



BROOKLYN COMMUNITY BOARD 9

Antonio Reynoso
Borough President

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

TO: 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 Chair

RE: Public Safety Committee Meeting

DATE: Friday, June 14, 2024

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

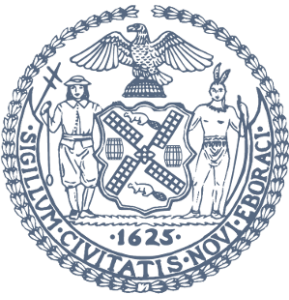
DATE: Monday, June 17, 2024

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
 - a. **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
 - c. **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
 - d. **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 Avenue (corner of Union Street) – 820 Franklin Avenue, 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
 - i. **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
 - i. **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



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Member-at-Large

(Vacant)
Member-at-Large

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



RE: Notification of adult-use retail dispensary license application

License Type: New Establishment

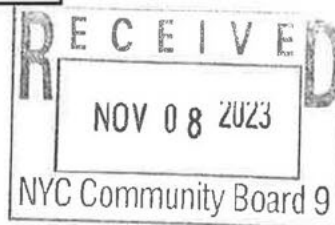
Previous DBA: _____

License Number (if applicable): _____

Applicant Name: ISAAC AGHELIAN

Phone Number: _____

Email Address: _____



Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) ISAAC AGHELIAN

of (dba) PROUD NEW YORK CANNABIS LLC

intend to, or have, 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) Kings County. This business, once the license is approved, shall be located at:

Address Line 1: 324 EMPIRE BLVD

Address Line 2: _____

City: BROOKLYN

Zip code: 11225

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

Address Line 1: _____

Address Line 2: _____

City/Town/Village: GREAT NECK

State: Zip code: 11021

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

Name: _____

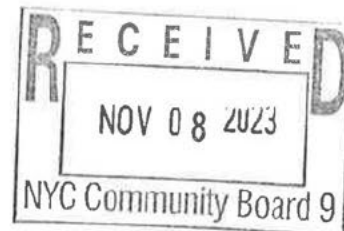
Address Line 1: _____

Address Line 2: _____

City/Town/Village: _____

State: Zip code: _____

Telephone with 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

Print ISAAC AGHELIAN



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2nd Vice Chair

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Executive Secretary

Christian Loubeau
Treasurer

Nicolas Almonor
Member-at-Large

(Vacant)
Member-at-Large

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



RE: Notification of adult-use retail dispensary license application

License Type: New Establishment

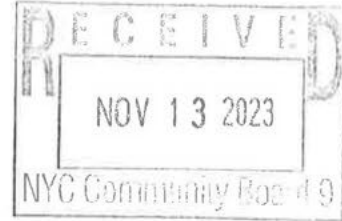
Previous DBA: N/A

License Number (if applicable): N/A

Applicant Name: _____

Phone Number: _____

Email Address: _____



Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) Halim & Blerta Spaho
of (dba) ELEVATED 718 LLC
intend to, or have, 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) Kings County. This business, once 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 mailing address is (if different from business location):

Address Line 1: _____
Address Line 2: _____
City/Town/Village: Brooklyn
State: NY Zip code: 11230

(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 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 municipalities@ocm.ny.gov. 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 municipalities@ocm.ny.gov 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: October 15th, 2023

Print

Halim Spaho



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Executive Secretary

Mayna Legoute
Treasurer

Nicolas Almonor
Member-at-Large

(Vacant)
Member-at-Large

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



RE: Notification of adult-use retail dispensary license application

License Type: New Establishment

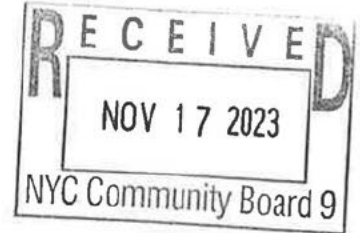
Previous DBA:

License Number (if applicable):

Applicant Name:

Phone Number:

Email Address:



Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name)

of (dba)

intend to, or have, 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) Kings. This business, once the license is approved, shall be located at:

Address Line 1: 675 Flatbush Ave.

Address Line 2:

City: Brooklyn, N.Y.

Zip code: 11225

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

Address Line 1:

Address Line 2:

City/Town/Village: Brooklyn

State: NY 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 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 municipalities@ocm.ny.gov. 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 municipalities@ocm.ny.gov 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 TREVOR NOEL



BROOKLYN COMMUNITY BOARD 9

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Fred P. Baptiste
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Treasurer

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Member-at-Large

(Vacant)
Member-at-Large

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



RE: Notification of adult-use retail dispensary license application

License Type: New Establishment

Previous DBA: _____

License Number (if applicable): _____

Applicant Name: Michael LaSala

Phone Number: _____

Email Address: _____



Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) Michael LaSala
of (dba) FLavortown farms long Island Corp.
intend to, or have, 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) Brooklyn. This business, once the license is approved, shall be located
at:

Address Line 1: 392 Rogers Ave

Address Line 2: _____

City: Brooklyn

Zip code: 11225

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

Address Line 1: _____

Address Line 2: _____

City/Town/Village: Centreach

State: NY Zip code: 11720

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

Name:

Andrew Cooper

Address Line 1:

Address Line 2:

City/Town/Village:

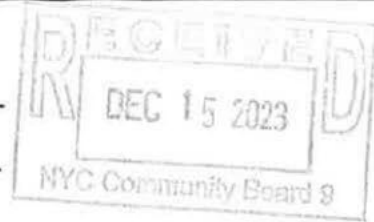
State:

NY

Zip code:

11570

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 municipalities@ocm.ny.gov. 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 municipalities@ocm.ny.gov 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:

12-15-23

Print

Michael LaSala



BROOKLYN COMMUNITY BOARD 9

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Nicolas Almonor
Member-at-Large

(Vacant)
Member-at-Large

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

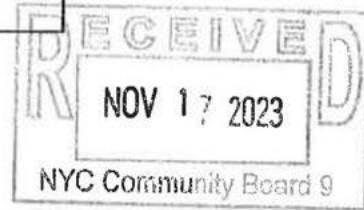
Previous DBA: Infused LLC

License Number (if applicable): _____

Applicant Name: Jeffrey Budhoo

Phone Number: _____

Email Address: _____



Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) Jeffrey Budhoo
of (dba) Infused LLC

intend to, or have, 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) Kings. This business, once the license is approved, shall be located
at:

Address Line 1: 1130 Nostrand Ave
Address Line 2: _____
City: Brooklyn
Zip code: 11225

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

Address Line 1: _____
Address Line 2: _____
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: _____

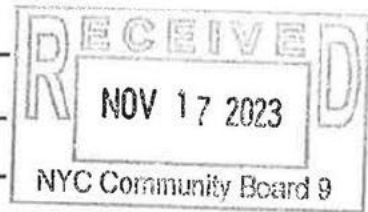
Address Line 1: _____

Address Line 2: _____

City/Town/Village: _____

State: Zip code: _____

Telephone with area code: _____



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Signed _____

Today's date: 11/16/2023

Print Jeffrey Budhoo



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(Vacant)
Member-at-Large

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 bk09-1@cb.nyc.gov; or darnwine@cb.nyc.gov.

Sincerely,

Dante B. Arnwine
District Manager

cc: Pari Patel, Applicant



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Member-at-Large

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 bk09-1@cb.nyc.gov; or darnwine@cb.nyc.gov.

