 Mains **Oxtail Main** Oxtail Main • \$18.00 **Curry Goat Main** Curry Goat Main \$10.00 • **Baked Chicken Main** \$6.00 • **BBQ Chicken Main** \$6.00 . **Curry Chicken Main** Curry Chicken Main \$9.00 0 **Fried Chicken Main** Fried Chicken Main \$9.00 . **Roast Chicken Main** \$6.00 ۰ **Stew Chicken Main** Stew Chicken Main \$9.00 • **Stew Peas Main** Stew Peas Main \$11.00 ٠ **Cow Foot Main** Cow Foot Main \$10.00 . lerk chicken Jerk chicken . \$10.00

Fish

14

Grilled Salmon Fish

Grilled Salmon Fish with rice and peas

	Coconut Fish	٠	\$20.00
		•	\$20.00
	Brown Stew Fish		\$20.00
	Curry Fish		
	Grilled Fish	8	\$20.00
	Jerk Fish		\$16.00
	Roast Fish	•	\$16.00
	Roast FISh	•	\$16.00
	Steam Fish		
	Rasta Pasta	٠	\$25.00
	Lobster Rasta Pasta		
	Contains shellfish.		
	Lobster and Shrimp Linguine Rasta Pasta	۰	\$20.00
	Contains shellfish.		
	Salmon Rasta Pasta	٠	\$20.00
	Poof Linguine Deste Deste	•	\$21.00
	Beef Linguine Rasta Pasta		\$18.00
	Jerk Salmon Rasta Pasta		\$10.00
	Jerk Shrimp Rasta Pasta	٠	\$21.00
	Contains shellfish.		
	Lobster Linguine Rasta Pasta	•	\$18.00
	Contains shellfish.		
1	Shrimp Rasta Pasta	٠	\$20.00
(Contains shellfish.		
		•	\$18.00

Chicken Rasta Pasta

14 18

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Chicken Linguine Rasta Pasta	•	\$17.00
	•	\$18.00
Jerk Chicken Rasta Pasta		
Regular Rasta Pasta	٠	\$17.00
	•	\$16.00
Sea Food		
Curry Lobster Sea Food		
Contains shellfish.		
Lobster Scampi Sea Food	•	\$22.00
Contains shellfish.		
		\$22.00
Steam Lobster Sea Food		
		\$22.00
Butter Shrimp Sea Food Contains shellfish.		
Contains sheimsn.		\$21.00
Coconut Shrimp Sea Food	•	\$21.00
Contains shellfish.		
	•	\$21.00
Curry Crab Legs Sea Food Contains shellfish.		
Contains sneimsn.		***
Curry Shrimp Sea Food	•	\$26.00
Contains shellfish.		
	•	\$18.00
Fried Shrimp Sea Food		
Contains shellfish.		610 00
Garlic Shrimp Sea Food	•	\$18.00
Contains shellfish.		
	•	\$18.00
Jerk Shrimp Sea Food		
Contains shellfish.		640 00
Shrimp Scampi Sea Food	•	\$18.00

Contains shellfish.

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Stoom Crah Logo Coo Food	•	\$19.00
Steam Crab Legs Sea Food Contains shellfish.		
		\$26.00
Steam Shrimp Sea Food		\$20.00
Contains shellfish.		
		\$18.00
Drinks		
Jamaican sodas		
	•	\$2.50
Tropical rhythm		
		\$2.50
Welch		** **
Water and can sodas	•	\$2.50
		\$1.25
Coconut water		
		\$5.00
Veggie-tarry		
	•	\$5.00
Breakfast		
Salt FIsh		
	•	\$11.00
Ackee and Salt Fish		
Calalloo	•	\$11.00
		\$9.00
Calalloo and Salt Fish		¢7100
		\$11.00
Salt Mackarel		
Liver	٠	\$10.00
With white rice OR Rice and Beans		
	•	\$9.00
		+1100

