555 5TH AVENUE, 14TH FLOOR NEW YORK, NEW YORK 10017 TEL: (646) 383-4607

FAX: (646) 606-2388

February 22, 2021

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

RE:

30-Day Advance Notice- Class Change Application

Applicant: 7th Street Sushi Park Inc

Premises: 77 East 7th Street, New York, NY 10003

Serial #: 1171915

Dear Board Members:

I am the attorney for 7th Street Sushi Park Inc d/b/a Klimat. Enclosed is my client's 30-Day Advance Notice of its Application to the State Liquor Authority for an upgrade to a full liquor license.

Should you have any questions or concerns regarding the foregoing, please do not hesitate to call.

Cordially,

DIPASQUALE & SUMMERS, LLP

Kimberly & Summers

Kimberly A. Summers

kimberly@ds-lawoffices.com

	OFFICE	USE ONLY	
Original	○ Amended	Date	

49

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

1. Date Notice was Sent:	2/22/2021	1a. Delivered by:	Personal Deliv	ery with Proof of Receipt
2. Select the type of Applicat	tion that will be filed with the Authori	ity for an On-Premises Alco	oholic Beverage Lice	ense:
New Application	Renewal Alteration Corp	porate Change Remo	val O Class Chang	ge Method of Operation Change
For Renewal applican For Alteration applica For Corporate Change For Removal applican For Class Change appl	nswer each question below using all its, answer all questions unts, attach a complete written descries applicants, attach a list of the currents, attach a statement of your current licants, attach a statement detailing y tion Change applicants, although not	iption and diagrams depict nt and proposed corporate t and proposed addresses your current license type a	ting the proposed a e principals with the reason(s) nd your proposed li	for the relocation icense type
Please incl	ude all documents as noted abov	ve. Failure to do so ma	y result in disapp	roval of the application.
This 30-Day Advance Not	tice is Being Provided to the Clerk	k of the Following Loca	Municipality or	Community Board:
3. Name of Municipality or 0	Community Board: Manhatta	n Community I	Board 3	
Applicant/Licensee Infor	mation:			
4. Licensee Serial Number (i	f applicable): 1171915	Expi	iration Date (if appl	icable): 12/31/2022
5. Applicant or Licensee Nan	ne: 7th Street Sushi Park	Inc		
6. Trade Name (if any):	(limat			
7. Street Address of Establis	hment: 77 East 7th Street	t		
8. City, Town or Village:	lew York	, N	Y Zip Code:	10003
9. Business Telephone Numl	ber of Applicant/Licensee: (917) 2	214-0589		
10. Business E-mail of Applic	cant/Licensee: klimatlounge	@gmail.com		
11. Type(s) of alcohol sold o	r to be sold:	Wine, Beer & Cider	O Liquor, Wine	e, Beer & Cider
12. Extent of Food Service:				
• Full food menu; full	kitchen run by a chef or cook O M	1enu meets legal minimun	n food availability re	equirements; food prep area at minimu
13. Type of Establishment:	Restaurant (full kitchen a	and full menu req	uired)	
14. Method of Operation:	Seasonal Establishment J	Juke Box Disc Jocke	ey Recorded	Music
(check all that apply)	Live Music (give details i.e., rock	bands, acoustic, jazz, etc.):	
	Patron Dancing Employee	e Dancing Exotic Da	ncing Tople	ss Entertainment
	☐ Video/Arcade Games ☐ Thi	ird Party Promoters	Security Personne	<u>:</u> I
	Other (specify):			
L5. Licensed Outdoor Area: (check all that apply)	✓ None Patio or Deck	Rooftop Garder	n/Grounds 🔲 Fr	reestanding Covered Structure
	☐ Sidewalk Cafe ☐ Other (spe	ecify):		

