

Pesetsky & Bookman, PC

Attorneys at Law

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March 4, 2025

VIA FedEx

Manhattan Community Board #8 505 Park Avenue Suite 620 New York, NY 10022

Re:

1000 Madison LLC D/B/A Sant Ambroeus 1000 Madison Avenue, New York, NY, 100075 Serial No. 1158705 RECEIVED

BY COMMUNITY BOARD 8

Dear Sir/Madam:

Please allow this correspondence and enclosure to serve as notification of the above-referenced licensee's intent to apply to the State Liquor Authority for an alteration to add municipal space to the licensed premises in accordance with Advisory 2024-1.

Thank you for your attention to this matter. Please do not hesitate to contact the undersigned should you have any questions.

Very truly yours,

PESETSKY & BOOKMAN, P.C.

By: Max Bookman, Esq.



08/20/2024

NEW YORK Authority Standardized NOTICE FORM for Providing Notice to a Local Municipality Authority Standardized NOTICE FORM for Providing Notice to a Local Municipal Space

SIAIE Authorit	У	for Adding or	Removin	g Contig	uous a	ind/or No	n-Conti	guous Miu	inici	pai Space
1. Date Notice Was Sent:	03/04/20	025	1a. Delive	ered by: Fe	edex G	Fround De	elivery			
2. This form must be sub			ง Municipality ง	when filing	for a Sur	nday On-Pre	mises Sale	es Permit		
		eing Provided to								
3. Name of Municipality:	Manh	attan Communi	ity Board N	lo 8						
			License	e Informati	on					
4. License Serial Number	er: 1158705 5. Permit Date(s): PENDING									
6. License name:	1000 Mad	dison LLC			·					
7. Trade Name (if any):	Sant Amb	proeus								
8. Street Address of Estal	olishment:	1000 Madison	Avenue							
9. City, Town or Village:	New York	Κ				,N	Y Zip Co	ode : 10075		
10. Business Telephone	Number of	Applicant/License	ee: 212-593	3-2223						
11. Business E-mail of Ap	plicant/Lice	ensee: ga	etano.guar	ducci@sa	hospita	litygroup.c	om			
12. Describe municipal s	pace to be	added: Roadw	ay and Sic	lewalk						
12a. What date did you a										
Re	presentativ	ve or Attorney re								
13. Representative/Atto	rney's Full N	lame: Max Bo	ookman, Es	sq - Pesets	sky & B	ookman P	<u>C</u>			
14. Street Address:	325 B	roadway, Suite	501							
15 City Town or Village	: New Y	/ork			State:	NY	Zip Co	ode : 10007	 7	
15. City, Town or Village	L									
16. Business Telephone	Number of	Representative/A	Attorney: [2	212-513-19						
17. Business Email Addı										
I am the licensee that answers therein; that the to make the statement By my:	he same are s and answ	e true to my know ers in this applica	rledge; that I stion on beh such stateme	I have been alf of said licents and ans	authoriz censee v swers its	zed, by orde vith the sam self.	er of the Bo ne force ar	nd effect as if	f said	l licensee made
18. Printed Name: Jac					_	le LLC Ma				
		>								
Signature: X	aptioned o	n-premises licen	rsee is apply	ying for an	alterati	ion to their	existing l	– icense with	the	State
Liquor Auth	ority to sel	l alcoholic bever	rages on mu	ınicipal spa	ice.					
Please forwa The New Yo	ard any cor rk State Lic	ncerns regarding quor Authority b	g the issuan by e-mail co	ce of the al mmunity@	teration sla.ny.g	n to the atte jov	ention of			
		-					F	Page 4 of 4	500	Print Form