



BROOKLYN COMMUNITY BOARD 9

Antonio Reynoso
Borough President

Dante B. Arnwine
District Manager

Fred P. Baptiste
Chair

Primo Lasana
1st Vice Chair

Francisca Leopold
2nd Vice Chair

Linda Watson-Lorde
Executive Secretary

Mayna Legoute
Treasurer

Nicolas Almonor
Member-at-Large

Dexter Roberts
Member-at-Large

TO: Baptiste, Fred (Ex-Officio), Banks, Ronald, Resident Member, Cohen, Chavi; CB9 Member, Lehrer, Yisroel; CB9 Member, Mochkin, Zlati; CB9 Member, Martinez, Carmen; Resident Member; Zeng, Jean-Jacques; Resident Member

FROM: Primo Lasana, Interim Chair

RE: Public Safety Committee Meeting

DATE: Tuesday, April 9, 2024

The meeting of the Public Safety Committee has been scheduled as follows:

DATE: Thursday, April 11, 2024

TIME: 7:00 p.m.

PLACE: 890 Nostrand Avenue
Brooklyn, New York 11225
Livestreamed on CB9 Facebook Page:
<https://www.facebook.com/cb9bklyn>

AGENDA

1. Welcome
2. Roll Call
3. NYS Liquor Authority Application Review
 - a. Lefrak Center at Lakeside – 171 East Drive, Brooklyn, New York 11225 (Prospect Park); Application for the renewal a Liquor, Wine, Beer, and Cider License
 - b. El Huasteco Authentic Mexican Restaurant Corp. – 347A-347B Empire Boulevard, Brooklyn, New York 11225; Application for a new Wine, Beer, and Cider License
4. NYS Office of Cannabis Management Application Review
 - a. Best NY Developments, LLC 560 Flatbush Avenue, Brooklyn, New York 11225
 - b. 552 ENY LLC – 546 East New York Avenue, Brooklyn, New York 11225
5. Old business
6. Adjournment



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

1. Date Notice Sent: **March 28, 2024**

1a. Delivered by: **Certified Mail Return Receipt Requested**

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:

New Application New Application and Temporary Retail Permit Renewal Alteration Removal
 Class Change Method of Operation Corporate Change

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: **Brooklyn Community Board 9**

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): **1278045 & 1278046** Expiration Date (if applicable): **04/30/2024**

5. Applicant or Licensee Name: **Lakeside Brooklyn LLC**

6. Trade Name (if any): **LeFrak Center at Lakeside, Prospect Park**

7. Street Address of Establishment: **171 East Drive - Prospect Park**

8. City, Town or Village: **Brooklyn**, NY Zip Code: **11225**

9. Business Telephone Number of applicant/ Licensee: _____

10. Business E-mail of Applicant/Licensee: _____

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: **Restaurant (full kitchen and full menu required)**

Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke

14. Method of Operation: (check all that apply) Live Music (give details i.e., rock bands, acoustic, jazz, etc.): **N/A**

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): _____

16. List the floor(s) of the building that the establishment is located on:
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 serial number of the licensee:
- | | |
|--|---|
| <input type="text" value="N/A"/>
Name | <input type="text" value="N/A"/>
Serial 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:
23. Building Owner's Street Address:
24. City, Town or Village: State: Zip Code:
25. Business Telephone Number of Building Owner:

**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: Title:

Principal Signature: _____



Community Board 9 SLA Liquor License Application Questionnaire

Check for which you are applying:

New liquor license Alteration of an existing liquor license License renewal

Check either that apply:

Sale of assets Alteration (change of class) of an existing liquor license

Today's Date: 4-2-2024

1278045
1278046

Is location currently licensed? Yes No Type of license: On-Premises

If alteration, describe nature of alteration: N/A

Previous or current use of the location: Cafe + Eventspace @ LeFrak center @ Lakeside

Corporation and trade name of current license: Lakeside Brooklyn, LLC

APPLICANT:

Name of applicant and all principals: Itai Shoffman

Trade name (DBA): The LeFrak Center @ Lakeside, Prospect Park

Premises address: 171 East Drive, Prospect Park, Brooklyn NY 11225

Cross streets: Ocean Avenue and Lincoln Road

PREMISES:

Establishment square footage: 1,200 sqft Maximum Occupancy: 300

Are residential units within the building? Yes No If Yes, have all residents within the building been notified of the pending license? Yes No If Yes, explain how notice was provided to residents: _____

Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? (includes roof & yard) Yes No If Yes, describe: Outdoor Cafe + Rooftop

Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Yes No What is maximum NUMBER of people permitted?

300 indoor

PROPOSED METHOD OF OPERATION:

Will any other business besides food or alcohol service be conducted at premise? Yes No

If yes, please describe what type: Ice + Roller Skating Rink, Splash Pad

Proposed hours of operation:

	Monday-Thursday	Friday-Saturday	Sunday
From / To	10:30am / 7pm	10:30am / 10pm	10:30am / 7pm
Outdoor Hours (If Applicable)	/	/	/

Number of tables? 25 Number of seats? 150

Will food be served? Yes No If yes, describe cuisine and submit a menu: Cafe menu - concessions

How many employees will there be? 20-25

Do you plan to hire residents from the immediate neighborhood? Yes No

Will music be played on the premises? Yes No

If Yes, what type of music? Live musician DJ Juke box/CDs/iPad/Bluetooth device

If other types, please describe _____

What will be the music volume? Background (quiet) Entertainment level

Will there be security personnel? Yes No If Yes, how many, and when: Full time, on site, in house security personnel, 1-2 guards

How do you plan to manage noise and crowds inside and outside your business so neighbors will not be affected? Only ambient sound background for interior cafe space

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? Yes No

If yes, please indicate name(s) of establishment(s): Lakeside Brooklyn, LLC
Address: 171 East Ave, Prospect Park, Brooklyn NY Community Board # 9
Dates of operation: Since 2013 If a

principal of licensed business within another Community Board, please provide a letter from the community board indicating history of complaints or other comments.

Has any principal had work experience similar to the proposed business? Yes No If Yes, please attach explanation of experience or resume. *Opened the Lefrak Center @ Lakeside in 2013 and helped establish same in Bryant Park in 2001*

Does any principal have other businesses in this area? Yes No If Yes, please give trade name and describe type of business _____

Has any principal had SLA reports or action within the past 3 years? Yes No If Yes, attach list of violations and dates of violations and outcomes, if any.

