



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 A. Summers
kimberly@ds-lawoffices.com



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

1. Date Notice was Sent: 1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:
 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.

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:

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business E-mail of Applicant/Licensee:

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 or cook Menu meets legal minimum food availability requirements; food prep area at minimum

13. Type of Establishment:

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		
<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 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:

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:



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

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

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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:

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business E-mail of Applicant/Licensee:

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 or cook Menu meets legal minimum food availability requirements; food prep area at minimum

13. Type of Establishment:

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):

Original 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 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:
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: _____



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

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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:

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business E-mail of Applicant/Licensee:

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 or cook Menu meets legal minimum food availability requirements; food prep area at minimum

13. Type of Establishment:

14. Method of Operation: (check all that apply)

<input type="checkbox"/> Seasonal Establishment	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Disc Jockey	<input checked="" type="checkbox"/> Recorded Music	<input type="checkbox"/> Karaoke
<input type="checkbox"/> Live Music (give details i.e., rock bands, acoustic, jazz, etc.): <input type="text"/>				
<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Employee Dancing	<input type="checkbox"/> Exotic Dancing	<input type="checkbox"/> Topless Entertainment	
<input type="checkbox"/> Video/Arcade Games	<input type="checkbox"/> Third Party Promoters	<input type="checkbox"/> Security Personnel		
<input checked="" type="checkbox"/> Other (specify): <input type="text" value="Application to Change Method of Operation also submitted to include art exhibitions, wine tastings, and open mic nights"/>				

15. Licensed Outdoor Area: (check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Patio or Deck	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Garden/Grounds	<input type="checkbox"/> Freestanding Covered Structure
<input type="checkbox"/> Sidewalk Cafe <input type="checkbox"/> Other (specify): <input type="text"/>				

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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 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:

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

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27. Representative/Attorney's Street Address:

28. City, Town or Village: State: Zip Code:

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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: 