

NICOLE D. KATSORHIS, ESQ. nk@katsorhislaw.com

RECEIVEL

BY COMMUNITY BOARD 8

January 10, 2025

Sent via Certified Mail #7017 1450 0000 1557 1165, Return Receipt Requested

Will Brightbill, District Manager Community Board No. 8 Manhattan 505 Park Avenue, Suite 620 New York, New York 10022

Re: BB16812009 LLC d/b/a Bareburger

Premises: 1681 1st Avenue, New York, New York 10128

Dear Mr. Brightbill:

This firm represents BB16812009 LLC which will be operating a "Bareburger" restaurant located at 1681 1st Avenue, New York, New York 10128. Our client will be applying to the New York State Liquor Authority for a Beer, Wine and Cider License.

Enclosed herein, please find the Standardized Notice Form for Providing 30-Day Advance Notice, provided by the Authority, for your review and consideration.

Should you have any questions, do not hesitate to contact the undersigned.

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Very truly yours,

Nicole D. Katsorhis

NDK/nb Encl.:

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

1. Date Notice Sent: 01-10-2025 1a. Delivered by: Certified Mail Return Receipt Request	led							
 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:								
O New Application O New Application and Temporary Retail Permit O Renewal O Alteration O Removal								
O Class Change O Method of Operation O Corporate Change								
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								
riease 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: Community Board No. 8								
Applicant/Licensee Information:								
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):	_							
5. Applicant or Licensee Name: BB16812009 LLC	\dashv							
6. Trade Name (if any): Bareburger	\dashv							
7. Street Address of Establishment: 1681 1st Avenue	닉							
8. City, Town or Village: New York , NY Zip Code: 10022	\dashv							
9. Business Telephone Number of applicant/ Licensee:	┥.							
10. Business E-mail of Applicant/Licensee:	╣.							
11. Type(s) of alcohol sold or to be sold: O Beer & cider O Wine, Beer & Cider O Liquor, Wine, Beer & Cider								
12. Extent of Food Service: O Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area req								
13. Type of Establishment: Restaurant (full kitchen and full menu required)	uired							
Seasonal Establishment Juke Box Disc Jockey Recorded Music Variable								
** Alction of Obstation.	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):	7							
15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (check all that apply) Sidewalk Cafe Other (specify):	_							

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	Original (Amended	Date			4.
		_				4:
16. List the floor(s) of the building that	at the establishment	is located on: 1	st Floor and Bas	ement		
17. List the room number(s) the estab	olishment is located i	in within the build	ing, if appropriate:			
18. Is the premises located within 500) feet of three or mor	re on-premises liq	uor establishments?	Yes (© No		
19. Will the license holder or a manag					_	O No
20. If this is a transfer application (an	existing licensed bus	siness is being pure	chased) provide the	name and serial number	of the licensee	:
	Name		J <u>L</u>	Serial Nu	ımber	
21. Does the applicant or licensee ow	n the building in whi	ch the establishm	ent is located?	Yes (if YES, SKIP 23-26)	⊙ No	
	Owner of the Bui	ilding in Which t	he Licensed Estat	olishment is Located		
22. Building Owner's Full Name: GI	reek Corner Real	lty Corp				
23. Building Owner's Street Address:	42-14 AS	toria Boul	evard			
24. City, Town or Village:	toria			N.Y.	Zip Code:	11103
25. Business Telephone Number of Bu		118-274-				
Application	on for a License to	Traffic in Alcoho	ting the Applican	t in Connection with the ment Identified in this	he Notice	
26. Representative/Attorney's Full Na		atsorhis, Esq.			<u></u>	
27. Representative/Attorney's Street A	Address: 77-53 N	//ain Street		t =		
28. City, Town or Village: Flushing			State: New	/ York	Zip Code: 1	1367
29. Business Telephone Number of Rep	presentative/Attorne	ey: (718) 591	-6900			
30. Business E-mail Address of Represe	entative/Attorney:	nk@katsorhis	aw.com; gklawr	ıy@gmail.com	-	
Representations in the Authority when upon, and that fals	nis form are in conf granting the licens se representations	formity with repi se. I understand may result in dis	resentations made that representation approval of the a	nat holds or is applying e in submitted docume ons made in this form v pplication or revocation ntations made in this fo	nts relied upo will also be re n of the licens	on by :lied se.
31. Printed Principal Name: Eurip	pides Pelekanos		Title:	Managing Member	CEO	
Principal Signature:	in the					