LOCATION:

How many SLA-licensed establishments are within 2 blocks? *0*

Is premises within 200 feet of any school or place of worship? Yes No If so, has the school or place of worship been notified of the pending application: Yes No

Are you aware of any community opposition to your application? Yes No If Yes, please explain in detail:

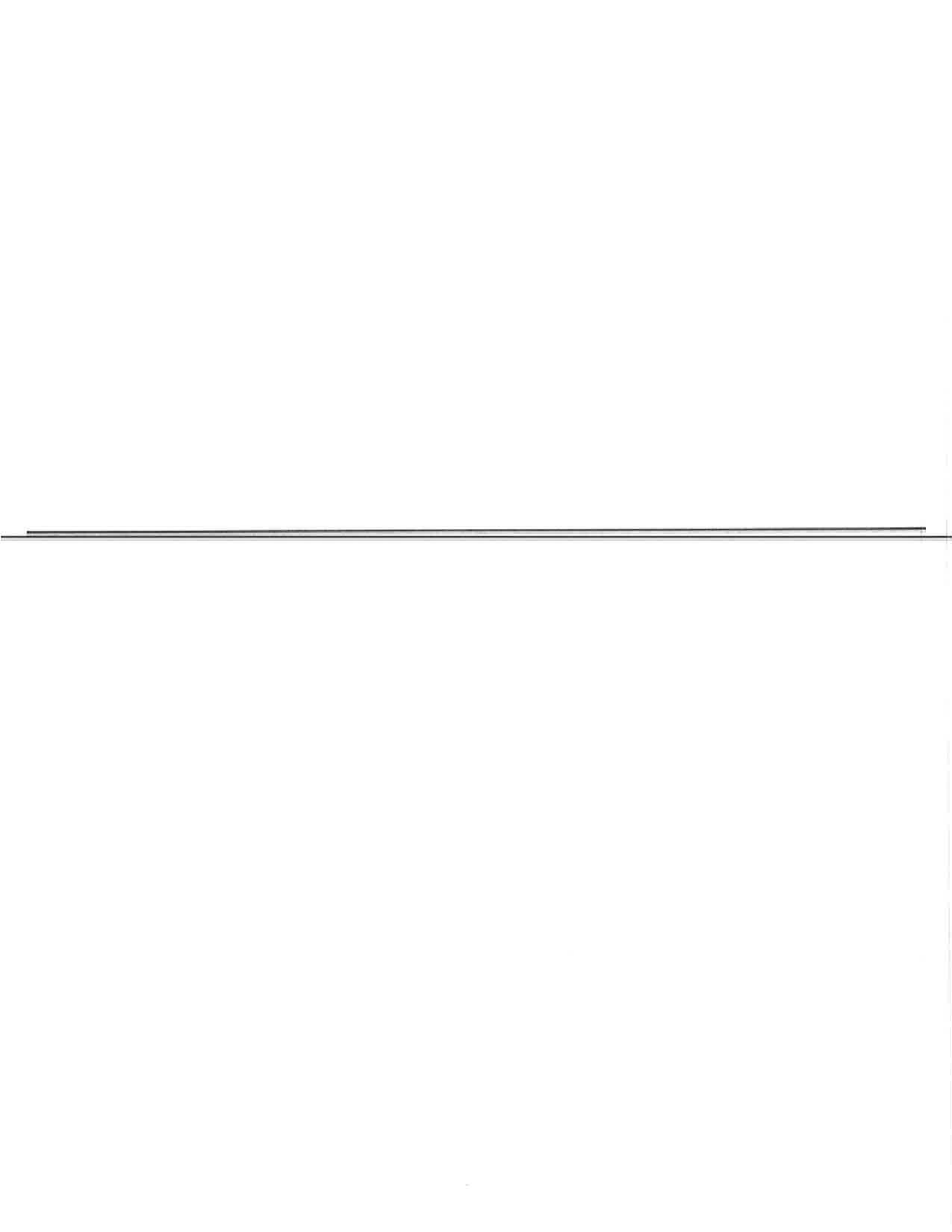
Community Outreach: Applicants are encouraged to reach out to community groups. Please use the attached petition to reflect community support for the application. Also, you are encouraged to reach out to local organizations to obtain support and feedback regarding how community interests may be affected by the applicant's proposed operation.

Affirmation: I, an authorized agent of the above stated applicant, affirm that all statements within this questionnaire are true to the best of my knowledge and that I have made all reasonable efforts to obtain accurate and up to date information. If material information changes before the Public Safety Committee, Community Board 9 General Board or the New York State Liquor Authority make final determinations regarding my license application, I will notify Community Board 9 as soon as practicable. If, at any time, a dispute arises between members of the community and the establishment for which this application was submitted, I agree to work with Community Board 9 to resolve such disputes quickly and fairly. I understand that Community Board 9's ongoing support of my license is contingent on my ongoing compliance with the law and respect for the community. I affirm that I conspicuously posted the public notice for 7 days prior to submitting this form.

Name: *Itai Shoffman* Title: *Partner*

Telephone Number: _____ Email Address: _____ @s.com

Signature: *[Handwritten Signature]*





GRUB & GAMES FOOD MENU

Mega Munch Mains \$14

MAKE IT A COMBO

\$18

(\$24 value)

INCLUDES FRIES AND CHOICE OF A FOUNTAIN DRINK OR BOTTLE OF WATER

JENGA CHICKEN TENDERS (3)
GOLDEN FRIED CHICKEN TENDERS

TETRIS SOFT SHELL TACOS (2)
(CHICKEN, BEEF, OR VEGGIE)
SERVED WITH PICO DE GALLO & CHEDDAR CHEESE

GALAGA GRILLED CHICKEN WRAP
SERVED WITH RED ONION, LETTUCE, AND SLICED TOMATO

GAME DAY SLIDERS (2)
(BEEF OR VEGGIE)
SERVED WITH ONION MARMALADE, PICKLE & CHEDDAR CHEESE

CRISPY WIZARD WINGS (3)
(CHOICE OF HOT - BBQ - MANGO HABANERO - SWEET CHILI)

PAC-MAN CHEESE PANINI
WITH FRIES OR SOUP OF CHOICE
MELTED AMERICAN & CHEDDAR CHEESE ON TOASTED PANINI BREAD

MR. HOT DOG (1)
ALL BEEF HOT DOG

EAT
DRINK
SKATE
CELEBRATE

ALL PRICES ARE INCLUSIVE OF SALES TAX.

Bluestone

BLUESTONE RESTAURANT & BAR



GRUB & GAMES FOOD MENU



Side Bytes \$6

Sim Soups & Salads

MAKE IT A COMBO

\$14

(\$16 value)

INCLUDES TWO SIDES AND CHOICE OF A FOUNTAIN DRINK OR BOTTLE OF WATER

SORCERER SOUPS \$9
CHAMPION CHILI
SOUP OF THE DAY

LEGENDS OF THE GREENS \$13
(ADD CHICKEN) + \$3
ZELDA CAESAR SALAD
LINK'S SEASONAL GARDEN SALAD

- FROGGER FRIES
- MARIO MOZZARELLA STICKS (3)
- PAC MAC & CHEESE BITES (4)
- POWER-UP PIZZA BITES (5)
- SONIC ONION RINGS
- NPC CHICKEN NUGGETS (4)
- SUPER CHEESE NACHOS BROTHERS

Snack n Score

CRAFTER'S COOKIES \$3

8 BALL BROWNIE \$4
QUEST CANDY
PIXEL CHIPS

PAC DOTS POPCORN \$5
WARPED WARM PRETZEL

HOCKEY CHURRO STICKS \$6

EAT
DRINK
SKATE
CELEBRATE

ALL PRICES ARE INCLUSIVE OF SALES TAX.