Sincerely,

Dante B. Arnwine
District Manager

cc: Pari Patel, Applicant



RE: Notification of adult-use retail dispensary license application

License Type: New Establishment

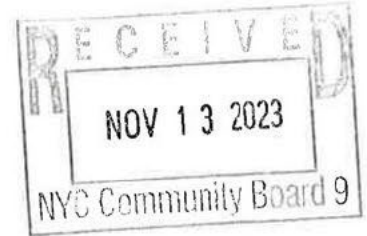
Previous DBA:

License Number (if applicable):

Applicant Name: Pari P. Patel LLC

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 have, 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) Kings. This business, once the license is approved, shall be located at:

Address Line 1: 693 Flatbush Ave Unit Bsmr

Address Line 2:

City: Brooklyn, NY

Zip code: 11225

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

Address Line 1:

Address Line 2:

City/Town/Village:

State: NY

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 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 municipalities@ocm.ny.gov. 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 municipalities@ocm.ny.gov 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: 11/7/23

Print Pari Patel



BROOKLYN COMMUNITY BOARD 9

Antonio Reynoso
Borough President

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

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 bk09-1@cb.nyc.gov; 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:



. This business, once the license is approved, shall be

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.

Signed

X 

Today's date:

3/9/2023



BROOKLYN COMMUNITY BOARD 9

Antonio Reynoso
Borough President

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

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



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) SS2 ENY LLC

intend to, or have, 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) KINGS. This business, once the 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 address is (if different from business location): SAME

Address Line 1: _____

Address Line 2: _____

City/Town/Village: _____

State: _____ Zip code: _____

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

Not at this time

Name: _____

Address Line 1: _____

Address Line 2: _____

City/Town/Village: _____

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 municipalities@ocm.ny.gov. 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 municipalities@ocm.ny.gov 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 _____

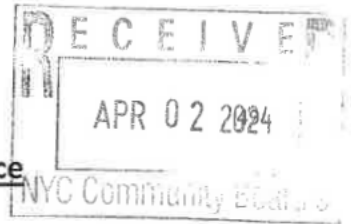
Today's date: _____

11 / 7 / 23

Print _____

Aron Hershkop

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



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

1. Date Notice Sent: 03/05/2024 1a. Delivered by: Overnight Mail, Tracking Number and Pro

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

☐ New Application ☐ Removal ☐ Class Change

For premises in the City of New York:

☐ New Application ☐ New Application and Temporary Retail Permit ☐ Temporary Retail Permit ☐ Removal
☒ Class Change ☐ Method of Operation ☐ Corporate Change ☐ Renewal ☐ Alteration

For New and Temporary Retail Permit applicants, answer each question below using all information known to date

For Renewal applicants, answer all questions

For Alteration applicants, attach a complete written description and diagrams depicting the proposed alteration(s)

For Corporate Change applicants, attach a list of the current and proposed corporate principals

For Removal applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation

For Class Change applicants, attach a statement detailing your current license type and your proposed license type

For Method of Operation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board: 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: ☐ Beer & cider ☐ Wine, Beer & Cider ☒ Liquor, Wine, Beer & Cider

12. Extent of Food Service: ☒ Full Food menu; full kitchen run by a chef/cook ☐ Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Restaurant (full kitchen and full menu required)

☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☒ Recorded Music ☐ Karaoke

14. Method of Operation: ☐ Live Music (give details i.e., rock bands, acoustic, jazz, etc.): N/A

(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): _____

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

16. List the floor(s) of the building that the establishment is located on: 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? ☒ Yes ☐ No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:
- | | |
|------------|---------------|
| <u>N/A</u> | <u>N/A</u> |
| Name | Serial Number |
21. Does the applicant or licensee own the building in which the establishment is located? ☐ Yes (if YES, SKIP 23-26) ☒ No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: 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: JOSEPH LEVEY; HELBRAUN & LEVEY LLP
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: CIR .COM

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.

31. Printed Principal Name: JOSEPH LEVEY Title: ATTORNEY

Principal Signature: _____



Community Board 9 SLA Liquor License

Application Questionnaire

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: 05/02/2024

Is location currently licensed? ☒ Yes ☐ No Type of license: RW

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: AGIS CAFE LLC

APPLICANT:

Name of applicant and all principals: AGIS CAFE LLC - JEREMY SALAMON
AND MICHAEL HERMAN

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? ☒ 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: NOTICE POSTINGS

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: DOT SIDEWALK
CAFE

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?

74

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: N/A

Proposed hours of operation:

| | Monday-Thursday | Friday-Saturday | Sunday |
|----------------------------------|-----------------|-----------------|------------|
| From / To | 9AM / 11PM | 9AM / 11PM | 9AM / 11PM |
| Outdoor Hours (If Applicable) | 9AM / 10PM | 9AM / 10PM | 9AM / 10PM |

Number of tables? 6 Number of seats? 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 ☐ 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 N/A

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

Will there be security personnel? ☐ Yes ☒ No If Yes, how many, and when: N/A

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? ☒ Yes ☐ No

If yes, please indicate name(s) of establishment(s): AGIS CAFE LLC
Address: 818 FRANKLIN AVE Community Board # 9 (BK)
Dates of operation: 2022 - 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? ☒ Yes ☐ 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? ☐ Yes ☒ No If Yes, please give trade name and describe type of business N/A

Has any principal had SLA reports or action within the past 3 years? ☐ 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? ☐ 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? ☐ Yes ☒ No If Yes, please explain in detail:

N/A

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: MATTHEW COLTON Title: ATTORNEY

Telephone Number: _____ Email Address: _____

Signature: _____

1,000



BREAKFAST & LUNCH MENU

POGACSA (HOUSE-MADE BISCUIT).....13
fried egg, alpine cheddar, mayo
add bacon - 5

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

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

PAPRIKA PORK SAUSAGE.....26
Anson Mills buttered grits with two sunny side eggs

CONFIT TUNA MELT.....17
served on griddled potato pullman with alpine cheddar, a side of cabbage slaw & mustard 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.

CHICKEN LIVER MOUSSE.....13
served on griddled potato pullman with cherry caramel & ground fennel seed

A BOWL OF AGI O'S.....8
maple & honey roasted oats, buckwheat, almonds, walnuts, flax seed & sunflower seeds with candied ginger & cherries.
Served with choice of milk Sub. yogurt & compote - 5

THICK CUT BACON.....9

GREEN DEVILS.....5
+add anchovy - 3 +add hot sauce - 1

SIDES

housemade hot sauce.....1
sweet & sour pickles.....2
griddled pullman toast.....3

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

PAPRIKA PORK

SAUSAGE.....26

Anson Mills buttered grits
with two sunny side eggs

COUNTRY CLUB PLATE.....26

House cured salmon, smoked
trout salad, pickled green
tomato, cucumber, parsely-shal-
lot 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.

