

APR 23 2025



Standardized NOTICE FORM for Providing Notice to a Local Municipality for Adding or Removing Contiguous and/or Non-Contiguous Municipal Space

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1. Date Notice Was Sent: 04/22/2025 1a. Delivered by: Overnight Mail with Tracking

2. This form must be submitted to the clerk or Local Municipality when filing to alter contiguous and/or non-contiguous municipal space

This Notice is Being Provided to the Clerk of the following Local Municipality

3. Name of Municipality: Manhattan Community Board Three

Licensee Information

4. License ID Number: 0340-22-111142, 0423-22-113097 & 0423-22-113018

6. License name: Orchard Street Restaurant Management LLC

7. Trade Name (if any):

8. Street Address of Establishment: 9 Orchard Street aka 54 Canal Street

9. City, Town or Village: New York, NY Zip Code: 10002

10. Business Telephone Number of Applicant/Licensee: 212-804-9940

11. Business E-mail of Applicant/Licensee: adam.falcheck@djrep.com

12. Describe municipal space to be added: Roadway Seating under DOT Dining Out Program

12a. What date did you apply for a municipal permit? 2/13/25

Representative or Attorney representing the licensee

13. Representative/Attorney's Full Name: Benjamin Savitsky / Bernstein Redo & Savitsky PC

14. Street Address: 1177 Avenue of the Americas - 5th Floor, New York, NY 10036

15. City, Town or Village: New York State: New York Zip Code: 10036

16. Business Telephone Number of Representative/Attorney: 212-651-3100 (attorney)

17. Business Email Address: ben@brpclaw.com (attorney)

I am the licensee that is applying for the permit and I certify that I know the contents of the above application and the statements and answers therein; that the same are true to my knowledge; that I have been authorized, by order of the Board of Directors of said licensee to make the statements and answers in this application on behalf of said licensee with the same force and effect as if said licensee made such statements and answers itself.

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

18. Printed Name: Michael Mullen Title: Authorized Agent

Signature: X [Signature]

The above captioned on-premises licensee is applying for an alteration to their existing license with the State Liquor Authority to sell alcoholic beverages on municipal space.

**Please forward any concerns regarding the issuance of the alteration to the attention of
The New York State Liquor Authority by e-mail community@sla.ny.gov**