Bluestone



DAILY DEALS



Mozzi Monday
MARIO MOZZARELLA STICKS

\$6



Taco Tuesday
TETRIS TACOS

\$10



Wrap Wednesday
GALAGA GRILLED CHICKEN WRAP

\$8



Tender Thursday
JENGA CHICKEN TENDERS

\$10



Fry Day
**FROGGER FRIES
BOWSER'S BUFFALO TENDER FRIES**

\$5
\$10



Slider Saturday
GAME DAY SLIDERS

\$10



Side Sunday
PICK ANY SIDE OF YOUR CHOICE

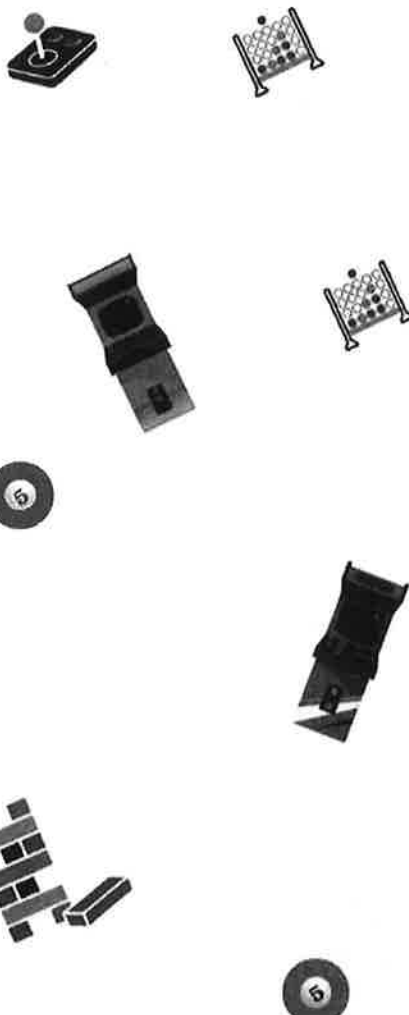
\$5

EAT
DRINK
SKATE
CELEBRATE

ALL PRICES ARE INCLUSIVE OF SALES TAX.

Bluestone

BLUESTONE RESTAURANT & BAR





GRUB & GAMES DRINK MENU

Koopa Cold Drinks

Level Up Energy Drinks

7

COKE \$4
DIET COKE
SPRITE
FANTA ORANGE
HI-C
ICED TEA
LEMONADE
GINGER ALE
BOTTLED WATER
WATERLOO SELTZER



GATORADE \$4
RED BULL
VITAMIN WATER
CELSIUS



Peach's Hot Beverages

HOT CHOCOLATE \$5
SIGNATURE HOT CHOCOLATE +\$1
WITH WHIPPED CREAM & MARSHMALLOWS
HOT COFFEE
HOT TEA (ASSORTED FLAVORS)
HOT APPLE CIDER

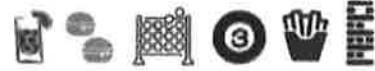
EAT
DRINK
SKATE
CELEBRATE

ALL PRICES ARE INCLUSIVE OF SALES TAX.

Bluestone



GRUB & GAMES DRINK MENU



Kingdom Cocktails

SLAM DUNK STANDARD COCKTAILS

RUM & COKE \$14
VODKA & CLUB SODA
TEQUILA & PINEAPPLE JUICE
GIN & TONIC

WALUIGI'S WARM WINTER COCKTAILS

SPIKE BALL HOT CHOCOLATE \$15
 KAHLUA & BAILEYS TOPPED WITH WHIPPED CREAM
MARIO'S MOCCHACHINO
 COFFEE WITH WHISKEY & BAILEYS
PUCK DROP PEPPERMINT STICK
 HOT CHOCOLATE & COFFEE WITH PEPPERMINT
SCHNAPPS & KAHLUA, TOPPED WITH WHIPPED CREAM
LAKE CIDER
 HOT APPLE CIDER WITH BOURBON

SIP & PLAY PREMIUM COCKTAILS

MARIO KART WINTER MULE \$16
 WHISKEY, GINGER BEER, LIME JUICE
ANGRY BIRDS WATERMELON WINGS
 VODKA, HONEY SYRUP, & WATERMELON
RED BULL
LAKESIDE SUNSET
 TEQUILA, PINEAPPLE JUICE, ORECADINE
PEACH & PASSION FRUIT MARGARITA
 TEQUILA, PASSION FRUIT SYRUP, AGAVE, & LIME
SUPER SMASH STRAWBERRY MARGARITA
 TEQUILA, STRAWBERRY PUREE, AGAVE, & LIME

Bowler Beers

ALLDASH \$10
BROOKLYN LAGER
BROOKLYN PULP ART
MODELO
NARRAGANSETT
CONEY ISLAND MERMAN IPA
CONEY ISLAND MERMAID PILSNER
SIXPOINT PILZ
SIXPOINT SWEET ACTION
MILLER LITE
EBBS KOLSCH
EBBS IPA
CORONA
HEINEKEN
GUINNESS

Sega Hard Seltzers

BUD LIGHT SELTZER \$8
WILD BASIN
 (ASSORTED FLAVORS)

