

# Bilali & Associates LLC

*International Law Firm*

200 East 69<sup>th</sup> Street  
Suite 4K  
New York, NY 10021  
Tel: (917) 385-2858  
Fax: (646) 480-2185  
[gbilali@bilalilaw.com](mailto:gbilali@bilalilaw.com)

*Genci Bilali, Ph.D., Esq.\* \*\**  
*Alessandro Morandi, Esq.\**  
*Greta Marinaro, Esq. \**  
*Michael P. Mangan\* \*\*\**  
*\*Attorney at Law (New York)*  
*\*\*Solicitor (England & Wales)*  
*\*\*\* Attorney at Law (New Jersey)*

January 20, 2023

## VIA FEDEX

Manhattan Community Board 3  
59 East 4<sup>th</sup> Street  
New York, New York 10003

**RE: 30-DAY STANDARDIZED NOTICE AND WAIVER REQUEST**

**APPLICANT: 130 SAINT MARKS LLC, SERIAL NUMBER 1345934**

Dear Sir/Madam:

This office represents Applicant 130 Saint Marks LLC in the application for a RW license at the premises located at located at 130 St. Marks Place, New York, New York 10009.

The purpose of this letter is to request a waiver of the statutory 30 days of notice the Community Board, based on the facts set forth below.

The New York State Liquor Authority ("SLA") has notified us of a deficiency in the application that pertains to the notification to the Community Board. The relevant portion of the deficiency letter is enclosed to this letter for your ease of reference (*see Exhibit 1*).

As per the foregoing deficiency letter, we hereby submit an Amended 30-day Standardized Notice (*see Exhibit 2*), addressing the deficiencies raised by the SLA.

For ease of reference, a copy of the original 30-day Notice submitted on February 07, 2022, is also enclosed to this letter (*see Exhibit 3*).

Do not hesitate to contact us should you require further information pertaining the enclosed documentation, and please provide us with the requested waiver at your earliest convenience.

Sincerely,

/GenciBilali/

Genci Bilali, Esq.

*Enclosures.*

EXHIBIT I  
DEFICIENCY LETTER



State Liquor  
Authority

KATHY HOCHUL  
Governor

VINCENT G. BRADLEY  
Chairman

LILY M. FAN  
Commissioner

## DEFICIENCY LETTER

**Date: 1/17/2023**

**Response Due Date: 2/7/2023**

Haxhi Kabashi  
Nikolin Leskaj  
Gentjan Praela  
130 St. Mark's Place  
New York, NY 10009

### **RE: New york-RW-1345934-130 Saint Marks LLC**

Based on a review of your application, the following deficiencies have been identified and can be found below. You must provide a response, to correct **ALL DEFICIENCIES**, within **fifteen (15) business days** from the date of this notice. Failure to do so is grounds for **disapproval** of the application and any associated Temporary Retail Permits. Please address the following:

- I. **Community Board Re-Notification**
  - a. You must re-notify the Community Board of the following amendments:
    - #7 Street Address of Establishment – Will the establishment be using 130 Saint Marks Place or 130 St. Marks Place as the address?
    - #11 Types of alcohol sold or to be sold – Amend to check off *Wine, Beer, & Cider*.
    - #15 Licensed Outdoor Area – You left this question blank. Amend to answer this question, as you will be using an outdoor area.
  - b. You must submit proof of renotification to the Community Board. Please submit the certified tracking receipt.
  - c. You must ask for a 30-day waiver from the Community Board.
- II. **LLC Operating Agreement**

Please submit a copy of the LLC operating Agreement
- III. **Bond**

You must submit a copy of the Bond signed by the applicant.

EXHIBIT 2

AMENDED 30-DAY  
STANDARDIZED NOTICE



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: 01/18/2023 1a. Delivered by: Express Courier, Signature required

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: Manhattan Community Board 3

### Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): 1345934 Expiration Date (if applicable): \_\_\_\_\_

5. Applicant or Licensee Name: 130 Saint Marks LLC

6. Trade Name (if any): CRISPIANO

7. Street Address of Establishment: 130 St. Marks Place

8. City, Town or Village: New York, NY Zip Code: 10009

9. Business Telephone Number of applicant/ Licensee: 6465103551

10. Business E-mail of Applicant/Licensee: 130stmarkslc@gmail.com

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

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

13. Type of Establishment: Recorded Music

☐ 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.): JAN 25 2023

☐ 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: \_\_\_\_\_



EXHIBIT 3

30-Day Notice dated  
February 7, 2022



## OFFICE USE ONLY

☐ Original ☐ Amended Date \_\_\_\_\_

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

1. Date Notice Sent: **02/02/2022**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: **Manhattan Community Board 3****Applicant/Licensee Information:**

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

5. Applicant or Licensee Name: **130 Saint Marks LLC**

6. Trade Name (if any): \_\_\_\_\_

7. Street Address of Establishment: **130 Saint Marks Place**8. City, Town or Village: **New York**, NY Zip Code: **10009**9. Business Telephone Number of applicant/ Licensee: **(646) 510 - 3551**10. Business E-mail of Applicant/Licensee: **haxhikabashi19@gmail.com**11. Type(s) of alcohol sold or to be sold: ☐ Beer & cider ☒ Wine, Beer & Cider ☐ Liquor, Wine, Beer & Cider12. Extent of Food Service: ☒ Full Food menu; full kitchen run by a chef/cook ☐ Menu meets legal minimum food requirements; food prep area required13. Type of Establishment: **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): \_\_\_\_\_ **FEB 07 2022**

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

## OFFICE USE ONLY

☐ Original    ☐ Amended    Date \_\_\_\_\_

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16. List the floor(s) of the building that the establishment is located on: Ground Floor and Cellar

17. List the room number(s) the establishment is located in within the building, if appropriate: \_\_\_\_\_

18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☒ Yes ☐ No19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and 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: 130 St. Marks Place LLC23. Building Owner's Street Address: 14 Penn Plaza, Suite 201024. City, Town or Village: New York State: NY Zip Code: 1012225. Business Telephone Number of Building Owner: (516) 241 - 9772

## 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: Genci Bilal27. Representative/Attorney's Street Address: 200 East 69th Street, Suite 4K28. City, Town or Village: New York State: NY Zip Code: 1002129. Business Telephone Number of Representative/Attorney: (917) 385 - 285830. Business E-mail Address of Representative/Attorney: gbilal@bilallaw.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: Haxhi Kabashi Title: OwnerPrincipal Signature: 