State Liquor Authority

OFFICE USE ONLY
○ Original ○ Amended Date _____

4

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

1. Date Notice Sent:

1a. Delivered by: Certified Mail Return Receipt Requested

Received
NOV 05 2025
by Community Board 3, Man.

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:

○ 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 Serial Number (if applicable): 1268637 Expiration Date (if applicable): 4/30/25

5. Applicant or Licensee Name: SC DELANCEY LLC & 150 DELANCEY RESTAURANT INC

6. Trade Name (if any): HOLIDAY INN NYC - LOWER EAST SIDE

7. Street Address of Establishment: 148-150 DELANCEY STREET

8. City, Town or Village: NEW YORK , NY Zip Code: 10002

9. Business Telephone Number of applicant/ Licensee: 908 568-5804

10. Business E-mail of Applicant/Licensee: MILTONJARA48@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: Hotel (requires full on premises restaurant open to the public)

14. Method of Operation: (check all that apply)
☐ Seasonal Establishment ☐ Juke Box ☐ Disc Jockey ☒ Recorded Music ☐ Karaoke
☐ 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: (check all that apply) ☑ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
☐ Sidewalk Cafe ☐ Other (specify):

OFFICE USE ONLY
○ Original ○ Amended Date _____

16. List the floor(s) of the building that the establishment is located on: ENTIRE HOTEL - ADD ROOFTOP

17. List the room number(s) the establishment is located in within the building, if appropriate: N/A

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 serial number of the licensee:

Name _____ Serial 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: SC DELANCEY LLC

23. Building Owner's Street Address: 148-150 DELANCEY STREET

24. City, Town or Village: NEW YORK State: NY Zip Code: 10002

25. Business Telephone Number of Building Owner: 212 475-2500

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: STACY L. WEISS, ESQ

27. Representative/Attorney's Street Address: 110 EAST 59TH STREET, 23RD FLOOR

28. City, Town or Village: NEW YORK State: NY Zip Code: 10022

29. Business Telephone Number of Representative/Attorney: 212-521-0828

30. Business E-mail Address of Representative/Attorney: SLWEISSATTORNEY@AOL.COM

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: SAMIR GANDHI Title: MEMBER

Principal Signature: _____

The Law Office of
Stacy L. Weiss, PLLC.

110 East 59th Street, 23rd Floor
New York, NY 10022
Toll Free: 1 877 LIQ-LAW1
Tel: 212-521-0828
Fax: 212-521-0826

STACY L. WEISS, ESQ.
slweissattorney@aol.com
www.stacyweisslaw.com

THE RICHARD L. ROSEN
LAW FIRM, PLLC.
Of Counsel

NADIA CANTAVE
PARALEGAL

September 29, 2025

Manhattan Community Board 3
59 East 4th Street,
New York, NY 10003

To Whom It May Concern:

Please be advised that SC Delancey LLC &150 Delancey Restaurant Inc., which is located at 148-150 Delancey Street, New York, NY 10002, will be submitting an Application for Permission to Make alterations and add a bar to the rooftop .

They are requesting an additional bar and dining area on the rooftop.
12 tables with 4 seats each
15 seats at the bar
6 seats at booths

Enclosed, you will find a Standardized Notice Form from the New York State Liquor Authority and copies of the floor plans. If there are any questions please contact my office.

Thank you for your attention to this matter.

Very Truly Yours,

Stacy L. Weiss

12 TAbles = 2X2 capacity seat 4 person each one
15 person at bar location seats
6 person capacity seat on booths on each one

Front Dimension = 80 feet wide
Right-Dimension = 30 feet wide
Left Dimension = 43 feet wide

80 feet Wide

EXIT DOORS
one exit door to DELANCY
one exit door to Suffolk St.
Bathroom = capacity 2 for man
2 for woman
Plus 2 elevators @ main entrance door