Liquor Authority

OFFICE USE ONLY
○ Original ○ Amended Date _____

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

1. Date Notice Sent: 07/07/2026 1a. Delivered by: Certified Mail Return Receipt Requested

RECEIVED
JUL 15 2026
BY COMMUNITY BOARD 8

2. 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: (counties of Kings, New York, Bronx, Queens and Richmond):

○ New Application ◉ New Application and Temporary Retail Permit ○ Temporary Retail Permit ○ Removal

○ Class Change ○ Method of Operation ○ Corporate Change ○ Renewal ○ Alteration

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

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: COMMUNITY BOARD 8

Applicant/Licensee Information:

4. Licensee License ID (if applicable): _____ Expiration Date (if applicable): _____

5. Applicant or Licensee Name: FELLINI LEXINGTON CORP.

6. Trade Name (if any): _____

7. Street Address of Establishment: 135 EAST 63RD STREET

8. City, Town or Village: NEW YORK , NY Zip Code: 10065

9. Business Telephone Number of applicant/ Licensee: (917)374-8085

10. Business E-mail of Applicant/Licensee: HELLO@FELLINICOFFEE.COM

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/cook ◉ Menu meets legal minimum food requirements; food prep area requir

13. Type of Establishment: Bar/Tavern

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): _____

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16. List the floor(s) of the building that the establishment is located on: 1ST FLOOR

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 ID number of the licensee:

Name | License ID 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: LEXINGTON ONE LLC

23. Building Owner's Street Address: 154 PERSHING ROAD

24. City, Town or Village: ENGLEWOOD CLIFFS State: NEW JERSEY Zip Code: 07632

25. Business Telephone Number of Building Owner: (917) 560-3347

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: MICHAEL KELLY

27. Representative/Attorney's Street Address: 136 WAVERLY ROAD

28. City, Town or Village: SCARSDALE State: NEW YORK Zip Code: 10583

29. Business Telephone Number of Representative/Attorney: (914)740-3580

30. Business E-mail Address of Representative/Attorney: KELLYMLK136@GMAIL.COM

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: MICHAEL KELLY Title: AUTHORIZED REPRESENTATIVE

☐ By checking this box I agree, and it is my intent, to electronically sign this document. By submitting this e-document to the New York State Liquor Authority in this way, I understand that my electronic signature I added to the signature line below is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document and I am affirming the truth of the information contained therein.

Principal Signature:

Date: 7/7/26