A BOWL OF AGI O'S.....8

maple & honey roasted oats,
buckwheat, almonds, walnuts,
flax seed & sunflower seeds with
candied ginger & cherries.
Served with choice of milk

Sub. yogurt & compote -5

GREEN DEVILS.....5

+ add anchovy -3

+ add hot sauce -2

SPANAKOPITA BABKA.....7

+add fried egg -2

AGI HASHBROWNS.....7

Served with horseradish
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..... | 5 |
| add anchovy -3 add hot sauce -1 | |
| CHICKEN LIVER MOUSSE..... | 13 |
| Served on griddled potato pullman with cherry caramel | |
| DIP & CHIPS..... | 14 |
| Beets, caramelized onion sour cream, egg jam, smoked trout roe | |
| CARAWAY CAESAR..... | 16 |
| Radicchio, potato pullman crumbs, grana padano & lemon | |
| TROUT CARPACCIO..... | 22 |
| Thinly sliced steelhead trout with pickled ramp relish & buttered rye toast | |

MAINS

| | |
|-----------------------------------------------------------------------------------------------|----|
| PRESSED CHICKEN PAPRIKAS..... | 30 |
| Served with Szegedi hot paprika and onions, side of dill buttermilk ranch & charred lemon | |
| SEMOLINA DUMPLINGS & MORELS..... | 29 |
| Swimming in a lovely chicken broth with market carrot & spring onion | |
| LAMB STUFFED CABBAGE | 32 |
| with pickled green tomato | |
| HERITAGE PORK SHOULDER STEAK | 35 |
| Seared in the cast iron. Served over a bed of dressed fava leaves, dandelion & mustard greens | |

SIDES

| | |
|---------------------------------------------------------------------------------|----|
| ASPARAGUS..... | 14 |
| Blanched & chilled. Served with a dollop of goat's milk curd, olive oil & lemon | |
| CRISPY SCHMALTZ POTATOES..... | 13 |
| Served with schmaltz aioli & fried sage | |
| WILD MARKET GREENS..... | 16 |
| Crispy pork skin & caper shallot vinaigrette | |

6% KITCHEN APPRECIATION FEE

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.

☐ Original☐ Amended

Date _____

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

1. Date Notice Sent: May 22, 20241a. Delivered by: Overnight Mail, Tracking Number and Proof of Delivery

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:☐ New Application ☐ Removal ☐ Class ChangeFor premises in the City of New York:

☐ New Application ☐ New Application and Temporary Retail Permit ☐ Temporary Retail Permit ☐ Removal

☐ Class Change ☐ Method of Operation ☐ Corporate Change ☒ Renewal ☐ Alteration

For **New** and Temporary Retail Permit applicants, answer each question below using all information known to dateFor **Renewal** applicants, answer all questionsFor **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 principalsFor **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocationFor **Class Change** applicants, attach a statement detailing your current license type and your proposed license typeFor **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): 1293347 License ID: 0340-23-139046 Expiration Date (if applicable): 08/31/20245. Applicant or Licensee Name: Crow Bar Inc.6. Trade Name (if any): Franklin 8207. Street Address of Establishment: 820 Franklin Avenue8. 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: ☐ Beer & cider ☐ Wine, Beer & Cider ☒ Liquor, Wine, Beer & Cider12. Extent of Food Service: ☐ Full Food menu; full kitchen run by a chef/cook ☒ Menu meets legal minimum food requirements; food prep area required13. Type of Establishment: Bar/Tavern☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☒ Recorded Music ☐ Karaoke14. Method of Operation:
(check all that apply) ☐ Live Music (give details i.e., rock bands, acoustic, jazz, etc.): _____☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel☐ Other (specify): _____15. Licensed Outdoor Area: ☒ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
(check all that apply) ☐ Sidewalk Cafe ☐ Other (specify): _____

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

16. List the floor(s) of the building that the establishment is located on:
17. List the room number(s) the establishment is located in within the building, if appropriate:
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☒ Yes ☐ No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:
- | | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Name | Serial Number |
21. Does the applicant or licensee own the building in which the establishment is located? ☐ Yes (if YES, SKIP 23-26) ☒ No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name:
23. Building Owner's Street Address:
24. City, Town or Village: State: Zip Code:
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

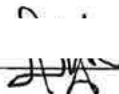
26. Representative/Attorney's Full Name:
27. Representative/Attorney's Street Address:
28. City, Town or Village: State: Zip Code:
29. Business Telephone Number of Representative/Attorney:
30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: Title:

Principal Signature: _____



Community Board 9 SLA Liquor License

Application Questionnaire

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: 6/5/2024

Is location currently licensed? ☒ Yes ☐ No Type of license: LIQUOR / BEER / WINE / CIDER

If alteration, describe nature of alteration: _____

Previous or current use of the location: RESTAURANT

Corporation and trade name of current license: CROW BAR / DBA FRANKLIN 820

APPLICANT:

Name of applicant and all principals: DAN WELBY MIKE BRADY AIN KARU

Trade name (DBA): FRANKLIN 820

Premises address: 820 FRANKLIN AVE

Cross streets: CORNER FRANKLIN / UNION

PREMISES:

Establishment square footage: 1600 Maximum Occupancy: 72

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: _____

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: _____

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?

22

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? 11 Number of seats? 68

Will food be served? ☒ Yes ☐ No If yes, describe cuisine and submit a menu: AMERICAN

How many employees will there be? 10

Do you plan to hire residents from the immediate neighborhood? ☐ Yes ☒ No STAFF IN PLACE

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 ☒ 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 NICKEL

Address: 494 ATLANTIC AVE Community Board # _____

Dates of operation: 2012 - 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? ☒ 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? ☐ 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? ☐ Yes ☒ No If so, has the school or place of worship been notified of the pending application: ☐ Yes ☐ NoN/A

Are you aware of any community opposition to your application? ☐ Yes ☒ 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: [Signature]

SMASH BURGERS

ADD FRIES OR SIDE SALAD \$5

F820 CLASSIC \$15

2 special blend beef patties, american cheese,
special sauce, lettuce, tomato, onion, pickles

SPICY SMASH \$16

2 special blend beef patties, chipotle mayo,
roasted jalapeno relish, monterey cheese,
lettuce, tomato, onion, pickles

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 veggie 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 cheese, 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 buffalo or southern BBQ sauce

FRIED PICKLES \$9

served with honey mustard or chipotle mayo

NACHOS \$15

layered with cheddar & 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

homemade 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

1820 classic smash & 16oz lionhead 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 <**

SUMMER COCKTAILS

SUMMER DREAMS

tequila, strawberry puree, honey, lemon

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

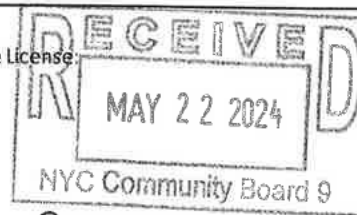
FRIED PICKLES \$9

HAND CUT FRIES BASKET \$10 SMALL \$6

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

1. Date Notice Sent: May 21, 20241a. Delivered by: Overnight Mail, Tracking Number and Proof of Delivery

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:☐ New Application ☐ Removal ☐ Class ChangeFor premises in the City of New York:
☐ New Application ☐ New Application and Temporary Retail Permit ☐ Temporary Retail Permit ☐ Removal
☐ Class Change ☐ Method of Operation ☐ Corporate Change ☒ Renewal ☐ Alteration
For **New** and Temporary Retail Permit applicants, answer each question below using all information known to dateFor **Renewal** applicants, answer all questionsFor **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 principalsFor **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocationFor **Class Change** applicants, attach a statement detailing your current license type and your proposed license typeFor **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): 1331938 License ID: 0340-22-108456 Expiration Date (if applicable): 08/31/20245. Applicant or Licensee Name: 665 Flatbush Bar LLC6. Trade Name (if any): Ruth7. Street Address of Establishment: 665 Flatbush Ave8. 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: ☐ Beer & cider ☐ Wine, Beer & Cider ☒ Liquor, Wine, Beer & Cider12. Extent of Food Service: ☐ Full Food menu; full kitchen run by a chef/cook ☒ Menu meets legal minimum food requirements; food prep area required13. Type of Establishment: Bar/Tavern
☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☒ Recorded Music ☐ Karaoke
14. Method of Operation: ☐ Live Music (give details i.e., rock bands, acoustic, jazz, etc.): _____
☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment

☐ Video/Arcade Games ☐ Third Party Promoters ☒ Security Personnel
☐ Other (specify): _____
15. Licensed Outdoor Area: ☐ None ☐ Patio or Deck ☐ Rooftop ☒ Garden/Grounds ☐ Freestanding Covered Structure
 (check all that apply) ☐ Sidewalk Cafe ☐ Other (specify): _____

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

16. List the floor(s) of the building that the establishment is located on:
17. List the room number(s) the establishment is located in within the building, if appropriate:
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☒ Yes ☐ No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:
- | | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Name | Serial Number |
21. Does the applicant or licensee own the building in which the establishment is located? ☐ Yes (if YES, SKIP 23-26) ☒ No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name:
23. Building Owner's Street Address:
24. City, Town or Village: State: Zip Code:
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:
27. Representative/Attorney's Street Address:
28. City, Town or Village: State: Zip Code:
29. Business Telephone Number of Representative/Attorney:
30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: Title:

Principal Signature: 

Community Board 9 SLA Liquor License

Application Questionnaire

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? ☒ Yes ☐ No 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: Steve Fishman

Trade name (DBA): Ruth

Premises address: 665 Flatbush Avenue, Brooklyn NY 11225

Cross streets: Winthrop / Hawthorne

PREMISES:

Establishment square footage: 1200 Maximum Occupancy: 92

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: Notice in common area

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

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

Charcuterie, meats & cheeses, crudites, small plates, dips, tin fish

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 ☒ 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: 12/31/2022-Current 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? ☒ Yes ☐ 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? ☐ 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? ☐ Yes ☒ 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: _____

Signature: 

| | |
|-------------------------|----------------------------------------------|
| Title | 665 Flatbush Bar LLC; Liquor License Renewal |
| File name | 06.06.24%20-%20Br...65%20Flatbush.pdf |
| Document ID | c3eb826ab1453841026abed5de488348f22fcf07 |
| Audit trail date format | MM / DD / YYYY |
| Status | • Signed |

This document was requested from app.clio.com

Document History



SENT

06 / 06 / 2024
17:20:02 UTC

Sent for signature to Steve Fishman
from
IP: 96.248.92.228



VIEWED

06 / 12 / 2024
00:28:58 UTC

Viewed by Steve Fishman
IP: 173.77.43.79



SIGNED

06 / 12 / 2024
00:29:25 UTC

Signed by Steve Fishman (
IP: 173.77.43.79



COMPLETED

06 / 12 / 2024
00:29:25 UTC

The document has been completed.

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

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

1. Date Notice Sent: 05/14/2024 1a. Delivered by: Certified Mail Return Receipt Requested

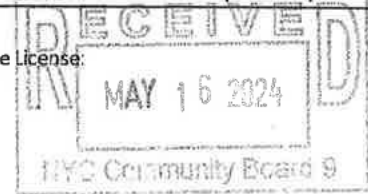
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

☐ New Application ☐ Removal ☐ Class Change

For premises in the City of New York:

☐ New Application ☐ New Application and Temporary Retail Permit ☐ Temporary Retail Permit ☐ Removal
☐ Class Change ☐ Method of Operation ☐ Corporate Change ☒ Renewal ☐ Alteration



For **New** and Temporary Retail Permit applicants, answer each question below using all information known to date

For **Renewal** applicants, answer all questions

For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)

For **Corporate Change** applicants, attach a list of the current and proposed corporate principals

For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation

For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type

For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board: BROOKLYN COMMUNITY BOARD #9

Applicant/Licensee Information: LICENSE ID: 0340-22-104737

4. Licensee Serial Number (if applicable): 1294025 Expiration Date (if applicable): 06/30/2024

5. Applicant or Licensee Name: CUP CAKES BY BRENDA GRILL CORP.

6. Trade Name (if any): TAQUERIA EL PATRON MEXICAN GRILL

7. Street Address of Establishment: 49-51 LINCOLN RD

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: ☐ Beer & cider ☐ Wine, Beer & Cider ☒ Liquor, Wine, Beer & Cider

12. Extent of Food Service: ☒ Full Food menu; full kitchen run by a chef/cook ☐ Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Restaurant (full kitchen and full menu required)

☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☒ Recorded Music ☐ Karaoke

14. Method of Operation: (check all that apply) ☐ Live Music (give details i.e., rock bands, acoustic, jazz, etc.): _____

☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment

☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel

☐ Other (specify): _____

15. Licensed Outdoor Area: ☐ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
 (check all that apply) ☒ Sidewalk Cafe ☐ Other (specify): _____

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

16. List the floor(s) of the building that the establishment is located on: **GROUND FLOOR AND BASEMENT**
17. List the room number(s) the establishment is located in within the building, if appropriate: **N/A**
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☒ Yes ☐ No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and 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) ☒ No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: **SOLARIS PROPERTIES LLC (RONG GE)**
23. Building Owner's Street Address: _____
24. City, Town or Village: **NEW YORK** State: **NY** Zip Code: **10065**
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: **SANDRA HUNG FONG**
27. Representative/Attorney's Street Address: _____
28. City, Town or Village: **NEW YORK** State: **NY** Zip Code: **10010**
29. Business Telephone Number of Representative/Attorney: _____
30. Business E-mail Address of Representative/Attorney: _____

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: **ANA R. PRINCE** Title: **OWNER**

Principal Signature: _____



Community Board 9 SLA Liquor License

Application Questionnaire

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: 1800 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 ☐ 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? 16 Number of seats? 58

Will food be served? ☒ Yes ☐ 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 ☐ Juke box/CDs/iPad/Bluetooth device

If other types, please describe RECORDED MUSIC

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? NO MUSIC OUTDOORS. ONLY INDOORS AT LOW LEVEL

APPLICANT HISTORY:

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

If yes, please indicate name(s) of establishment(s): ESTHER HADASSA CORP, LAS LILYS CORP & ISIAH 45 CORP

Address: 43 LINCOLN RD, 191 5TH AVE, 52 LINCOLN RD Community Board # 9

Dates of operation: 7 DAYS A WEEK **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.

I have been operating the forementioned restaurant locations with SLA licenses

Does any principal have other businesses in this area? ☒ Yes ☐ No If Yes, please give trade name and describe type of business IX RESTAURANT, TAQUERIA EL PATRON GRILL , ANTOJITOS DEL PATRON MEXICSN SNACKS

All 3 of them are mexican restaurants

Has any principal had SLA reports or action within the past 3 years? ☐ 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? 5

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? ☐ Yes ☒ 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.nyc.gov • 718*778-9279

Taqueria El Patron (Prospect Park)

📍 51 Lincoln Rd
Brooklyn, NY 11225

📞 (917) 893-8733

🕒 Noon - 10:00 PM

📄 2025-11-19D (availability not confirmed)

Some items cannot be ordered online

Check Availability

🔍 Expand Menu

📖 Menu Icon Legend

APPETIZERS

Fresh Sacamole & Chiles

\$14.00

Sacamole Molejete

Warm cheese, corn and beans, tomatoes

\$14.00

La Pasaña Chili Cheese Fries

French fries with sacamole and fried melted cheese

\$14.00

Fri-Coleo Tapatitos (4)

Four fried corn tortillas topped with 3 different cheeses and a special chicken or beef chili and a choice of sauce (mild, medium or spicy)

\$12.00

Fresh Salsa Ranchera & Chiles

\$9.00

Grilled Corn on the Cob

Grilled corn with creamed chili, cheese and beans sauce

\$5.00

Prospect Park Super Fries

Fries with three or appetizer-sized with melted cheese, sacamole, salsa, beans, and cheese sauce

\$16.00

Buffalo Wings (8)

Hot or cold, spicy, buffalo or BBQ, 8 wings

\$12.00

SOUPS

Pozole

Shredded pork in hominy soup, topped with chili, cheese

\$13.00

Chicken Tortilla Soup

Chicken, tomatoes, corn, beans, cheese, topped with cheese and sour cream

\$16.00

SALADS

Caesar Salad

Romaine, beef, chicken, cheese, tomato, onion, dressing, croutons

\$10.00

Avocado Salad

Chicken, avocado, corn, beans, tomato, cheese, dressing

Crispy Taco Salad

Large bowl of chicken, beef, tomatoes, cheese, beans, salsa, and rice

\$12.00

House Salad

Lettuces, cheese, tomatoes, tomatoes, dressing

View Cart (0)

\$0.00

PLATTERS

Bacon Burger

1/2 lb. beef burger with cheddar cheese, onion, pickles, ketchup, mustard, and lettuce on a kaiser roll.

