



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

## Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

16

1. Date Notice Sent: 10/10/2025      1a. Delivered by: Certified Mail Return Receipt Requested

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:  
For premises outside the City of New York:

☐ New Application   ☐ Removal   ☐ Class Change

For premises in the City of New York: (counties of Kings, New York, Bronx, Queens and Richmond):

☐ New Application   ☒ New Application and Temporary Retail Permit   ☐ Temporary Retail Permit   ☐ Removal  
☐ Class Change   ☐ Method of Operation   ☐ Corporate Change   ☐ Renewal   ☐ Alteration

For **New** and Temporary Retail Permit applicants, answer each question below using all information known to date  
For **Renewal** applicants, answer all questions

For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)

For **Corporate Change** applicants, attach a list of the current and proposed corporate principals

For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation

For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type

For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

**Please include all documents as noted above. Failure to do so may result in disapproval of the application.**

**This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:**

3. Name of Municipality or Community Board: Manhattan Community Board 3

### Applicant/Licensee Information:

4. Licensee License ID (if applicable): \_\_\_\_\_ Expiration Date (if applicable): \_\_\_\_\_

5. Applicant or Licensee Name: 86 Bite & Sip Inc.

6. Trade Name (if any): Bite & Sip

7. Street Address of Establishment: 114 East 1st Street, Store # 2

8. City, Town or Village: New York, NY Zip Code: 10009

9. Business Telephone Number of applicant/ Licensee: 929-666-5604

10. Business E-mail of Applicant/Licensee: biteandsip.114@gmail.com

11. Type(s) of alcohol sold or to be sold:   ☐ Beer & cider   ☒ Wine, Beer & Cider   ☐ Liquor, Wine, Beer & Cider

12. Extent of Food Service:   ☒ Full Food menu; full kitchen run by a chef/cook   ☐ Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Restaurant (full kitchen and full menu required)

☐ Seasonal Establishment   ☐ Juke Box   ☐ Disc Jockey   ☒ Recorded Music   ☐ Karaoke

14. Method of Operation: (check all that apply)   ☐ Live Music (give details i.e., rock bands, acoustic, jazz, etc.): \_\_\_\_\_

☐ Patron Dancing   ☐ Employee Dancing   ☐ Exotic Dancing   ☐ Topless Entertainment

☐ Video/Arcade Games   ☐ Third Party Promoters   ☐ Security Personnel

☐ Other (specify): \_\_\_\_\_

15. Licensed Outdoor Area:   ☒ None   ☐ Patio or Deck   ☐ Rooftop   ☐ Garden/Grounds   ☐ Freestanding Covered Structure  
(check all that apply)   ☐ Sidewalk Cafe   ☐ Other (specify): \_\_\_\_\_

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

16. List the floor(s) of the building that the establishment is located on:
17. List the room number(s) the establishment is located in within the building, if appropriate:
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☒ Yes ☐ No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and ID number of the licensee:
- |                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Name                 | License ID Number    |
21. Does the applicant or licensee own the building in which the establishment is located? ☐ Yes (if YES, SKIP 23-26) ☒ No

**Owner of the Building in Which the Licensed Establishment is Located**

22. Building Owner's Full Name:
23. Building Owner's Street Address:
24. City, Town or Village:  State:  Zip Code:
25. Business Telephone Number of Building Owner:

**Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice**


26. Representative/Attorney's Full Name:
27. Representative/Attorney's Street Address:
28. City, Town or Village:  State:  Zip Code:
29. Business Telephone Number of Representative/Attorney:
30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name:  Title:

**Principal Signature:**



**Date:**



---

Re: [EXTERNAL] Fwd: At Cave LLC - 103 E 2nd Street

---

From Stetzer, Susan (CB) <SStetzer@cb.nyc.gov>  
Date Mon 10/27/2025 9:57 AM  
To CB3 SLA Chair <slachair@cb3manhattan.org>  
Cc Chan, Edwin (CB) <echan@cb.nyc.gov>

Sure, not heard at committee

Susan Stetzer  
District Manager  
Community Board 3, Manhattan  
212-533-6015  
[www.cb3manhattan.org](http://www.cb3manhattan.org)  
[www.nyc.gov/communityboards](http://www.nyc.gov/communityboards)  
Please visit the CB 3 website to join the e-mail list

---

**From:** CB3 SLA Chair <slachair@cb3manhattan.org>  
**Sent:** Monday, October 27, 2025 9:55 AM  
**To:** Stetzer, Susan (CB) <SStetzer@cb.nyc.gov>  
**Subject:** [EXTERNAL] Fwd: At Cave LLC - 103 E 2nd Street

**CAUTION! EXTERNAL SENDER.** Never click on links or open attachments if sender is unknown, and never provide user ID or password. If **suspicious**, report this email by hitting the Phish Alert Button. If the button is unavailable or you are on a mobile device, forward as an attachment to [phish@oti.nyc.gov](mailto:phish@oti.nyc.gov).

If this is really true, and is exactly the same, should we do this not heard at committee?

----- Original Message -----

**Subject:**Fwd: At Cave LLC - 103 E 2nd Street

**Date:**2025-10-24 16:48

**From:**Frank Palillo <fwpalillo@gmail.com>

**To:**clint smeltzer <slachair@cb3manhattan.org>

**Cc:**Edwin Chan <echan@cb.nyc.gov>, Susan Stetzer <SStetzer@cb.nyc.gov>

Thanks for the invite, Ed

This applicant met with committee in February and stips were agreed on, please see the below email

Unfortunately, lease negotiations took forever and I was unable to file the SLA application on a timely basis

I don't believe an appearance is necessary, but if you think you want to hear it again, Clint, it's not like I'm not going to be there anyway

lmk and enjoy the weekend..

gimme oysters and beer, every day of the year, and I'll be fine

Begin forwarded message:

**From:** Courtney Gussow <courtneygussow@gmail.com>

**Date:** October 24, 2025 at 3:40:34 PM EDT

**To:** Frank Palillo <fwpalillo@gmail.com>

**Subject:** At Cave LLC - 103 E 2nd Street

--

Courtney Gussow

Frank Palillo, Esq.

60 Broad Street, Suite 3504

New York, NY 10004

Tel. (212) 227-1640

<MX-4070V\_20250218\_153207.pdf>