



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

April 28, 2025

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

Re: The Scratcher Cafe Inc d/b/a Scratcher Cafe Application for alteration to
add municipal space with stipulations: Roadway Cafe
209 East 5th Street
New York, NY 10003

Dear New York State Liquor Authority,

Community Board 3, Manhattan has no objection to the alteration of The Scratcher Cafe Inc d/b/a Scratcher Cafe at 209 E 5th St, 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 no more than tables and chairs.
5. For roadbed seating, will comply with DOT guidelines. Will have tables and 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: Michael Kelly, applicant's representative



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Community Board 3 Open Dining Stipulations for Administrative Approval

I, DERMOT BURKE, as a qualified representative of SCRATCHER COFFEE LLC,
located at 209 EAST 5th ST NY NY 10003 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 _____ tables and _____ chairs.
5. For roadbed seating, I will comply with DOT guidelines. I will have _____ tables and _____ 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: DERMOT BURKE / NATALIE WALSH Phone Number: 6463597372 / 6462438640

9. ☐ I will: _____

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

Signed

Sworn to this

4th

day of

November 2024

Dated

Nov 4 2024

Rosemary A McKenna

Notary Public

ROSEMARY A MCKENNA
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01MC6385474
Qualified in Bronx County
My Commission Expires 01/07/2027

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**