\$12.95

PLATTER

Chelsea Platter

1/2 lb. beef burger with cheddar cheese, onion, pickles, ketchup, mustard, and lettuce on a kaiser roll, 1/2 lb. of fries, and a drink.

\$14.95

Adelitas Carne Asada Steak Platter

1/2 lb. of steak with asada, onion, pickles, ketchup, mustard, and lettuce on a kaiser roll, 1/2 lb. of fries, and a drink.

\$14.95

2 Shrimp Tacos Platter

2 shrimp tacos with cheese, onion, pickles, ketchup, mustard, and lettuce on a kaiser roll, 1/2 lb. of fries, and a drink.

\$12.95

COMBINATIONS

Taco & Enchilada Combo

1 taco with meat, cheese, onion, pickles, ketchup, mustard, and lettuce on a kaiser roll, 1/2 lb. of fries, and a drink.

\$12.95

Artisan Tacos (3)

3 artisan tacos with meat, cheese, onion, pickles, ketchup, mustard, and lettuce on a kaiser roll, 1/2 lb. of fries, and a drink.

\$12.95

Grilled Shrimp Steak Platter

1/2 lb. of steak with grilled shrimp, onion, pickles, ketchup, mustard, and lettuce on a kaiser roll, 1/2 lb. of fries, and a drink.

\$14.95

Grilled Chicken Platter

1/2 lb. of chicken with onion, pickles, ketchup, mustard, and lettuce on a kaiser roll, 1/2 lb. of fries, and a drink.

\$14.95

1 Egg Tacos Platter

1 egg taco with cheese, onion, pickles, ketchup, mustard, and lettuce on a kaiser roll, 1/2 lb. of fries, and a drink.

\$12.95

2 Tacos Combo

2 tacos with meat, cheese, onion, pickles, ketchup, mustard, and lettuce on a kaiser roll, 1/2 lb. of fries, and a drink.

\$12.95

Steak & Cheese Enchilada Combo

1/2 lb. of steak with cheese, onion, pickles, ketchup, mustard, and lettuce on a kaiser roll, 1/2 lb. of fries, and a drink.

\$14.95

BURRITOS

El Carrol Burrito

1/2 lb. of beef burger with cheddar cheese, onion, pickles, ketchup, mustard, and lettuce on a kaiser roll, 1/2 lb. of fries, and a drink.

\$14.95

El Gigante Burrito (2)

2 burritos with meat, cheese, onion, pickles, ketchup, mustard, and lettuce on a kaiser roll, 1/2 lb. of fries, and a drink.

\$14.95

Moby Fiesta Burrito

1/2 lb. of beef burger with cheddar cheese, onion, pickles, ketchup, mustard, and lettuce on a kaiser roll, 1/2 lb. of fries, and a drink.

\$14.95

Super Taco & Beer Burrito

El Patron Burrito

1/2 lb. of beef burger with cheddar cheese, onion, pickles, ketchup, mustard, and lettuce on a kaiser roll, 1/2 lb. of fries, and a drink.

\$14.95

Chico Burrito

1/2 lb. of beef burger with cheddar cheese, onion, pickles, ketchup, mustard, and lettuce on a kaiser roll, 1/2 lb. of fries, and a drink.

\$14.95

San Francisco Burrito

1/2 lb. of beef burger with cheddar cheese, onion, pickles, ketchup, mustard, and lettuce on a kaiser roll, 1/2 lb. of fries, and a drink.

\$14.95

5 de Mayo Burrito

\$12.99

Shrimp Fish Burrito

Shrimp, fish, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

Chicken Burrito

Chicken, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

\$12.99

Shrimp Shrimp Burrito

Shrimp, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

\$12.99

Vegetarian Burrito

Vegetarian, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

\$12.99

ENCHILADAS

Enchiladas Rojas (2)

Enchiladas with red sauce, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

\$12.99

Enchiladas Rojas (2)

Enchiladas with red sauce, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

\$12.99

FAJITAS

Shrimp Fajita Platter

Shrimp, fajita, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

\$22.00

Skirt Steak Fajita Platter

Skirt steak, fajita, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

\$24.00

Chicken Fajita Platter

Chicken, fajita, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

\$18.99

Vegetable Fajita Platter

Vegetable, fajita, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

\$18.99

\$12.99

Conce Island Burrito

Conce Island, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

Burrito Bowl

Burrito bowl, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

\$12.99

Flatbread Vegetarian Burrito

Flatbread, vegetarian, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

\$12.99

Enchiladas de Mole (2)

Enchiladas with mole sauce, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

\$12.99

Shrimp Fajita Burrito

Shrimp, fajita, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

\$18.00

Skirt Steak Fajita Burrito

Skirt steak, fajita, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

\$20.00

Chicken Fajita Burrito

Chicken, fajita, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

\$16.99

Vegetable Fajita Burrito

Vegetable, fajita, cheese, lettuce, tomatoes, onions, jalapenos, and sour cream.
Served with rice and beans.

\$16.99

[El Patron Soft Taco](#)

Our El Patron Soft Taco is topped with our signature El Patron sauce, cheese, lettuce, tomatoes, onions, and jalapeños. Served with a side of rice and beans.

[El Patron Fajita Platter](#)

Our El Patron Fajita Platter is a delicious combination of our signature El Patron sauce, chicken, steak, and fajita vegetables. Served with a side of rice and beans.

[QUESADILLAS & NACHOS](#)

[Cheese Quesadilla](#)

Our Cheese Quesadilla is a delicious combination of our signature El Patron sauce, cheese, and lettuce. Served with a side of rice and beans.

[Grilled Shrimp Quesadilla](#)

Our Grilled Shrimp Quesadilla is a delicious combination of our signature El Patron sauce, shrimp, and lettuce. Served with a side of rice and beans.

[Kid's Quesadilla](#)

Our Kid's Quesadilla is a delicious combination of our signature El Patron sauce, cheese, and lettuce. Served with a side of rice and beans.

[Nachos Supreme](#)

Our Nachos Supreme is a delicious combination of our signature El Patron sauce, cheese, and lettuce. Served with a side of rice and beans.

[HOUSE SPECIAL SOFT TACOS](#)

[El Patron Soft Taco](#)

Our El Patron Soft Taco is topped with our signature El Patron sauce, cheese, lettuce, tomatoes, onions, and jalapeños. Served with a side of rice and beans.

[Vegetarian Soft Taco](#)

Our Vegetarian Soft Taco is topped with our signature El Patron sauce, cheese, lettuce, tomatoes, onions, and jalapeños. Served with a side of rice and beans.

[Kid's Soft Taco](#)

Our Kid's Soft Taco is topped with our signature El Patron sauce, cheese, and lettuce. Served with a side of rice and beans.