GRUBHUB

Menu data provided by

Aumonty	49
Standardized <u>NOTICE FORM</u> for Providing <u>30-Day Advance</u> <u>Notice</u> to a <u>Local Municipality or Community Board</u>	
1. Date Notice Sent: 4/16/2024 1a. Delivered by: Certified Mail Return Receipt Requested	d
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:	
O New Appleiation O Removal O Class Change	
For premises in the City of New York:	
New Application New Application and Temporary Retail Permit O Renewal O Alteration O Removal	
O Class Change O Method of Operation O Corporate Change	
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: Brooklyn Community Board No. 9	
Applicant/Licensee Information:	
4. Licensee Serial Number (if applicable): TBD Expiration Date (if applicable): TBD	
5. Applicant or Licensee Name: Bomberino LLC	
6. Trade Name (if any): TBD	
7. Street Address of Establishment: 392 Rogers Avenue	
8. City, Town or Village: Brooklyn , NY Zip Code: 11225	
9. Business Telephone Number of applicant/ Licensee:	Τ
10. Business E-mail of Applicant/Licensee:	
11. Type(s) of alcohol sold or to be sold: O Beer & cider O Wine, Beer & Cider O Liquor, Wine, Beer & Cider	
12. Extent of Food Service: O Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area rea	quired
13. Type of Establishment: Cafe	
🗋 Seasonal Establishment 🔄 Juke Box 📄 Disc Jockey 📕 Recorded Music 🔄 Karaoke	
14. Method of Operation: (check all that apply)	
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment	
Video/Arcade Games Third Party Promoters Security sonnel	
Other (specify):	
15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (check all that apply) Sidewalk Cafe Other (specify):	l s

16. List the floor(s) of the building that the	ne establishment is located on:	Ground		
17. List the room number(s) the establish	nment is located in within the b	uilding, if appropriate:		
18. Is the premises located within 500 fe	et of three or more on-premises	s liquor establishments? O Yes	le No	
19. Will the license holder or a manager	be physically present within the	establishment during all hours of operation	on? 💿 Yes 🔘 No	
20. If this is a transfer application (an exi	sting licensed business is being	purchased) provide the name and serial n	umber of the licensee:	
21. Does the applicant or licensee own t	Name he building in which the establis		erial Number 23-26) ONO	
c	wner of the Building in Whi	ch the Licensed Establishment is Loca	ated	
22. Building Owner's Full Name: Ros	sario Parlanti			
23. Building Owner's Street Address:				
24. City, Town or Village:		State: NY	Zip Code: 11530	
25. Business Telephone Number of Build	ling 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 Nam	e: Hari Nathan Kalyan			
27. Representative/Attorney's Street Ac	Idress:			
28. City, Town or Village:		State:	Zip Code: 78701	
29. Business Telephone Number of Repr	esentative/Attorney:			
30. Business E-mail Address of Represen	tative/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: Thon	nas Ardito	Title: CEO		
Principal Signature:	1.1		24	

<u>Community Board 9 SLA Liquor License</u> <u>Application Questionnaire</u>

Check for which you are applying: New liquor license Alteration of an existing liquor license License renewal				
Check either that apply: Sale of assets Alteration (change of class) of an existing liquor license				
Today's Date: 5/9/24				
Is location currently licensed? Yes X No Type of license:				
If alteration, describe nature of alteration:				
Previous or current use of the location: Retail				
Corporation and trade name of current license:				
APPLICANT:				
Name of applicant and all principals: <u>BomberinoNYC LLC</u> Stefano DeMartini, Thomas Ardito				
Trade name (DBA):Bomberino				
Premises address: 392 Rogers Ave Brooklyn, NY 11225				
Cross streets: bt Empire and Sterling				

PREMISES:

Establishment square footage: <u>1100</u> Maximum Occupancy: <u>74</u> Are residential units within the building? **X** Yes **D** No If Yes, have all residents within the building been notified of the pending license? **X** Yes **D** No If Yes, explain how notice was provided to residents: <u>individual conversation, notice posting, petitions</u>

Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? (includes roof & yard) ☐ Yes ☐ No If Yes, describe: Sidewalk Cafe with 3 tables + 6 chairs



BROOKLYN COMMUNITY BOARD 9

Dear Applicants, Principals & Agents,

Antonio Reynoso Community Board 9 has received your notification of an application for the acquisition of a **Borough President** Liquor, Wine, Beer & Cider License, and Temporary Retail Permit. Please note that due to the current health crisis, public gatherings - including our Public Safety Committee meetings in which Dante B. Arnie SLA applications are reviewed - are being conducted via virtual meeting platforms. **District Manager** Please review the following instructions and complete the relevant documents: Fred P. Baptiste Chair The applicant must complete and submit the following documents: Primo Lasana 1st Vice Chair All applicants must provide a fully completed questionnaire and stipulations (include additional pages, if necessary); New applicants MUST provide a petition in support of application with at least Francisca Leopold 25 signatures from residential tenants of separate households within 2-block area of 2nd Vice Chair establishment location. Petition must state form of establishment (e.g., bar, restaurant) and proposed hours (see attached petition) Include photographs of the inside and outside of the premise, proposed Linda Watson-Lorde food and/or drink menu; and, if applicant has been, or is licensed anywhere in the City. provide a Secretary letter from applicable Community Board indicating history of complaints and other comments. Mayna Legoute The Community Board office must receive these documents by mail or email as soon as possible. It Treasurer is the applicant's duty to ensure the office receives all relevant materials in time. **Dexter Roberts** Member-at-Large Applicant must complete and conspicuously post on its storefront the attached application public notice for 7 days prior to signing and submitting the materials. Nicolas Almonor Member-at-Large Applications without completed information - including petitions and photographs for new applications - will not be heard at the committee meeting. Please note that the applicant, or representative must be present at both the Public Safety Committee meeting and subsequent General Board meeting where the application is discussed. Applicants or appointed representatives absent from the committee meeting or General Board meeting may have their application deferred to the next Public Safety Committee meeting for further review. Thank you for your help and cooperation. If there are any questions, please call the office. Sincerely, Dante B. Arnwine District Manager Brooklyn Community Board 9 890 NOSTRAND AVENUE • BROOKLYN, NEW YORK 11225 • PHONE: (718) 778-

