MAY 1 3 2025

by Community State Authority

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

1. Date Notice Was Sent:	5/12/25	1a. Delivered by:	Overni	ght Mail, Track	king Number an	d Proof of Delivery
2. This form must be submitted to the clerk or Local Municipality when filing for a Sunday On-Premises Sales Permit						
This Notice is Being Provided to the Clerk of the following Local Municipality						
3. Name of Municipality: MANHATTAN COMMUNITY BOARD 3						
Licensee Information						
4. License Serial Number:	0267-22-108689 5. Permit Date(s): TBD					
6. License name:	RECEPTION BAR INC					
7. Trade Name (if any):						
8. Street Address of Establishment: 45 ORCHARD STREET						
9. City, Town or Village: $[$	NEW YORK			,NY	Zip Code : 100	02
10. Business Telephone Number of Applicant/Licensee: (646) 490-4053						
11. Business E-mail of Applicant/Licensee: c/o MATTHEW.BOROWIEC@HELBRAUNLEVEY.COM						
12. Describe municipal space to be added: DOT ROADWAY & SIDEWALK CAFE						
12a. What date did you apply for a municipal permit? 7/17/24						
Representative or Attorney representing the licensee						
13. Representative/Attorney's Full Name: JOSEPH LEVEY; HELBRAUN & LEVEY LLP						
14. Street Address:	40 FULTON STREET, FLOOR 28					
15. City, Town or Village:	NEW YORK		State:	NY	Zip Code : 100	38
16. Business Telephone Number of Representative/Attorney: 212 219 1193						
17. Business Email Address : c/o MATTHEW.BOROWIEC@HELBRAUNLEVEY.COM						
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: JOSEPH LEVEY Title ATTORNEY						
Signature: X	When y	7				
The above captioned on-premises licensee is applying for an alteration to their existing license with the State Liquor Authority to self-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						
08/20/2024	- •	,-		2 2	Page 4 of 4	Print Form

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