[SOFT & CRISPY TACOS](#)

[Grilled Steak Taco](#)

Our Grilled Steak Taco is topped with our signature El Patron sauce, cheese, lettuce, tomatoes, onions, and jalapeños. Served with a side of rice and beans.

[El Patron Soft Taco](#)

Our El Patron Soft Taco is topped with our signature El Patron sauce, cheese, lettuce, tomatoes, onions, and jalapeños. Served with a side of rice and beans.

[El Patron Fajita Platter](#)

Our El Patron Fajita Platter is a delicious combination of our signature El Patron sauce, chicken, steak, and fajita vegetables. Served with a side of rice and beans.

[QUESADILLAS & NACHOS](#)

[Quesadilla Supreme](#)

Our Quesadilla Supreme is a delicious combination of our signature El Patron sauce, cheese, and lettuce. Served with a side of rice and beans.

[Spicy Shrimp Quesadilla](#)

Our Spicy Shrimp Quesadilla is a delicious combination of our signature El Patron sauce, shrimp, and lettuce. Served with a side of rice and beans.

[Regular Nachos](#)

Our Regular Nachos is a delicious combination of our signature El Patron sauce, cheese, and lettuce. Served with a side of rice and beans.

[Nachos Supreme](#)

Our Nachos Supreme is a delicious combination of our signature El Patron sauce, cheese, and lettuce. Served with a side of rice and beans.

[HOUSE SPECIAL SOFT TACOS](#)

[Supreme Soft Taco](#)

Our Supreme Soft Taco is topped with our signature El Patron sauce, cheese, lettuce, tomatoes, onions, and jalapeños. Served with a side of rice and beans.

[Al Carbon Soft Taco \(3\)](#)

Our Al Carbon Soft Taco (3) is topped with our signature El Patron sauce, cheese, lettuce, tomatoes, onions, and jalapeños. Served with a side of rice and beans.

[Aztteca Tacos \(3\)](#)

Our Aztteca Tacos (3) is topped with our signature El Patron sauce, cheese, and lettuce. Served with a side of rice and beans.

[SOFT & CRISPY TACOS](#)

[Grilled Chicken Taco](#)

Our Grilled Chicken Taco is topped with our signature El Patron sauce, cheese, lettuce, tomatoes, onions, and jalapeños. Served with a side of rice and beans.

[View Cart \(3\)](#)

\$0.00

Tacos

Caribbean Taco

Salads

Stuffed Vegetable Taco

Stuffed Chicken Taco

Stuffed

Rich Taco

Stuffed Chicken Taco

Tacos

SIDES

Side of Sour Cream

\$1.50

Chips

\$1.50

Side of Meat

Meatballs

\$3.50

Flour Tortillas (2)

\$2.50

Side of Guacamole

\$3.50

\$4.50

Sweet Plantain

\$6.00

Side of Rice and Beans

\$6.00

DESSERTS

Churros

\$6.00

Two Lashes

Tacos

Al Pastor Taco

Salads

Stuffed Chicken Taco

Stuffed Chicken Taco

Stuffed

Rich Taco

Stuffed Chicken Taco

Tacos

Low-Fat Yogurt

\$1.50

French Fries

\$2.50

Side of Vegetables

\$7.00

Corn Tortillas (4)

\$1.50

Pico de Gallo

\$6.00

Side of Beans

Black Bean Soup

\$3.00

Pan

\$6.00

View Cart 0

\$0.00

BEVERAGES

[Alcoholic Cakes](#)

[Ales](#)

[Apples, Cider &c.](#)

[Beverages, Soft & Hard](#)

[Breads](#)

[Breads, Spiced &c.](#)

[Breads](#)

[Breads](#)

[Breads](#)

[Breads, Soda](#)

[Breads](#)

WINES

[Glass or bottle. Must be 21 or older to order. ID will be checked upon pickup.](#)

[Red - Cabernet Sauvignon](#)

[Red - Cabernet](#)

[Red - Pinot Noir](#)

[Red - Pinot](#)

[Red - Cabernet](#)

[Red - Cabernet](#)

[Red - Pinot Noir](#)

[Red - Pinot](#)

[White - Chardonnay](#)

[White - Chardonnay](#)

[White - Sauvignon Blanc](#)

[White - Sauvignon](#)

[Sparkling - Prosecco](#)

[Sparkling - Prosecco](#)

[White - Pinot Grigio](#)

[White - Pinot Grigio](#)

[Sparkling - Prosecco](#)

[Sparkling - Prosecco](#)



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[Accessibility](#) [Contact](#) [Help](#) [Privacy](#)

[View Cart \(2\)](#)

\$0.00

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

1. Date Notice Sent: 04/25/20241a. Delivered by: Hand delivered

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:☒ New Application ☐ Removal ☐ Class ChangeFor premises in the City of New York:

☐ New Application ☒ New Application and Temporary Retail Permit ☐ Temporary Retail Permit ☐ Removal

☐ Class Change ☐ Method of Operation ☐ Corporate Change ☐ Renewal ☐ Alteration

For **New** and Temporary Retail Permit applicants, answer each question below using all information known to dateFor **Renewal** applicants, answer all questionsFor **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 principalsFor **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocationFor **Class Change** applicants, attach a statement detailing your current license type and your proposed license typeFor **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: Community board ~~X~~ 9**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable): _____ Expiration Date (if applicable): _____

5. Applicant or Licensee Name: Masatunde Noble

6. Trade Name (if any): _____

7. Street Address of Establishment: 708 Parkside Avenue8. City, Town or Village: Brooklyn, NY Zip Code: 11226

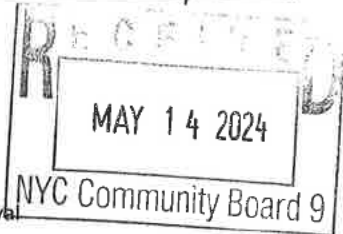
9. Business Telephone Number of applicant/ Licensee: _____

10. Business E-mail of Applicant/Licensee: _____

11. Type(s) of alcohol sold or to be sold: ☐ Beer & cider ☐ Wine, Beer & Cider ☒ Liquor, Wine, Beer & Cider12. Extent of Food Service: ☒ Full Food menu; full kitchen run by a chef/cook ☐ Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: _____

☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☒ Recorded Music ☐ Karaoke
14. Method of Operation: (check all that apply) ☐ Live Music (give details i.e., rock bands, acoustic, jazz, etc.): _____
☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment

☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
☐ Other (specify): _____15. Licensed Outdoor Area: ☒ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
(check all that apply) ☐ Sidewalk Cafe ☐ Other (specify): _____

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

16. List the floor(s) of the building that the establishment is located on: **Ground Floor**
17. List the room number(s) the establishment is located in within the building, if appropriate: **N/A**
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☐ Yes ☒ No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and 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) ☒ No

Owner of the Building in Which the Licensed Establishment is Located

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 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: **Michael Campbell**
27. Representative/Attorney's Street Address: _____
28. City, Town or Village: **Brooklyn** State: **NY** Zip Code: **11225**
29. Business Telephone Number of Representative/Attorney: _____
30. Business E-mail Address of Representative/Attorney: _____

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: **Masatunde Noble** Title: **Owner**

Principal Signature: _____

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? ☐ 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? One

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? ☐ Yes ☒ 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: Masfuroke Noble

Title: Owner

Telephone Number: _____

Email Address: _____

Signature: _____

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 | 9am / 12pm | 9am / 4pm | 9am / 2pm |
| 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? 5

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 ☒ 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): _____

Address: _____ Community Board # _____

Dates of operation: _____ 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.