Wario Wine

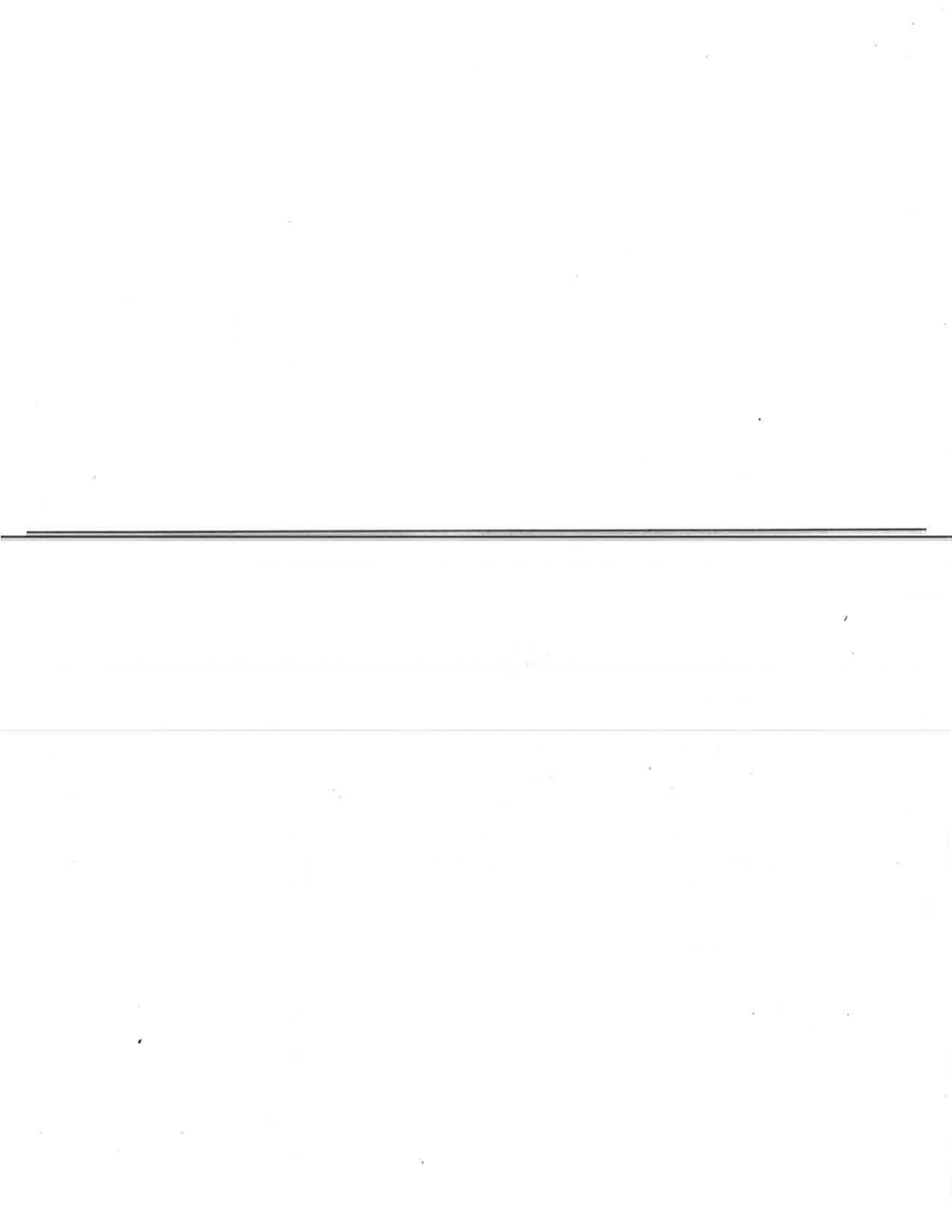
CABERNET SAUVIGNON \$13
SAUVIGNON BLANC
PINOT GRIGIO
SPARKLING ROSE



EAT
DRINK
SKATE
CELEBRATE

ALL PRICES ARE INCLUSIVE OF SALES TAX.

Bluestone



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> 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:

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:

- New Application New Application and Temporary Retail Permit Renewal Alteration Removal
 Class Change Method of Operation Corporate Change

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:

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

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:

- Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke

14. Method of Operation: (check all that apply) 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: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
 (check all that apply) Sidewalk Cafe Other (specify): _____

OFFICE USE ONLY

Original Amended Date _____

16. List the floor(s) of the building that the establishment is located on: **GROUND FLOOR AND BASEMENT**

17. List the room number(s) the establishment is located in within the building, if appropriate: **N/A**

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 serial number of the licensee:

Name

Serial 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: **NOSTRAND AND EMPIRE HOLDINGS LLC**

23. Building Owner's Street Address: **1314 FULTON STREET**

24. City, Town or Village: **BROOKLYN** State: **NY** Zip Code: **11216**

25. Business Telephone Number of Building Owner: _____

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: **METRO II SERVICES CORP/BLANDIE MEDINA**

27. Representative/Attorney's Street Address: **5519 4TH AVENUE, BASEMENT**

28. City, Town or Village: **BROOKLYN** State: **NY** Zip Code: **11220**

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: **JAKELYN MONROY** Title: **PRESIDENT**

Principal Signature: *Y mail*


Community Board 9 SLA Liquor License Application Questionnaire

Check for which you are applying:

New liquor license Alteration of an existing liquor license License renewal

Check either that apply:

Sale of assets Alteration (change of class) of an existing liquor license

Today's Date: 03/15/2024

Is location currently licensed? Yes No Type of license: RESTAURANT WINE LICENSE

If alteration, describe nature of alteration: N/A

Previous or current use of the location: CURRENTLY OPERATING AS A RESTAURANT

Corporation and trade name of current license: N/A

APPLICANT:

Name of applicant and all principals: EL HUASTECO AUTHENTIC MEXICAN RESTAURANT CORP
PRINCIPAL: JAKELYN MONROY

Trade name (DBA): N/A

Premises address: 347A-347B EMPIRE BLVD, BROOKLYN NY 11225

Cross streets: NOSTRAND AVE

PREMISES:

Establishment square footage: 2400 SQ FT Maximum Occupancy: 35

Are residential units within the building? Yes No If Yes, have all residents within the building been notified of the pending license? Yes No If Yes, explain how notice was provided to residents: Via mailer flyer

Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? (includes roof & yard) Yes No If Yes, describe: _____

Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Yes No What is maximum NUMBER of people permitted?

PROPOSED METHOD OF OPERATION:

Will any other business besides food or alcohol service be conducted at premise? Yes No

If yes, please describe what type: _____

Proposed hours of operation:

	Monday-Thursday	Friday-Saturday	Sunday
From / To	10:00 AM / 10:00 PM	10:00 AM / 12:00 AM	10:00 AM / 10:00 PM
Outdoor Hours (If Applicable)	N/A /	N/A /	N/A /

Number of tables? 10 Number of seats? 22

Will food be served? Yes No If yes, describe cuisine and submit a menu: _____

MEXICAN CUISINE

How many employees will there be? 4

Do you plan to hire residents from the immediate neighborhood? Yes No

Will music be played on the premises? Yes No

If Yes, what type of music? Live musician DJ Juke box/CDs/iPad/Bluetooth device

If other types, please describe _____

What will be the music volume? Background (quiet) Entertainment level

Will there be security personnel? Yes No If Yes, how many, and when: _____

How do you plan to manage noise and crowds inside and outside your business so neighbors will not be affected? we will help mitigate noise and crowd-related issues by maintaining the door closed at all times, recommend patrons to reserve seats in advance to reduce crowding inside and outside, and keeping the background music at a quiet level to enhance the atmosphere without causing disturbances.

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? Yes No

If yes, please indicate name(s) of establishment(s): _____

Address: _____ Community Board # _____

Dates of operation: _____ **If a**

principal of licensed business within another Community Board, please provide a letter from the community board indicating history of complaints or other comments.

Has any principal had work experience similar to the proposed business? Yes No If Yes, please attach explanation of experience or resume.

Does any principal have other businesses in this area? Yes No If Yes, please give trade name and describe type of business _____

Has any principal had SLA reports or action within the past 3 years? Yes No If Yes, attach list of violations and dates of violations and outcomes, if any.

LOCATION:

How many SLA-licensed establishments are within 2 blocks? One

Is premises within 200 feet of any school or place of worship? Yes No If so, has the school or place of worship been notified of the pending application: Yes No

Are you aware of any community opposition to your application? Yes No If Yes, please explain in detail:

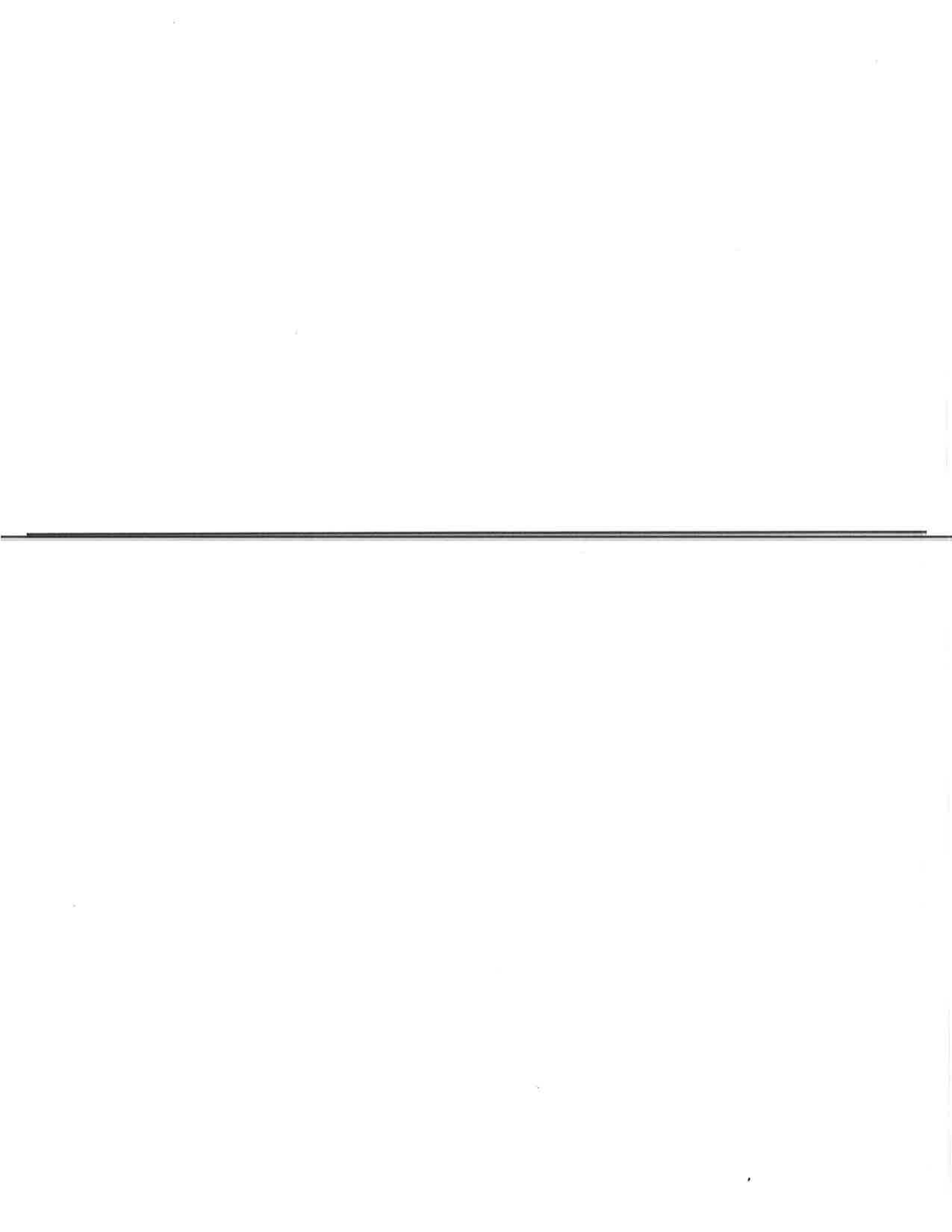
Community Outreach: Applicants are encouraged to reach out to community groups. Please use the attached petition to reflect community support for the application. Also, you are encouraged to reach out to local organizations to obtain support and feedback regarding how community interests may be affected by the applicant's proposed operation.

Affirmation: I, an authorized agent of the above stated applicant, affirm that all statements within this questionnaire are true to the best of my knowledge and that I have made all reasonable efforts to obtain accurate and up to date information. If material information changes before the Public Safety Committee, Community Board 9 General Board or the New York State Liquor Authority make final determinations regarding my license application, I will notify Community Board 9 as soon as practicable. If, at any time, a dispute arises between members of the community and the establishment for which this application was submitted, I agree to work with Community Board 9 to resolve such disputes quickly and fairly. I understand that Community Board 9's ongoing support of my license is contingent on my ongoing compliance with the law and respect for the community. I affirm that I conspicuously posted the public notice for 7 days prior to submitting this form.

Name: Jakelyn Monroy Title: _____

Telephone Number: _____ Email Address: _____

Signature: Jakelyn Monroy



Petition to Support Proposed Liquor License

Date: 03/06/2024

The following undersigned residents of the area SUPPORT the issuance of the following (indicate full-liquor or beer-wine-cider) BEER-WINE-CIDER liquor license to the following applicant/ establishment (company and/or trade name) EL HUASTECO AUTHENTIC MEXICAN RESTAURANT CORP

Address of premises: 347A-347B EMPIRE BLVD, BROOKLYN NY 11225

This business will be a: (circle) Bar Restaurant Other: _____

The hours of operation will be: SUNDAY- THURSDAY 10 AM TO 10 PM,
FRIDAY-SATURDAY 10 AM TO 12 AM

NOTE: Signatures should be from residents of building & adjoining buildings, within 2-block area.

Other information regarding the license: _____ N/A

Name	Signature	Address
Gonzalo Martinez		4 ... Apt 3
Gabriel Priego		...
Jenny Han		...
MISO (WUYU)		...
John Sacher		...
Edwin Laine		...
Yadira Abreyo		2 ... B
Estelany Bautista		... D
Mario José Nolasco E.		... 3F1
Gonzalo Santos		...
Samuel Luna		...
Yescaldean Rodriguez		... 1A
MARCO LOPEZ		... 5th
Kazmer Wikus		...
Nouyon Hue		... P
Luqueli		... 1A
Carlos Perez		...
Uziel Mendoza Hdez		...
GUSTAVO MENDOZA Hdez		... 5th
Jesky Mendoza		... 1A
ANA Jimenez		... 1A
N. Paul		...

Use additional pages as necessary

Direct Public Comments to Brooklyn Community Board 9: (718) 778-9279 • bk09-1@cb.nyc.gov

Petition to Support Proposed Liquor License

Date: 03/06/2024

The following undersigned residents of the area SUPPORT the issuance of the following (indicate full-liquor or beer-wine-cider) BEER-WINE-CIDER liquor license to the following applicant/

establishment (company and/or trade name) EL HUASTECO AUTHENTIC MEXICAN RESTAURANT CORP

Address of premises: 347A-347B EMPIRE BLVD, BROOKLYN NY 11225

This business will be a: (circle) Bar Restaurant Other: _____

The hours of operation will be: SUNDAY- THURSDAY 10 AM TO 10 PM,
FRIDAY-SATURDAY 10 AM TO 12 AM

NOTE: Signatures should be from residents of building & adjoining buildings, within 2-block area.

Other information regarding the license: N/A

Name	Signature	Address
WILL FRAWLEY		1 Williams Pl
Yolo Kochi		1 Williams Pl
Alejandro Hernandez		
Lorenzo Miller		
Jeanne Lopez		
Mia Perez		St
Drew Johnston		St
Fernando Pardo		St
Daniel Harris		St
Ria Stewart		
Caroline Glicker		
Greg Reinecker		
Cristobal Martinez		
NORA REY JIMES	NORA REY	
Bonnie Torres		
Ely Gomez		
Marino Mendoza		
Tole Jerrani		
Rodrigo Hernandez		

Use additional pages as necessary

DESAYUNOS / BREAKFAST

Chilaquitas	12.00
<small>11 pieces of fried tortillas with chile sauce, cheese, onions, tomatoes, and jalapeños. Served with beans, eggs, and salsa.</small>	
Hotels de tortillas	12.00
<small>Hotels de tortillas with chile sauce, cheese, onions, tomatoes, and jalapeños. Served with beans, eggs, and salsa.</small>	
Paquet con churros	12.00
<small>Paquet con churros with chile sauce, cheese, onions, tomatoes, and jalapeños. Served with beans, eggs, and salsa.</small>	
Vegan breakfast	12.00
<small>Vegan breakfast with chile sauce, cheese, onions, tomatoes, and jalapeños. Served with beans, eggs, and salsa.</small>	
Mexican breakfast	12.00
<small>Mexican breakfast with chile sauce, cheese, onions, tomatoes, and jalapeños. Served with beans, eggs, and salsa.</small>	

