

Pesetsky & Bookman, PC

Attorneys at Law

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March 10, 2025

Via FedEx Express

Manhattan Community Board No. 8 505 Park Avenue, Suite 620 New York, NY 10022

Re:

M B R P Restaurant Inc d/b/a The Stumble Inn 1454 2nd Avenue New York, NY 10021 RECEIVED

8Y 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.



Standardized NOTICE FORM for Providing Notice to a Local Municipality for Adding or Removing Contiguous and/or Non-Contiguous Municipal Space

	3		3			
1. Date Notice Was Sent:	03/10/2025] 1a. Delivered by: [FedEx N	Mail Service	s with Tracking	Number
2. This form must be subn	nitted to the clerk or Local N	Aunicipality when filir	g for a Sur	nday On-Pren	nises Sales Permit	
This N	Notice is Being Provided to	the Clerk of the foll	owing Loc	cal Municipa	lity	
3. Name of Municipality:	Manhattan Commun	ity Board No. 8				
		Licensee Informa	ition			-
4. License Serial Number:	1026692 5. Permit Date(s): Pending					
6. License name:	ABRP Restaurant Inc					
7. Trade Name (if any):	he Stumble Inn					
8. Street Address of Establ	lishment: 1454 2nd Ave	nue				
9. City, Town or Village:	New York		a —th 903	,NY	Zip Code : 1002	1
10. Business Telephone Nu	umber of Applicant/License	e: (212) 650-0561				
Business E-mail of Applicant/Licensee: ted@eatdrinkandbemerry.com						
12. Describe municipal spa	ace to be added: Roadwa	ay Cafe				
12a. What date did you apı	ply for a municipal permit?	7/17/24			100	
Repr	esentative or Attorney rep	oresenting the licens	ee			
13. Representative/Attorn	ey's Full Name: Max Boo	okman, Esq.				
14. Street Address:	Pesetsky and Bookma	n, P.C 325 Broad	lway, Sui	te 501		
			_	<u> </u>		
15. City, Town or Village:	New York		State: N	IY	Zip Code : 1000	7
16. Business Telephone Nu	umber of Representative/At	torney: (212) 513-	1988			
17. Business Email Address	s: max@pb.law; meliss	a@pb.law				
answers therein; that the sto make the statements a	applying for the permit and same are true to my knowle nd answers in this applicatio suc nature, I affirm - under Pena	dge; that I have been on on behalf of said lic th statements and an:	authorized censee with swers itself	d, by order of h the same fo f.	the Board of Directorce and effect as if	tors of said licensee f said licensee made
18. Printed Name: Mitche		? /	_	Trustee		
Signature: X	1800 to to to the	AC.	' 			
The above capt Liquor Authorit	tioned on-premises license ty to sell alcoholic beverag	ee is applying for an	alteration	to their exis	ting license with	the State
	any concerns regarding th			the attention	on of	
The New York S	State Liquor Authority by e	e-mail community@s	la.ny.gov			
08/20/2024					Page 4 of 4	Print Form