

APR 22 2025


 New York State Liquor Authority
 City Community Board 3, Man.

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: APRIL 16, 2025 1a. Delivered by: CERTIFIED RETURN RECEIPT REQUESTED

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: COMMUNITY BOARD 3
Licensee Information

 4. License Serial Number: 0340-23-131642 5. Permit Date(s): 3/31/2027

 6. License name: THE SCRATCHER CAFE INC

 7. Trade Name (if any): SCRATCHER CAFE

 8. Street Address of Establishment: 209 EAST 5TH STREET

 9. City, Town or Village: NEW YORK, NY Zip Code: 10003

 10. Business Telephone Number of Applicant/Licensee: 646-359-7372

 11. Business E-mail of Applicant/Licensee: DBURKE5494@AOL.COM

 12. Describe municipal space to be added: ROADWAY

 12a. What date did you apply for a municipal permit? 7/23/24
Representative or Attorney representing the licensee

 13. Representative/Attorney's Full Name: MICHAEL KELLY

 14. Street Address: 136 WAVERLY ROAD

 15. City, Town or Village: SCARSDALE State: NY Zip Code: 10583

 16. Business Telephone Number of Representative/Attorney: (914) 740-3580

 17. Business Email Address: KELLYMLK136@GMAIL.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: MICHAEL KELLY Title: AUTHORIZED REPRESENTATIVE

 Signature: X 

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**