MEXICAN FAST FOOD

Nachos	14.00
<small>Nachos with chile sauce, cheese, onions, tomatoes, and jalapeños.</small>	
Tostitos X2	14.00
<small>Tostitos X2 with chile sauce, cheese, onions, tomatoes, and jalapeños.</small>	
Chilaquitas	14.00
<small>Chilaquitas with chile sauce, cheese, onions, tomatoes, and jalapeños.</small>	
Murrones	14.00
<small>Murrones with chile sauce, cheese, onions, tomatoes, and jalapeños.</small>	
Sopes X3	14.00
<small>Sopes X3 with chile sauce, cheese, onions, tomatoes, and jalapeños.</small>	
Flautas	14.00
<small>Flautas with chile sauce, cheese, onions, tomatoes, and jalapeños.</small>	
Chiles en nogada	14.00
<small>Chiles en nogada with chile sauce, cheese, onions, tomatoes, and jalapeños.</small>	

TACOS

Carne asada	5.25
Carne asada	4.50
Chickens tacos	4.50

Paño

Strawberry Tacos	4.50
Lechón Tacos	5.25
Chickens Tacos	4.50
Porco Tacos	4.50
Tacos	4.50

ANTOJITOS

Sweet corn	2.00
Hot and hot	5.00
Other Antojitos	6.00
French fries	5.00
Salsa	5.00
Fries de pollo	4.00
Hot and hot	5.00
Chickens	5.00
Queso nachos	10.00
Chickens + salsa	11.00
Expensive Antojitos	6.00

BIRRIA

Tacos de birria	18.00
Quesadilla	20.00
Birria libre	10.00

BURRITOS

Vegans Tacos	4.50
---------------------	------

Hot Tacos and Burritos

Carne asada	4.50
Lechón	5.25
Tacos con carne	6.00
Chickens	5.25
Porco	5.25

Chickens burritos

Chickens burritos	7.00
Chickens burritos	10.00
Chickens burritos	7.00
Chickens burritos	16.00
Chickens burritos	10.00
Sweet potatoes	6.00
Tacos con carne asada	10.00

Regular burrito 15.00

15.00

steak burrito 15.00

15.00

burrito chicken 15.00

15.00

steak burrito 15.00

15.00

carne burrito 15.00

15.00

vegetables burrito 15.00

15.00

barbacoa burrito 17.00

17.00

stirrup burrito 17.00

17.00

sauage chorizo burrito 15.00

15.00

beef burrito pork carnitas 15.00

15.00

beef burrito steak rice 15.00

15.00

POLLOS

Never cold rice, beans and salsas.

Pollo en salsa verde 15.00

15.00

Pollo al horno 15.00

15.00

Pollo en chipotle 15.00

15.00

Pollo vacilonde 15.00

15.00

Pollo frito con frijoles 16.00

16.00

QUESADILLA HARINA

Muzzeddi cheese, queso, lettuce, tomatoes, pico de gallo, onion, guiso, salsa, and cheese, meat

Quesadilla chicken 14.00

14.00

Quesadilla steak 11.00

11.00

beef burrito chicken 15.00

15.00

beef burrito chicken - authentic per 15.00

15.00

beef burrito sausage chorizo 15.00

15.00

beef burrito steak 15.00

15.00

beef burrito vegetables 15.00

15.00

beef burrito chicken 17.00

17.00

beef burrito barbacoa - meat 17.00

17.00

beef burrito carnitas 15.00

15.00

Pollo con queso 15.00

15.00

Pollo con queso 15.00

15.00

Quesadilla chicken 14.00

14.00

Quesadilla steak 11.00

11.00

RECEIVED

OCT 14 2023

Notification to Municipality

OCM-06009

RE: NYC Community Board 11
Notification of adult-use retail dispensary license application

License Type: New Establishment

Previous DBA: _____

License Number (if applicable): _____

Applicant Name: Best NY Developments, LLC

Phone Number: _____

Email Address: _____ com

Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) Lori Denman

of (dba) _____

intend to, or have, file(d) an application for licensure with the Office of Cannabis Management to open a(n):

- retail dispensary premises (new or additional) registered organization with dispensing (or ROD)
- microbusiness

in (county name) Kings County. This business, once the license is approved, shall be located at:

Address Line 1: 560 Flatbush Ave

Address Line 2: _____

City: Brooklyn

Zip code: 11225

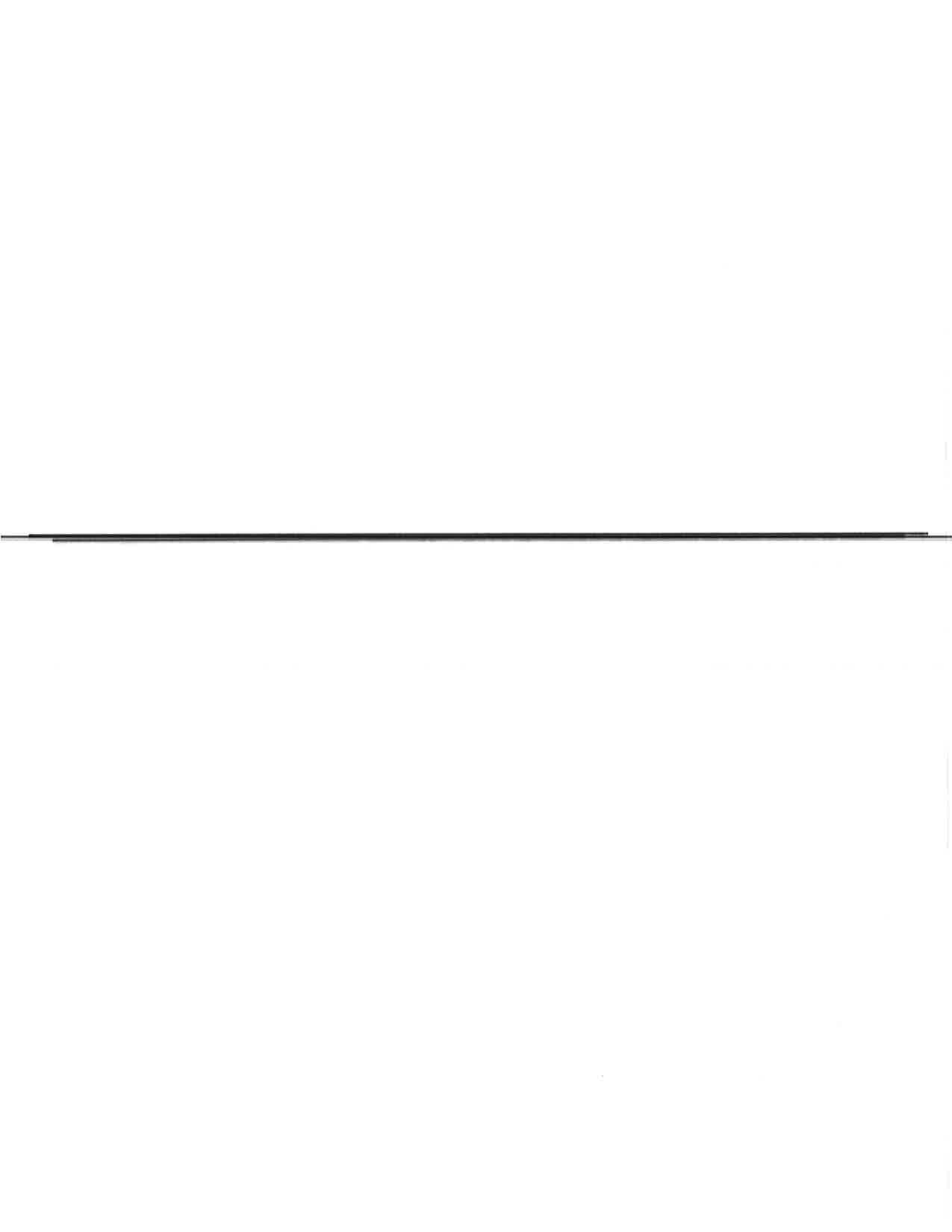
The mailing address is (if different from business location):