Petition to Support Proposed Liquor License

Date: 05-29-2024

The following undersigned residents of the area SUPPORT the issuance of the following (indicate full-liquor or beer-wine-cider) _____ liquor license to the following applicant/

establishment (company and/or trade name) _____








Address of premises: 708 Antelope Ave

This business will be a: (circle) Bar Restaurant Other: _____

The hours of operation will be: 9-AM - 2AM

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

Other information regarding the license: _____

| Name | Signature | Address |
|-----------------|-------------------------------------------------------------------------------------|---------|
| Cole Moore |  | |
| Jess Reed |  | |
| Donald Gray |  | |
| Jose Diaz | | |
| Laisha Edmond |  | |
| Nessa Royal |  | |
| KAFI B L THORAC | | |
| RONALD JAMES |  | |
| Daniel Griffith |  | |

Use additional pages as necessary

Direct Public Comments to Brooklyn Community Board 9: (718) 778-9279 • bk09-1@cb.nyc.gov

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

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

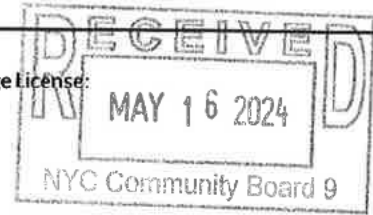
1. Date Notice Sent: 05/04/2024 1a. Delivered by: _____

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:
For premises outside the City of New York:

☐ New Application ☐ Removal ☐ Class Change

For premises in the City of New York:

☐ 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

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): _____ Expiration Date (if applicable): _____

5. Applicant or Licensee Name: NEW ERA RESTAURANT INCORPORATED

6. Trade Name (if any): _____

7. Street Address of Establishment: 366 UTICA AVENUE

8. City, Town or Village: BROOKLYN, NY Zip Code: 11213

9. Business Telephone Number of applicant/ Licensee: _____

10. Business E-mail of Applicant/Licensee: _____

11. Type(s) of alcohol sold or to be sold: ☐ Beer & cider ☐ Wine, Beer & Cider ☒ Liquor, Wine, Beer & Cider

12. Extent of Food Service: ☒ Full Food menu; full kitchen run by a chef/cook ☐ Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Restaurant (full kitchen and full menu required)

☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☒ Recorded Music ☐ Karaoke

14. Method of Operation: (check all that apply) ☒ Live Music (give details i.e., rock bands, acoustic, jazz, etc.): CONTEMPORARY

☐ 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): _____

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

16. List the floor(s) of the building that the establishment is located on: **GROUND, BASEMENT**
17. List the room number(s) the establishment is located in within the building, if appropriate: _____
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☐ Yes ☒ No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:
- | | |
|-------|---------------|
| _____ | _____ |
| Name | Serial Number |
21. Does the applicant or licensee own the building in which the establishment is located? ☐ Yes (if YES, SKIP 23-26) ☒ No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: **366 UTICA LLC**
23. Building Owner's Street Address: _____
24. City, Town or Village: **BROOKLYN** State: **NY** Zip Code: **11213**
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: **PATRICK AGARD of PARLIAMENT ADVISERS LLC**
27. Representative/Attorney's Street Address: **1** _____
28. City, Town or Village: **BROOKLYN** State: **NY** Zip Code: **11213**
29. Business Telephone Number of Representative/Attorney: _____
30. Business E-mail Address of Representative/Attorney: _____

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: **KELVYN KELLY** Title: **PRESIDENT**

Principal Signature: _____

Community Board 9 SLA Liquor License

Application Questionnaire

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: 05/06/2024

Is location currently licensed? ☐ Yes ☒ No 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 INCORPORATED

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? ☒ 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: BY OWNER

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: _____

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 | 11AM / 11PM | 11AM / 2AM | 11AM / 10PM |
| Outdoor Hours (If Applicable) | / | / | / |

Number of tables? 15 Number of seats? 30

Will food be served? ☒ Yes ☐ No If yes, describe cuisine and submit a menu: CARIBBEAN FUSION

How many employees will there be? 4-6

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 ☒ 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? 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: _____ 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. HAS WORKED IN RESTAURANT FOR 7 YEARS

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? ☐ 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? ☐ 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? ☐ Yes ☒ 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: [Signature]

This is posted in restaurant

ATTENTION RESIDENTS & NEIGHBORS

NEW ERA RESTAURANT
INCORPORATED

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 AVE

Building Number and Street Name (Address)

This establishment is seeking a license to serve

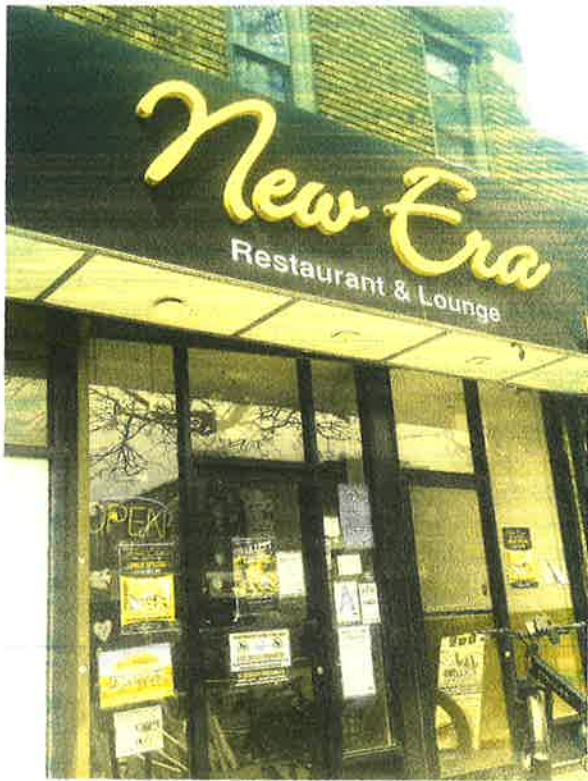
LIQUOR, WINE, BEER, CIDER

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

• \$6.00

Fried Plantains

Fried Plantains

• \$2.00

White Rice

White Rice

• \$5.00

Appetizers

Mussels

Contains shellfish.

• \$28.00

Buffalo Wings

• \$9.00

Fish Fingers

• \$9.00

Fried Calamari

Contains shellfish.

• \$9.00

Pepper Shrimp

Contains shellfish.

• \$10.00

Chicken Fingers

• \$8.00

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 |
| Fried Chicken Main | |
| Fried Chicken Main | |
| | • \$9.00 |
| Roast Chicken Main | |
| | • \$6.00 |
| Stew Chicken Main | |
| Stew Chicken Main | |
| | • \$9.00 |
| Stew Peas Main | |
| Stew Peas Main | |
| | • \$11.00 |
| Cow Foot Main | |
| Cow Foot Main | |
| | • \$10.00 |
| <u>Jerk chicken</u> | |
| Jerk chicken | |
| | • \$10.00 |

Fish

Grilled Salmon Fish

Grilled Salmon Fish with rice and peas

• \$20.00

Coconut Fish

• \$20.00

Brown Stew Fish

• \$20.00

Curry Fish

• \$20.00

Grilled Fish

• \$16.00

Jerk Fish

• \$16.00

Roast Fish

• \$16.00

Steam Fish

• \$25.00

Rasta Pasta

Lobster Rasta Pasta

Contains shellfish.

• \$20.00

Lobster and Shrimp Linguine Rasta Pasta

Contains shellfish.

• \$20.00

Salmon Rasta Pasta

• \$21.00

Beef Linguine Rasta Pasta

• \$18.00

Jerk Salmon Rasta Pasta

• \$21.00

Jerk Shrimp Rasta Pasta

Contains shellfish.

