KORNGUT PALEUDIS LLC

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LIEL HOLLANDER, *OF COUNSEL*+

ADMITTED TO PRACTICE +NY, ♦CT, ★PA, ΔNJ, ΦCA

September 18, 2026

RECEIVED
SEP 22 2026
BY COMMUNITY BOARD 8

Via FedEx Overnight Delivery

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

Re: *Coliemore Inc.*
Premises: *1640 2nd Avenue, New York NY 10028*

To Whom It May Concern:

Please accept the enclosed Standardized 30-Day Notice for filing. Thank you in advance for your anticipated attention to the enclosed notice. Should you have any questions or require any additional documentation please do not hesitate to contact me at (212) 837-8482 or mjp@kplawyers.com.

Yours truly,

Michael Paleudis, Esq.

Enclosure

cc: Ronan Carter, *via email*

rev-02/20/26

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NEW YORK STATE | Liquor Authority

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

1. Date Notice Was Sent: 09/21/2026 1a. Delivered by: FedEx Priority Overnight, Proof of Delivery

2. This form must be submitted to the clerk or Local Municipality when filing to alter contiguous and/or non-contiguous municipal space

This Notice is Being Provided to the Clerk of the following Local Municipality

3. Name of Municipality: Manhattan Community Board 8

Licensee Information

4. License ID Number: 0340-22-103546, 0423-22-103547

6. License name: Coliemore Inc.

7. Trade Name (if any): Cafe Maud

8. Street Address of Establishment: 1640 2nd Avenue

9. City, Town or Village: New York ,NY Zip Code : 10028

10. Business Telephone Number of Applicant/Licensee: (929) 630-3420

11. Business E-mail of Applicant/Licensee: rcarter@dearmaud.com

12. Describe municipal space to be added: Sidewalk Cafe

12a. What date did you apply for a municipal permit? 7/30/24

Representative or Attorney representing the licensee

13. Representative/Attorney's Full Name: Michael J. Paleudis

14. Street Address: 100 Canal Pointe Blvd., Suite 125

15. City, Town or Village: Princeton State: NJ Zip Code : 08540

16. Business Telephone Number of Representative/Attorney: (212) 835-6768

17. Business Email Address : mjp@kplawyers.com

I am the licensee that is applying for the permit and I certify that I know the contents of the above application and the statements and answers therein; that the same are true to my knowledge; that I have been authorized, by order of the Board of Directors of said licensee to make the statements and answers in this application on behalf of said licensee with the same force and effect as if said licensee made such statements and answers itself.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

☑ *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.*

18. Printed Name: Ronan Carter Title: Stockholder

Signature: RONAN CARTER

The above captioned on-premises licensee is applying for an alteration to their existing license with the State Liquor Authority to sell alcoholic beverages on municipal space. Please forward any concerns regarding the issuance of the alteration to the attention of The New York State Liquor Authority by e-mail: community@sla.ny.gov

Doc ID: 0f33320a6fc3a8704d3d127093d6c485c7a6b3a4