



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.ny.c.gov

Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

May 15, 2025

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

Re: Reception Bar Inc Application for alteration to add municipal space with
stipulations: Sidewalk & Roadway Cafe
45 Orchard Street
New York, NY 10002

Dear New York State Liquor Authority,

Community Board 3, Manhattan has no objection to the alteration of Reception Bar Inc at 45 Orchard Street, 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 4 tables and 12 chairs.
5. For roadbed seating, will comply with DOT guidelines. Will have 5 tables and 20 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

Clint Smeltzer, Chair

Cc: Joseph Levey, applicant's representative



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Community Board 3 Open Dining Stipulations for Administrative Approval

I, Katie Rue, as a qualified representative of Reception Bar
located at 45 Orchard Street, 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.
4. For sidewalk seating, I will comply with DOT guidelines. I will have 4 tables and 12 chairs.
5. For roadbed seating, I will comply with DOT guidelines. I will have 5 tables and 20 chairs.
6. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
7. I will conspicuously post this stipulation form beside my liquor license inside of my business.
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: Katie Rue Phone Number: 646-490-4053

9. ☐ I will: _____

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Katie Rue

12/19/2024

Signed

Dated

Sworn to this 19 day of December, 2024

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Notary Public

DU XIAOXIAO
NOTARY PUBLIC-STATE OF NEW YORK
No. 01DU6329494
Qualified in New York County
My Commission Expires August 24, 2027

MAY 13 2025



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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: Overnight Mail, Tracking Number and 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: 10002

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: 10038

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

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**