• \$18.00

Lobster Linguine Rasta Pasta

Contains shellfish.

• \$20.00

Shrimp Rasta Pasta

Contains shellfish.

• \$18.00

Chicken Rasta Pasta

• \$17.00

Chicken Linguine Rasta Pasta

• \$18.00

Jerk Chicken Rasta Pasta

• \$17.00

Regular Rasta Pasta

• \$16.00

Sea Food

Curry Lobster Sea Food

Contains shellfish.

• \$22.00

Lobster Scampi Sea Food

Contains shellfish.

• \$22.00

Steam Lobster Sea Food

• \$22.00

Butter Shrimp Sea Food

Contains shellfish.

• \$21.00

Coconut Shrimp Sea Food

Contains shellfish.

• \$21.00

Curry Crab Legs Sea Food

Contains shellfish.

• \$26.00

Curry Shrimp Sea Food

Contains shellfish.

• \$18.00

Fried Shrimp Sea Food

Contains shellfish.

• \$18.00

Garlic Shrimp Sea Food

Contains shellfish.

• \$18.00

Jerk Shrimp Sea Food

Contains shellfish.

• \$18.00

Shrimp Scampi Sea Food

Contains shellfish.

• \$19.00

Steam Crab Legs Sea Food

Contains shellfish.

• \$26.00

Steam Shrimp Sea Food

Contains shellfish.

• \$18.00

Drinks

Jamaican sodas

• \$2.50

Tropical rhythm

• \$2.50

Welch

• \$2.50

Water and can sodas

• \$1.25

Coconut water

• \$5.00

Veggie-tarry

• \$5.00

Breakfast

Salt Fish

• \$11.00

Ackee and Salt Fish

• \$11.00

Calaloo

• \$9.00

Calaloo and Salt Fish

• \$11.00

Salt Mackarel

• \$10.00

Liver

With white rice OR Rice and Beans

• \$9.00

GRUBHUB

Menu data provided by

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

1. Date Notice Sent: 4/16/2024 1a. Delivered by: Certified Mail Return Receipt Requested

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

☐ New Application ☐ Removal ☐ Class Change

For premises in the City of New York:

☐ 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 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:

10. Business E-mail of Applicant/Licensee:

11. Type(s) of alcohol sold or to be sold: ☐ Beer & cider ☒ Wine, Beer & Cider ☐ Liquor, Wine, Beer & Cider

12. Extent of Food Service: ☐ Full Food menu; full kitchen run by a chef/cook ☒ Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Cafe

☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☒ Recorded Music ☐ Karaoke

14. Method of Operation: (check all that apply) ☐ Live Music (give details i.e., rock bands, acoustic, jazz, etc.):

☐ Patron Dancing ☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment

☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security personnel

☐ Other (specify):

15. Licensed Outdoor Area: ☒ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
(check all that apply) ☐ Sidewalk Cafe ☐ Other (specify):

16. List the floor(s) of the building that the establishment is located on:
17. List the room number(s) the establishment is located in within the building, if appropriate:
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☐ Yes ☒ No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:
- | Name | Serial Number |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
21. Does the applicant or licensee own the building in which the establishment is located? ☐ Yes (if YES, SKIP 23-26) ☒ No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name:
23. Building Owner's Street Address:
24. City, Town or Village: State: Zip Code:
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:
27. Representative/Attorney's Street Address:
28. City, Town or Village: State: Zip Code:
29. Business Telephone Number of Representative/Attorney:
30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: Title:

Principal Signature: 

Community Board 9 SLA Liquor License

Application Questionnaire

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 ☒ 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: BomberinoNYC LLC
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: 1100 Maximum Occupancy: 74
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: individual conversation, notice posting, petitions

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
Borough President

Dante B. Arnie
District Manager

Fred P. Baptiste
Chair

Primo Lasana
1st Vice Chair

Francisca Leopold
2nd Vice Chair

Linda Watson-Lorde
Secretary

Mayna Legoute
Treasurer

Dexter Roberts
Member-at-Large

Nicolas Almonor
Member-at-Large

Community Board 9 has received your notification of an application for the acquisition of a 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 SLA applications are reviewed - are being conducted via virtual meeting platforms.

Please review the following instructions and complete the relevant documents:

The applicant must complete and submit the following documents:

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 **25 signatures** from **residential tenants** of **separate households** within 2-block area of 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 food and/or drink menu; and, if applicant has been, or is licensed anywhere in the City, provide a letter from applicable Community Board indicating history of complaints and other comments.

The Community Board office must receive these documents by mail or email **as soon as possible**. It is the applicant's duty to ensure the office receives all relevant materials in time.

- Applicant must complete and conspicuously post on its storefront the attached application public notice for 7 days prior to signing and submitting the materials.

- 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? ☒ Yes ☐ 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? ☐ 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) | 11am / 11pm | 11am / 11pm | 11am / 11pm |

Number of tables? 1 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 ☒ 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? ☒ 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? ☒ Yes ☐ 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? ☐ 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? 0

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? ☐ Yes ☒ 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

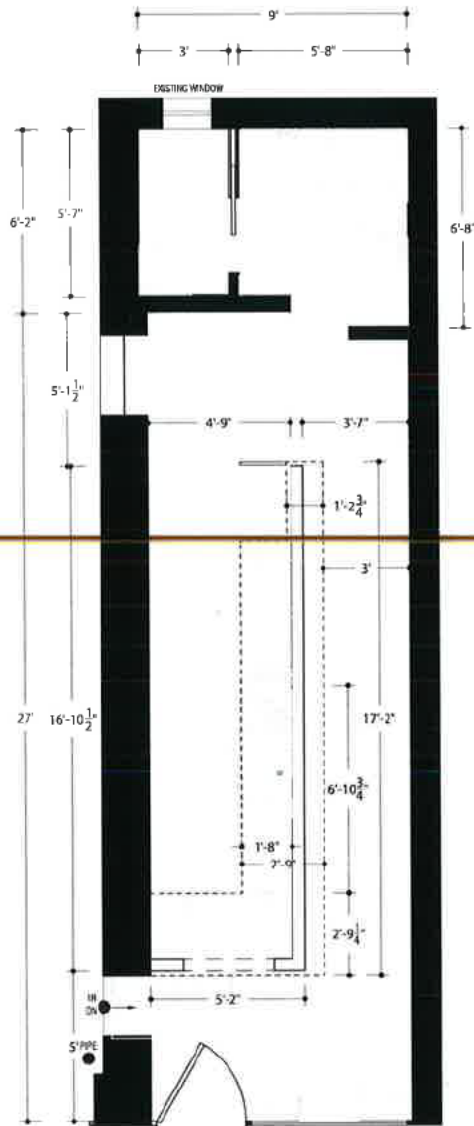
**Beer & Cider • Wine, Beer & Cider • or Liquor,
Wine, Beer & Cider**

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



CLIENT DETAILS

CAFFE DE MARTINI
STEFANO
+1 929 306 8332
grancalfedemartini@gmail.com

PROJECT DETAILS

CREATE KITCHEN AND BAR ARCHITECTURAL LAYOUT FOR
SMALL FOOD AND BEVERAGE CAFE IN BROOKLYN
CLIENT TO PROVIDE EQUIPMENT LIST AND FUNCTIONAL
NEEDS FOR THE SPACE

DESIGN DETAILS

BRETT CURTIN
11/09/2023
PROVISIONAL LAYOUT 2

BACEWORKS
STUDIO

131 MACDONALD ST., 8TH FLOOR
BROOKLYN, NY 11211
347.460.1224



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



