

## THECITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 Ea st 4 th St re et - N ew Y or k, NY 10003 Phone (212) 533 - 5300

ww w. cb3 m an hattan.org - mn03@cb.nyc.gov

Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

May 14, 2025

New York State Liquor Authority 80 South Swan Street, Suite 900 Albany, New York 12210-8002

Re: Kitchen Table Inc d/b/a Frank Application for alteration to add municipal space with stipulations: Sidewalk & Roadway Cafe 88 2nd Avenue
New York, NY 10003

Dear New York State Liquor Authority,

Community Board 3, Manhattan has no objection to the alteration of Kitchen Table Inc d/b/a Frank at 88 2nd Avenue, for adding municipal space as long as the agreed upon attached stipulations are added to the license.

- 1. Will close all outdoor seating by 10 pm.
- 2. All outdoor dining patrons will be seated at tables.
- 3. Will not have music, amplified sound, or TVs outdoors as per Open Dining Guidelines, and will remove all outdoor speakers.
- 4. For sidewalk seating, business will comply with DOT guidelines. Will have 10 tables and 20 chairs.
- 5. For roadbed seating, will comply with DOT guidelines. Will have 11 tables and 22 chairs.
- 6. Will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- 7. Will conspicuously post this stipulation form beside liquor license inside of business.
- 8. Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. Will revisit the above-stated method of operation if necessary in order to minimize establishment's impact on neighbors.

Sincerely,

Andrea Gordillo, Chair

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Clint Smeltzer, Chair

Cc: Michael Kelly, applicant's representative



## THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003 Phone (212) 533-5300 www.cb3manhattan.org - mn03@cb.nyc.gov

Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

Community Board 3 Open Dining Stipulations for Administrative Approval
located at 88 2nd Ave New York, NY agree to the following stipulations:
☐ Application for Sidewalk Café ☐ Application for Curbside Dining  1. I will close all outdoor seating by 10 pm.
2. All outdoor dining patrons will be seated at tables.
3. I will not have music, amplified sound, or TVs outdoors as per Open Dining Guidelines, and I will remove all outdoor speakers.
<ol> <li>For sidewalk seating, I will comply with DOT guidelines. I will have 10 tables and 20 chairs.</li> <li>For roadbed seating, I will comply with DOT guidelines. I will have 11 tables and 22 chairs.</li> </ol>
<ul> <li>6. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.</li> <li>7. I will conspicuously post this stipulation form beside my liquor license inside of my business.</li> </ul>
8. Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my
neighbors.  Name: Oli Balasa Phone Number: (914) 330-2356
9. 1 will:
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
signed January 2025 Reservary a Moternary
Notary Public

ROSEMARY A MCKENNA NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01MC6385474 Qualified in Bronx County/

My Commission Expires Office



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

by Community Board	3, Widh.						•		
1. Date Notice Was Sent:	5/7/2025		1a. Delivered	by: CE	RTIFIED M	IAIL / RE	TURN R	ECEIPT RE	QUESTED
2. This form must be subr	mitted to the clerk or								
	is Notice is Being P								. ,
3. Name of Municipality:	COMMUNITY BO	ARD # 3							
			Licensee In	formatio	n				
4. License ID Number:	0340-23-128171	EXI	3/31/2026	3					
6. License name:	KITCHEN TABLE	INC							
7. Trade Name (if any):	FRANK								
8. Street Address of Estab	lishment: 88B 2N	ID AVE							
9. City, Town or Village:	NEW YORK					,NY	Zip Code :	10003	
10. Business Telephone N	lumber of Applicant	/Licensee:	(212) 420-0	0202					
11. Business E-mail of App	olicant/Licensee:	anis@frar	nkrestauran	it.com					
12. Describe municipal sp	pace to be added:	SIDEWAL	K AND RO	ADWAY					
12a. What date did you ap	pply for a municipal <sub>l</sub>	permit? 8	/1/24	11.2					
Rep	resentative or Atto	rney repr	esenting the	licensee					
13. Representative/Attorn	ney's Full Name:	MICHAEL	KELLY						
14. Street Address: 136	WAVERLY RD								
	5								
15. City, Town or Village:	SCARSDALE			Sta	ite: NY		Zip <sub>∙</sub> Code :	10583	
16. Business Telephone N	lumber of Represent	tative/Atto	rney: (914)	740-35	30				
17. Business Email Addres	ss: KELLYMLK1	36@GMA	IL.COM						
I am the licensee that is answers therein; that the to make the statements a By my sig	same are true to my	y knowledo application such	ge; that I have on behalf of statements a	e been au said licen and answe	thorized, by see with the ers itself.	order of t same for	the Board of rce and effe	of Directors of ect as if said	of said licensee
18. Printed Name: MICH	AEL KELLY				Title AU	THORIZ	ED REPF	RESENTAT	TVE
Signature: X		1							
The above cap	tioned on premise	s licensee	is applying i	for an alt	eration to th	neir exist	ing licens	e with the S	late
Liquor Authori	ity to sell alcoholic	beverage:	s on municip	oal space.			,		
Please forward	l any concerns rega	arding the	issuance of	the altera	tion to the	attentio	n of		

The New York State Liquor Authority by e-mail community@sla.ny.gov