

	OFFICE	-	
Original Original	○ Amended	Date	



49

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

2

1. Date Notice Sent:	12/12/2024 1a. Delivered by: Overnight Mail, Tracking Number and Pro
Select the type of A For premises outside	pplication that will be filed with the Authority for an On-Premises Alcoholic Beverage License:
	© Removal © Class Change
For premises in the	City of New York:
O New Application	O New Application and Temporary Retail Permit O Renewal Alteration O Removal
	Method of Operation O Corporate Change by Community Board 3. Man.
For Alteration applic For Corporate Chang For Removal applical For Class Change app For Method of Opera	rary Retail Permit applicants, answer each question below using all information known to date ints, answer all questions ants, answer all questions ants, attach a complete written description and diagrams depicting the proposed alteration(s) are applicants, attach a list of the current and proposed corporate principals ints, attach a statement of your current and proposed addresses with the reason(s) for the relocation dicants, attach a statement detailing your current license type and your proposed license type tition Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes
riease include all c	ocuments as noted above. Failure to do so may result in disapproval of the application
This 30-Day Advan	ce 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 No. 3
Applicant/Licensee	
4. Licensee Serial Numbe	er (if applicable): 6009435 Expiration Date (if applicable): 12/31/2025
5. Applicant or Licensee	Name: Jazba NYC LLC
6. Trade Name (if any):	Jazba; Room 207
7. Street Address of Esta	
8. City, Town or Village:	New York , NY Zip Code: 10003
9. Business Telephone No	umber of applicant/ Licensee: (917) 517-1596
10. Business E-mail of App	licant/Licensee: rajesh@jazbanyc.com
11. Type(s) of alcohol sold	or to be sold: O Beer & cider O Wine, Beer & Cider O 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:	Restaurant (full kitchen and full menu required)
14. Method of Operation:	Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
(check all that apply)	Live Music (give details i.e., rock bands, acoustic, jazz, etc.): 1 violinist or guitar player- only on special occasions
	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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Orig	OFFICE Linal () Amended	JSE ONLY Date	
) / iniciaed	Date	
16. List the floor(s) of the building that the establi	shment is located on: firs	t floor and basement	
17. List the room number(s) the establishment is t			
18. Is the premises located within 500 feet of thre			
19. Will the license holder or a manager be physica		*	⊙ Yes ○ No
20. If this is a transfer application (an existing licen	sed business is being purchas	sed) provide the name and serial number	of the licenses
		and serial number	of the licetises:
Name 21 Door the applicant of		Serial Nu	ımber
21. Does the applicant or licensee own the building	g in which the establishment	is located?	⊙ No
Owner of t	he Building in Which the	Licensed Establishment is Located	
22. Building Owner's Full Name: East 117	Street Associates L	td.	
23. Building Owner's Street Address: C/O Lee	Odell Real Estate	, 14 Vanderventer Avenue,	Suite 126
24. City, Town or Village: Port Washington	n	State: NY	Zip Code: 11050
25. Business Telephone Number of Building Owner:	(917) 678-9064] ,[11050
Representative of Application for a Licen	or Attorney Representing se to Traffic in Alcohol at	the Applicant in Connection with th the Establishment Identified in this I	e Notice
26. Representative/Attorney's Full Name: Max B	ookman, Esq Pesetsky (& Bookman, P.C.	
27. Representative/Attorney's Street Address: 32:	5 Broadway, Suite 501		
28. City, Town or Village: New York		State: NY	Zip Code: 10007
29. Business Telephone Number of Representative/A	ttorney: 212-513-1988		
30. Business E-mail Address of Representative/Attorn	ney: max@pb.law; annm	arie@pb.law	
		0,	
the Authority when granting the	iconformity with represent license. I understand that	legal entity that holds or is applying for tations made in submitted documen representations made in this form w coval of the application or revocation	ts relied upon by
		t the representations made in this for	
31. Printed Principal Name: Rajesh Bhard	lwaj	Title: Owner	
Principal Signature:	hours		



Pesetsky & Bookman, PC

Attorneys at Law

325 Broadway, Suite 501 New York, NY 10007

(212) 513-1988 | www.PB.law

Max Bookman | Partner | max@pb.law

December 13, 2024

Via FedEx

Manhattan Community Board No. 3 59 E 4th Street New York, NY 10003

Re:

Entity: Jazba NYC LLC

Serial No: 6009435

Address: 207 2nd Avenue, New York, NY 10003

Dear Sir/Madam:

Please allow this correspondence and enclosure to serve as notification of the above-referenced licensee's intent to file the following applications with the State Liquor Authority at the above-mentioned premises:

- Alteration application to add a service bar
- Method of Operation change application to add occasional live music and extension of business hours. See below:
 - Current hours: Sunday through Thursday: 11:30AM to 11:00PM; Friday through Saturday: 11:30AM to 11:30PM
 - Proposed hours: Sunday through Thursday: 11:30AM to 12:00AM: Friday through Saturday: 11:30AM to 1:30AM

Should you have any questions, please contact the undersigned. Thank you for your attention to this matter.

Very truly yours, PESETSKY & BOOKMAN, P.C.

By:

Max Bookman, Esq.