pla-rev02282020	OFFICE USE Original Amended D	ONLY Date	4
16. List the floor(s) of the building that	t the establishment is located on: Grour	nd floor and basement	
17. List the room number(s) the establ	lishment 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 es	stablishments?	
19. Will the license holder or a manage	er be physically present within the establish	ment during all hours of operation?	⊙ Yes ○ No
20. If this is a transfer application (an e	existing licensed business is being purchase	d) provide the name and serial number	of the licensee:
	Name	Serial Nu	mber
21. Does the applicant or licensee own	n the building in which the establishment is	located? • Yes (if YES, SKIP 23-26)	No
	Owner of the Building in Which the Li	censed Establishment is Located	3
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 Bui	ilding Owner:		
	resentative or Attorney Representing to on for a License to Traffic in Alcohol at me: Kimberly A. Summers		
27. Representative/Attorney's Street A	Address: 555 Fifth Avenue, 14th	ı Floor	
28. City, Town or Village: New Yo	ork	State: NY	Zip Code: 10017
29. Business Telephone Number of Rep	presentative/Attorney: (646) 383-4	607	
30. Business E-mail Address of Represe	entative/Attorney: Kimberly@DS-	LawOffices.com	
Representations in th the Authority when upon, and that fals	or licensee holder or a principal of the nis form are in conformity with represent granting the license. I understand that se representations may result in disapp	ntations made in submitted docume representations made in this form r roval of the application or revocatio	ents relied upon by will also be relied on of the license.
31. Printed Principal Name: Kimk	berly A. Summers	Title: Attorney for App	olicant
Principal Signature:	mberly & Summer	8	

Page 2 of 2



555 5TH AVENUE, 14TH FLOOR NEW YORK, NEW YORK 10017 TEL: (646) 383-4607

FAX: (646) 606-2388

April 13, 2021

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

RE: 30-Day Advance Notice- Method of Operation Change Application

Applicant: 7th Street Sushi Park Inc

Premises: 77 East 7th Street, New York, NY 10003

Serial #: 1171915

Dear Board Members:

I am the attorney for 7th Street Sushi Park Inc d/b/a Klimat. Enclosed is my client's 30-Day Advance Notice of its Application to the State Liquor Authority to change the Method of Operation, which will be filed simultaneously with the class change application (notice was submitted previously). Specifically, my client wishes to make the following changes to the existing method of operation:

- 1. To change from the offerings from Japanese cuisine to Eastern European cuisine; and
- 2. To add gallery exhibitions, open mic nights, and wine tasting events.

Should you have any questions or concerns regarding the foregoing, please do not hesitate to call.

Cordially,
DIPASQUALE & SUMMERS, LLP

Kimberly A. Summers kimberly@ds-lawoffices.com

rev02282020

NEW YORK STATE OF OPPORTUNITY.	State Liquor Authority
	1

	OFFIC	E USE ONLY	
Original	Amended	Date	

Standardized $\underline{\text{NOTICE FORM}}$ for Providing $\underline{\text{30-Day Advance Notice}}$ to a Local Municipality or Community Board

. Date Notice was Sent: 04/13/2021 1a. Delivered by: Personal Delivery with Proof of Receipt				
. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:				
O New Application Renewal Alteration Corporate Change Removal Class Change Method of Operation Change				
For New 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.				
his 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:				
. Name of Municipality or Community Board: Manhattan Community Board 3				
pplicant/Licensee Information:				
. Licensee Serial Number (if applicable): 1171915 Expiration Date (if applicable): 12/31/2022				
. Applicant or Licensee Name: 7th Street Sushi Park Inc				
. Trade Name (if any): Klimat				
. Street Address of Establishment: 77 East 7th Street				
. City, Town or Village: New York , NY Zip Code: 10003				
9. Business Telephone Number of Applicant/Licensee: (917) 214-0589				
0. Business E-mail of Applicant/Licensee: klimatlounge@gmail.com				
1. Type(s) of alcohol sold or to be sold:				
2. Extent of Food Service:				
• Full food menu; full kitchen run by a chef or cook • • Menu meets legal minimum food availability requirements; food prep area at minimum				
3. Type of Establishment: Restaurant (full kitchen and full menu required)				
4. Method of Operation: (check all that apply) Seasonal Establishment				
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment				
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel				
Open mic nights, wine tastings, and gallery exhibitions				
5. Licensed Outdoor Area:				
☐ Sidewalk Cafe ☐ Other (specify):				