9279 • FAX: (718) 467-0994 WEBSITE: www. https://cbbrooklyn.cityofnewyork.us/cb9/ • EMAIL: BK09-1@CB.NYC.GOV Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? A Yes No What is maximum NUMBER of people permitted?

PROPOSED METHOD OF OPERATION:

Will any other business besides food or alcohol service be conducted at premise?
Yes No If yes, please describe what type: _____

Proposed hours of operation:

	Monday-Thursday	Friday-Saturday	Sunday
From / To	11am / 12am	11am/ 12am	11am / 12am
Outdoor Hours (If Applicable)	llam/llpm	llam / llpm	llam/ llpm

Number of tables? _____ Number of seats? ____10

Will food be served? 🖾 Yes 🗖 No If yes, describe cuisine and submit a menu: Cafe fare, menu attached

How many employees will there be? 3

Do you plan to hire residents from the immediate neighborhood? 🛛 Yes 🗖 No

Will music be played on the premises? ☑ Yes □ No

If Yes, what type of music? 🗖 Live musician 🗖 DJ 🖾 Juke box/CDs/iPad/Bluetooth device

If other types, please describe

What will be the music volume? 🖾 Background (quiet) 🗖 Entertainment level

Will there be security personnel?
Yes X No If Yes, how many, and when:

How do you plan to manage noise and crowds inside and outside your business so neighbors will not be affected?

small cafe with early closing hours and background music so we will not have large crowds

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? X Yes No

If yes, please indicate name(s) of establishment(s): .	Thomas Ardito - Brooklyn DOP LLC				
Address:	Community Board #				
Dates of operation: 6/1/22 - present	If a				
principal of licensed business within another Community Board, please provide a letter					
from the community board indicating history of complaints or other comments.					

Has any principal had work experience similar to the proposed business? \square Yes \square No If Yes, please attach explanation of experience or resume. over 10+ years in hospitality

Does any principal have other businesses in this area?
Yes No If Yes, please give trade name and describe type of business

Has any principal had SLA reports or action within the past 3 years? \Box Yes \boxtimes No If Yes, attach list of violations and dates of violations and outcomes, if any.

LOCATION:

How many SLA-licensed establishments are within 2 blocks? 0

Is premises within 200 feet of any school or place of worship? \Box Yes \boxtimes No If so, has the school or place of worship been notified of the pending application: \Box Yes \Box No

Are you aware of any community opposition to your application? **D** Yes **X** No If Yes, please explain in detail:

Community Outreach: Applicants are encouraged to reach out to community groups. Please use the attached petition to reflect community support for the application. Also, you are encouraged to reach out to local organizations to obtain support and feedback regarding how community interests may be affected by the applicant's proposed operation.

Affirmation: I, an authorized agent of the above stated applicant, affirm that all statements within this questionnaire are true to the best of my knowledge and that I have made all reasonable efforts to obtain accurate and up to date information. If material information changes before the Public Safety Committee, Community Board 9 General Board or the New York State Liquor Authority make final determinations regarding my license application, I will notify Community Board 9 as soon as practicable. If, at any time, a dispute arises between members of the community and the establishment for which this application was submitted, I agree to work with Community Board 9 to resolve such disputes quickly and fairly. I understand that Community Board 9's ongoing support of my license is contingent on my ongoing compliance with the law and respect for the community. I affirm that I conspicuously posted the public notice for 7 days prior to submitting this form.