Address Line 1: _____

Address Line 2: _____

City/Town/Village: _____

State: _____ Zip code: _____



(As applicable, name of business if different from above) has retained the legal services of (attorney or representative) _____

Name: Olga Aleinik

Address Line 1: _____ 2 _____

Address Line 2: _____

City/Town/Village: New York

State: _____ Zip code: _____

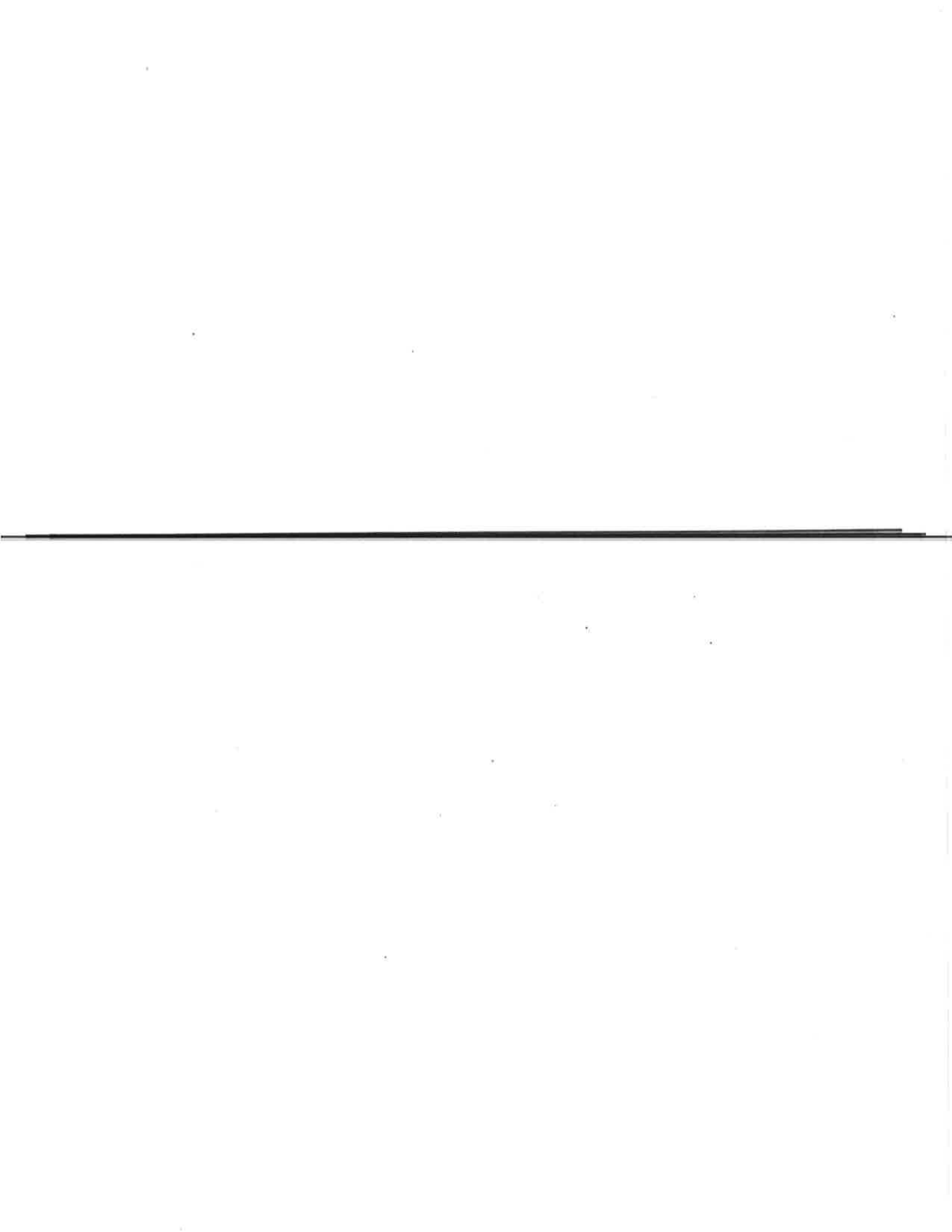
Telephone with area code: 516 555 1234

If the municipality or community board would like to express an opinion to the Cannabis Control Board, they must respond to this notification within 30 days by emailing an opinion to _____ . This expressed opinion must be on official municipality or community board letterhead.

If the municipality or community board would like to request a one-time 30 day extension for the municipality or community board to provide their opinion, or if the municipality or community board has any comments, concerns, or questions, they must reach out to the Office at _____ with "Notification to Municipalities Municipality Opinion 30 Day Extension Request – [Insert municipality or community board name here]" in the subject line. Municipalities or community boards should be sure to provide proof of the date of receipt of the Notification to Municipalities that they wish to request an extension of time for submitting a municipality opinion. Any request that does not include such information will be rejected as incomplete.

Signed Lori Denman Today's date: 1/1/2023

Print Lori Denman





BROOKLYN COMMUNITY BOARD 9

CB9 Cannabis Questionnaire

Antonio Reynoso
Borough President

Dante B. Arnwine
District Manager

Fred P. Baptiste
Chair

Primo Lasana
1st Vice Chair

Francisca Leopold
2nd Vice Chair

Linda Watson-Lorde
Executive Secretary

Mayna Legoute
Treasurer

Nicolas Almonor
Member-at-Large

Dexter Roberts
Member-at-Large

Today's Date: November 6th, 2023

Is the location currently licensed? Yes No

What type of license for which you are apply?

New cannabis license license renewal

A. Applicant History

1. Has this corporation or any principal been licensed previously? Yes No
If yes, please indicate name(s) of establishments(s):

Dates of Operation _____

2. Has any principal had work experience similar to the proposed business?
 Yes No If yes, please attach resume or a written explanation.

If a principal of the licensed business within another Community Board, please provide a letter from the Community Board indicating history of complaints or other comments.