49

na-revu2282020	OFFICE USE Original Amended	ONLY Date	49
16. List the floor(s) of the building that	t the establishment is located on: Grour	nd floor and basement	
17. List the room number(s) the establ	lishment 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 e	establishments?	
19. Will the license holder or a manage	er be physically present within the establish	hment during all hours of operation?	⊙ Yes ○ No
20. If this is a transfer application (an e	existing licensed business is being purchase	ed) provide the name and serial number o	of the licensee:
	Maria	Contal Nu	
21. Does the applicant or licensee own	Name the building in which the establishment is	Serial Null located? • Yes (if YES, SKIP 23-26)	○ No
	Owner of the Building in Which the Li	icensed Establishment is Located	
22. Building Owner's Full Name:	eter Koziej (sole principal of A	pplicant)	
23. Building Owner's Street Address:	77 East 7th Street		
24. City, Town or Village: New Yo	ork	State: NY	Zip Code: 10003
25. Business Telephone Number of Bui	ilding Owner: (646) 241-5589		
	resentative or Attorney Representing on for a License to Traffic in Alcohol at		
27. Representative/Attorney's Street A	Address: 555 Fifth Avenue, 14th	h Floor	
28. City, Town or Village: New Yo	rk	State: NY	Zip Code: 10017
29. Business Telephone Number of Rep	presentative/Attorney: (646) 383-4	1607	
30. Business E-mail Address of Represe	entative/Attorney: Kimberly@DS-	LawOffices.com	
Representations in th the Authority when upon, and that fals	or licensee holder or a principal of the his form are in conformity with represe granting the license. I understand that he representations may result in disapp I affirm - under Penalty of Perjury - the	ntations made in submitted docume t representations made in this form v proval of the application or revocation	nts relied upon by will also be relied n of the license.
31. Printed Principal Name: Kimb	berly A. Summers	Title: Attorney for App	olicant
Principal Signature:			



555 5TH AVENUE, 14TH FLOOR NEW YORK, NEW YORK 10017 TEL: (646) 383-4607

FAX: (646) 606-2388

April 23, 2021

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

RE: 30-Day Advance Notice- Alterations Application

Applicant: 7th Street Sushi Park Inc

Premises: 77 East 7th Street, New York, NY 10003

Serial #: 1171915

Dear Board Members:

I am the attorney for 7th Street Sushi Park Inc d/b/a Klimat. Enclosed is my client's 30-Day Advance Notice of its intention to file an Alterations Application with the State Liquor Authority. Please note that this Application is intended to be filed simultaneously with an Application to Change the Method of Operation and a Class Change Application for which 30- Day Advance Notice has previously been submitted. The instant Alterations Application is intended to simply modify the originally submitted floorplan to reflect the current interior floorplan and minor changes that have been made to the premises.

Should you have any questions or concerns regarding the foregoing, please do not hesitate to call.

