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: [redacted] 9/9/26 1a. Delivered by: UPS

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: Community Board 8

Licensee Information

4. License ID Number: 0340-22-112792

6. License name: Boqueria UES LLC

7. Trade Name (if any): Boqueria

8. Street Address of Establishment: 1460 2nd Avenue

9. City, Town or Village: New York ,NY Zip Code : 10075

10. Business Telephone Number of Applicant/Licensee: 212-343-2227

11. Business E-mail of Applicant/Licensee: permits@boqueriarestaurant.com

12. Describe municipal space to be added: Sidewalk Cafe

12a. What date did you apply for a municipal permit? 8/2/24

Representative or Attorney representing the licensee

13. Representative/Attorney's Full Name: Kim Milush/Badger Expediting LLC

14. Street Address: 2252 E Gilwood Drive

15. City, Town or Village: Stow State: OH Zip Code : 44224

16. Business Telephone Number of Representative/Attorney: 330-907-9893

17. Business Email Address : badgerpermit@gmail.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: Yann deRochefort Title: CEO

Signature: [signature]

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

NEW YORK STATE | Liquor Authority

OFFICE USE ONLY
○ Original ○ Amended Date _____

APPLICANT STATEMENT

I, [print name] Yann deRochefort
(the ○ sole proprietor, ○ partner, ○ corporate principal or, ◉ LLC/LLP member)
understand that the State Liquor Authority will rely on each and every answer in the application and accompanying documents in reaching its determination and state, under penalty of perjury, that all statements and representations therein are true to the best of my knowledge and belief; and

I state that the location and description of the premises to be licensed does not violate any requirement of the ABC law or other state or local ordinances; and

I understand that if any change occurs in the information provided to the Authority in the application, the licensee must notify the Authority by certified mail within 48 hours and if any change occurs after receipt of the license, the licensee must notify the Authority by certified mail within 10 days. I understand that failure to give such notice may result in disapproval of the application or revocation or non-renewal of any license for which this application is submitted; and

I understand that the licensee will be bound by the statements and representations made in the application, including, but not limited to the licensee's method of operation and the identity of persons with an ownership or financial interest in the licensed premises; and that all statements and representations made become conditions of the license; and

I understand that any physical alterations to, or changes to the size of the area used for the sale and consumption of alcoholic beverages, must be reported to the Authority and may require the approval of the Authority; and

I understand that the licensee must keep the Authority advised of any change in the mailing addresses of the licensee, the licensee's principals, and the licensee's landlord.

I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the application may result in revocation of any license for which the application was submitted; and

I understand that any false statement or misrepresentation will constitute cause for disapproval of the application or revocation or non-renewal of any license for which this application is submitted.

☑ *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.*

Signature

8/31/26
Date