THE MET

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BY COMMUNITY BOARD 8

Office of the General Counsel
and Secretary

T 212 570-3883
F 212 570 3850

September 4, 2026

Manhattan Community Board 8
ATTN: Ian McKnight
505 Park Avenue, Suite 620
New York, NY 10022

Dear Mr. McKnight,

The Metropolitan Museum of Art wishes to apply to the New York State Liquor Authority to alter its existing license at its Fifth Avenue location. This letter serves to notify Community Board 8 of the Museum's intention for such alteration. Please find enclosed a completed Standardized Notice Form for Providing 30-Day Advance Notice to a Local Municipality or Community Board for the alteration of the Museum's on-premises establishment liquor license.

The Museum is reconfiguring its dining and hospitality offerings. It has closed several licensed areas within the building and seeks to modify an existing licensed location to establish a new public dining destination accessible from the 83rd Street entrance. I note that the diagrams setting forth these proposed alterations have not yet been finalized, but we will provide this information to the Community Board as part of the Museum's submission in advance of the meeting of the Street Life Committee to review this matter.

Please be so kind as to advise me when the Community Board has scheduled this matter before the Street Life Committee as well as any posting or application requirements for the same.

We are grateful for your consideration of our Standardized Notice Form. Should you have any questions, please do not hesitate to contact me at (212) 570-3883 or via email at amy.lamberti@metmuseum.org.

Sincerely,

Amy D. Lamberti
Senior Associate General Counsel

cc: CB8: Jordyn Lee
Met: Norah Yahya, Natalie Omary, Noel Lee

Enclosure

The Metropolitan Museum of Art

1000 Fifth Avenue
New York, NY 10028
metmuseum.org

NY State Liquor Authority

OFFICE USE ONLY
○ Original ○ Amended Date _____

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

1. Date Notice Sent: _____ 1a. Delivered by: Overnight Mail, Tracking Number and Pro

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: Manhattan Community Board 8

Applicant/Licensee Information:

4. Licensee License ID (if applicable): 0409-23-11590 Expiration Date (if applicable): 02/28/2027

5. Applicant or Licensee Name: The Metropolitan Museum of Art & Restaurant Associates, LLC

6. Trade Name (if any): The Metropolitan Museum of Art

7. Street Address of Establishment: 1000 Fifth Avenue

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

9. Business Telephone Number of applicant/ Licensee: (212) 535-7710

10. Business E-mail of Applicant/Licensee: amy.lamberti@metmuseum.org

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 required

13. Type of Establishment: Recreation Facility/Exhibition Hall

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.): _____
☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
☒ Other (specify): Full-Service Restaurant and Museum

15. Licensed Outdoor Area: (check all that apply)
☐ None ☐ Patio or Deck ☑ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
☐ Sidewalk Cafe ☐ Other (specify): _____

rev-04/2/26

OFFICE USE ONLY
○ Original ○ Amended Date _____

16. List the floor(s) of the building that the establishment is located on: Ground, first, and second floors and rooftop

17. List the room number(s) the establishment is located in within the building, if appropriate: All floors

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:

N/A
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: The Metropolitan Museum of Art

23. Building Owner's Street Address: 1000 Fifth Avenue

24. City, Town or Village: New York State: New York Zip Code: 10028

25. Business Telephone Number of Building Owner: (212) 535-7710

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:

27. Representative/Attorney's Street Address:

28. City, Town or Village: State: Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

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: Whitney W. Donhauser Title: Deputy Director and Chief Advancement Officer

☑ 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: Whitney Donhauser

Date: 9/4/26