Name:	Title:	
Telephone Number:	Email Address:	
Signature:		

ATTENTION RESIDENTS & NEIGHBORS

Bomberino NYC LLC dba Bomberino

Company/DBA Name and Contact Number for Questions

plans to open a

Cafe

(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

392 Rogers Ave

Building Number and Street Name (Address)

This establishment is seeking a license to serve

Wine, Beer & Cider

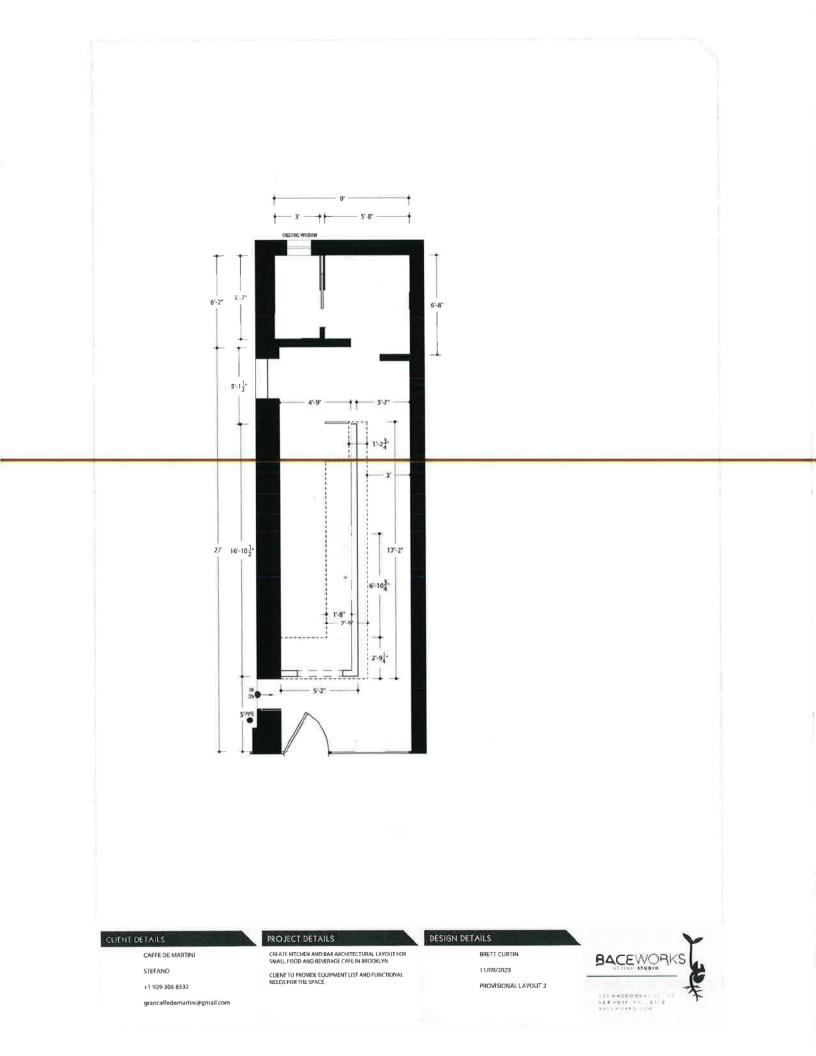
Beer & Cider • Wine, Beer & Cider • or Liquor, Wine, Beer & Cider

Hari Nathan Kalyan, Attorney

Applicant Contact Information

Contact the Applicant or COMMUNITY BOARD 9 With any questions or concerns.

bk09-1@cb.nyc.gov • 718*778-9279



ESPRESSO

Singolo **\$3.25** Doppio **3.75** Macchiato **\$3.75** *De Martini signature drink (*cortado with Nutella or pistacchio cream*) **\$4.75*** Cappuccino **\$5 · 5.75** Latte **\$5 · 5.75** Americano **\$3.75 · 4** Cortado **\$4.25** Mocha **\$5.5 · 6.5** *All iced drinks + \$1.00

COFFEE

Drip regular coffee **\$3 · 3.5** Café au lait **\$3.25 · 3.75** Red eye **\$4 · 4.5** Cold brew **\$4.75**

SWEETS

Sfogliatelle \$4.75 Cannoli \$5 Tiramisu \$7 Apple strudel \$7 *Vegan.* Pumpkin seed bread \$5 *GF/vegan.* Choco tahini cookies \$4 Lemon bar \$6 Lemon tart with nuts \$6 Truffle brownie \$6 Small butter cookies \$.90 PASTRIES Cornetto vuoto \$4.75 Cornetto apricot jam \$5.75 Cornetto Nutella \$5.75 Cornetto pistacchio \$6 Cornetto ham & cheese \$7.50 Cornetto scrambled eggs \$7.50 Cornetto avo & egg \$8.50

ARTISANAL FOCACCIA

Plain **\$5.5** Prosciutto & mozzarella **\$12.5** Pesto, tomato and greens **\$11**

Avocado & egg **\$12** Salame, sun-dried tomatoes, stracchino cheese **\$13**