Cordially,

DIPASQUALE & SUMMERS, LLP

Kimberly A. Summers kimberly@ds-lawoffices.com

rev02282020

NEW YORK STATE OF OPPORTUNITY.	State Liquor Authority
OPPORTUNITY.	Authority

OFFICE USE ONLY			
_			
Original	Amended	Date	
O	<u> </u>		

49

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

		_	
1. Date Notice was Sent: 02	4/23/2021	1a. Delivered by:	Personal Delivery with Proof of Receipt
2. Select the type of Applicati	ion that will be filed with the Authorit	cy for an On-Premises Alcoh	nolic Beverage License:
New Application (Renewal	orate Change 🔘 Remova	al Class Change Method of Operation Change
For Renewal applicant For Alteration applicar For Corporate Change For Removal applicant For Class Change appli	nswer each question below using all its, answer all questions nts, attach a complete written descript applicants, attach a list of the currents, attach a statement of your current icants, attach a statement detailing yition Change applicants, although not	ption and diagrams depicting that and proposed corporate that and proposed addresses we our current license type an	principals with the reason(s) for the relocation
Please inclu	ude all documents as noted abov	e. Failure to do so may	result in disapproval of the application.
This 30-Day Advance Noti	ice is Being Provided to the Clerk	of the Following Local	Municipality or Community Board:
3. Name of Municipality or Co	Community Board: Manhatta	n Community B	Soard 3
Applicant/Licensee Inform	nation:		
4. Licensee Serial Number (if	applicable): 1171915	Expira	ation Date (if applicable): 12/31/2022
5. Applicant or Licensee Nam	ne: 7th Street Sushi Park	Inc	
6. Trade Name (if any):	limat		
7. Street Address of Establish	nment: 77 East 7th Street		
8. City, Town or Village:	ew York	, NY	Zip Code: 10003
9. Business Telephone Numb	per of Applicant/Licensee: (917) 2	214-0589	
10. Business E-mail of Applica	ant/Licensee: klimatlounge@	@gmail.com	
11. Type(s) of alcohol sold or	r to be sold:	O Wine, Beer & Cider	O Liquor, Wine, Beer & Cider
12. Extent of Food Service:			
• Full food menu; full k	kitchen run by a chef or cook O M	lenu meets legal minimum	food availability requirements; food prep area at minimum
13. Type of Establishment:	Restaurant (full kitchen a	and full menu requ	iired)
14. Method of Operation: (check all that apply)	Live Music (give details i.e., rock Patron Dancing Employee Video/Arcade Games Thi	e Dancing	
15. Licensed Outdoor Area: (check all that apply)	✓ None ☐ Patio or Deck ☐ ☐ Sidewalk Cafe ☐ Other (spe		Grounds Freestanding Covered Structure

la-rev02282020	OFFICE USE	ONLY ate	4
			4:
L6. List the floor(s) of the building that	t the establishment is located on: Groun	d floor and basement	
17. List the room number(s) the establ	lishment is located in within the building, if a	appropriate: N/A	
18. Is the premises located within 500	feet of three or more on-premises liquor es	tablishments?	
19. Will the license holder or a manage	er be physically present within the establish	ment during all hours of operation?	⊙ Yes ○ No
20. If this is a transfer application (an e	existing licensed business is being purchased) provide the name and serial number o	of the licensee:
	Nama	Carial Nu	ah au
21. Does the applicant or licensee own	Name In the building in which the establishment is I	Serial Nur ocated? •• Yes (if YES, SKIP 23-26)	○ No
	Our and the Publication Which the Live	and Establishment in Located	
	Owner of the Building in Which the Lic	ensed 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 Bui	ilding Owner:		
	resentative or Attorney Representing t on for a License to Traffic in Alcohol at t		
26. Representative/Attorney's Full Nan	me: Kimberly A. Summers		
27. Representative/Attorney's Street A	Address: 555 Fifth Avenue, 14th	Floor	
28. City, Town or Village: New Yo	rk	State: NY	Zip Code: 10017
29. Business Telephone Number of Rep	presentative/Attorney: (646) 383-46	607	
30. Business E-mail Address of Represe	entative/Attorney: Kimberly@DS-L	_awOffices.com	
Representations in th the Authority when	or licensee holder or a principal of the last form are in conformity with represengranting the license. I understand that se representations may result in disappr	tations made in submitted docume representations made in this form v	nts relied upon by vill also be relied
By my signature,	I affirm - under Penalty of Perjury - tha	t the representations made in this f	orm are true.
31. Printed Principal Name: Kimk	berly A. Summers	Title: Attorney for App	licant
Principal Signature:	mberly & Summers		