BROOKLYN COMMUNITY BOARD 9

B. Applicant Information

1. Name of applicant (corporation name, nonprofit, principal)
Best NY Developments, LLC

2. Trade Name (DBA) Edge Off

3. Type of License, License number, OCM Application Number
Microbusiness

4. All partners with percentage of partnership

Lev Kelman - 49%

Lori G Denman - 51%

5. Responsibilities of each partner to the business
Lev Kelman - Executive Chef, Chief Extractor, Retail Manager
Lori G Denman - Managing Member

6. Name and Contact of Applicant's Representative
Olga Aleinik & Robert Molineaux, Attorneys at ALMO Law



BROOKLYN COMMUNITY BOARD 9

C. Information for Proposed Location

1. Proposed location address 560 Flatbush Ave, Brooklyn NY 11225
2. Cross Streets Beekman Pl., Maple St.
3. Establishment square footage 687 square feet
4. Certification of occupancy and number of people allowed Letter of no Objection
5. Are residential units within the building? Yes No
If yes, have all residents within the building been notified of the pending license? Yes No If yes, explain how notice was provided to residents: The business is currently operating and has a relationship with many of the building's current residents.
6. Is the premise within 200 feet of any schools or places of worship?
Yes No
If yes, has the school or church been notified of the pending application?
Yes No
7. Relationship of nonprofit and/or partners to landlord
None.



BROOKLYN COMMUNITY BOARD 9

D. Method of Operation

1. What are your proposed hours of operation?

	Monday and Tuesday	Wednesday-Saturday	Sunday
From / To	Closed	1-8pm	1-8pm
Outdoor Hours (if applicable)			

2. How many employees will there be? 1-2
3. Do you plan to hire residents from the immediate neighborhood? Yes No

4. How will you manage the sidewalk traffic in front of your establishment?
Staff will ensure that there is no loitering by regularly dispersing any loiterers
outside of the facility.

5. Will you have any events, entertainment, parties, music, amplified sound of any type? Yes No

6. How do you plan to manage noise and crowds inside and outside your business so neighbors will be affected?
We do not anticipate having significant enough numbers of visitors to cause neighbors to be disturbed.

7. Will there be security personnel? Yes No If yes, how many? _____

8. Are you aware of any community opposition to your application?
 Yes No

If yes, please explain in detail:



RE: Notification of adult-use retail dispensary license application

License Type: New Establishment

Previous DBA:

License Number (if applicable):

Applicant Name: Aron Hershkop

Phone Number:

Email Address:

Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) Aron Hershkop of (dba) SS2 ENY LLC

intend to, or have, file(d) an application for licensure with the Office of Cannabis Management to open a(n):

- retail dispensary premises (new or additional) [checked] registered organization with dispensing (or ROD) [unchecked] microbusiness [unchecked]

in (county name) KINGS. This business, once the license is approved, shall be located at:

Address Line 1: 546 E New York Avenue
Address Line 2:
City: Brooklyn
Zip code: 11225

The mailing address is (if different from business location): SAME
Address Line 1:
Address Line 2:
City/Town/Village:
State: Zip code:

(As applicable, name of business if different from above) has retained the legal services of (attorney or representative) Not at this time

Name: _____

Address Line 1: _____

Address Line 2: _____

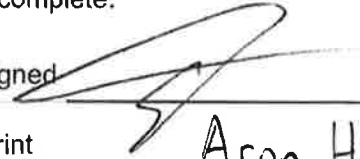
City/Town/Village: _____

State: Zip code: _____

Telephone with area code: _____

If the municipality or community board would like to express an opinion to the Cannabis Control Board, they must respond to this notification within 30 days by emailing an opinion to municipalities@ocm.ny.gov. This expressed opinion must be on official municipality or community board letterhead.

~~If the municipality or community board would like to request a one-time 30-day extension for the municipality or community board to provide their opinion, or if the municipality or community board has any comments, concerns, or questions, they must reach out to the Office at municipalities@ocm.ny.gov with "Notification to Municipalities Municipality Opinion 30 Day Extension Request – [Insert municipality or community board name here]" in the subject line. Municipalities or community boards should be sure to provide proof of the date of receipt of the Notification to Municipalities that they wish to request an extension of time for submitting a municipality opinion. Any request that does not include such information will be rejected as incomplete.~~

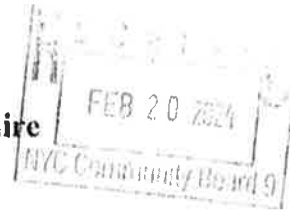
Signed 
Print Aron Hershkop

Today's date: 11/7/23



BROOKLYN COMMUNITY BOARD 9

CB9 Cannabis Questionnaire



Antonio Reynoso
Borough President

Dante B. Arnwine
District Manager

Fred P. Bapilste
Chair

Primo Lasana
1st Vice Chair

Francisca Leopold
2nd Vice Chair

Linda Watson-Lorde
Executive Secretary

Mayna Legonte
Treasurer

Nicolas Almonor
Member-at-Large

Dexter Roberts
Member-at-Large

Today's Date: January ~~2022~~ 25, 2024

Is the location currently licensed? Yes No

What type of license for which you are apply?

New cannabis license license renewal

A. Applicant History

1. Has this corporation or any principal been licensed previously? Yes No
If yes, please indicate name(s) of establishments(s):

Dates of Operation _____

2. Has any principal had work experience similar to the proposed business?
 Yes No If yes, please attach resume or a written explanation.

If a principal of the licensed business within another Community Board, please provide a letter from the Community Board indicating history of complaints or other comments.



BROOKLYN COMMUNITY BOARD 9

B. Applicant Information

1. Name of applicant (corporation name, nonprofit, principal)
Aron Hershkop - Sole Owner/President - 548 ENY LLC - used to house East NY Auto Leasing

2. Trade Name (DBA) TBD

3. Type of License, License number, OCM Application Number
Adult Use - Recreational Cannabis Dispensary License. Application # JCMRETL-2023-

0001850
4. All partners with percentage of partnership
100% Aron Hershkop

5. Responsibilities of each partner to the business
Management of entire enterprise will be dealt with Aron Hershkop owner/president

6. Name and Contact of Applicant's Representative
Aron Hershkop - 917-806-3624



BROOKLYN COMMUNITY BOARD 9

C. Information for Proposed Location

1. Proposed location address 546 E New York Avenue
2. Cross Streets Brooklyn and Kingston Avenues
3. Establishment square footage 1800
4. Certification of occupancy and number of people allowed COO - 100
5. Are residential units within the building? Yes No
If yes, have all residents within the building been notified of the pending license? Yes No If yes, explain how notice was provided to residents:

6. Is the premise within 200 feet of any schools or places of worship?
Yes No
If yes, has the school or church been notified of the pending application?
Yes No
7. Relationship of nonprofit and/or partners to landlord
Landlord owns building for many years. Next of Kin is his children.



BROOKLYN COMMUNITY BOARD 9

D. Method of Operation

1. What are your proposed hours of operation?

	Monday-Thursday	Friday-Saturday	Sunday
From / To	10am - 11pm	10-2 Friday	10am - 11pm
Outdoor Hours (if applicable)	10am - 12pm	10am - 2pm	10am - 12pm

2. How many employees will there be? 4-6
3. Do you plan to hire residents from the immediate neighborhood? Yes No

4. How will you manage the sidewalk traffic in front of your establishment?

Plenty of room, we own the garage next door along with several other buildings on the block.

5. Will you have any events, entertainment, parties, music, amplified sound of any type? Yes No

6. How do you plan to manage noise and crowds inside and outside your business so neighbors will be affected?

We plan to hire security with necessary means of lowering volume and

7. Will there be security personnel? Yes No If yes, how many? 1-2

8. Are you aware of any community opposition to your application?

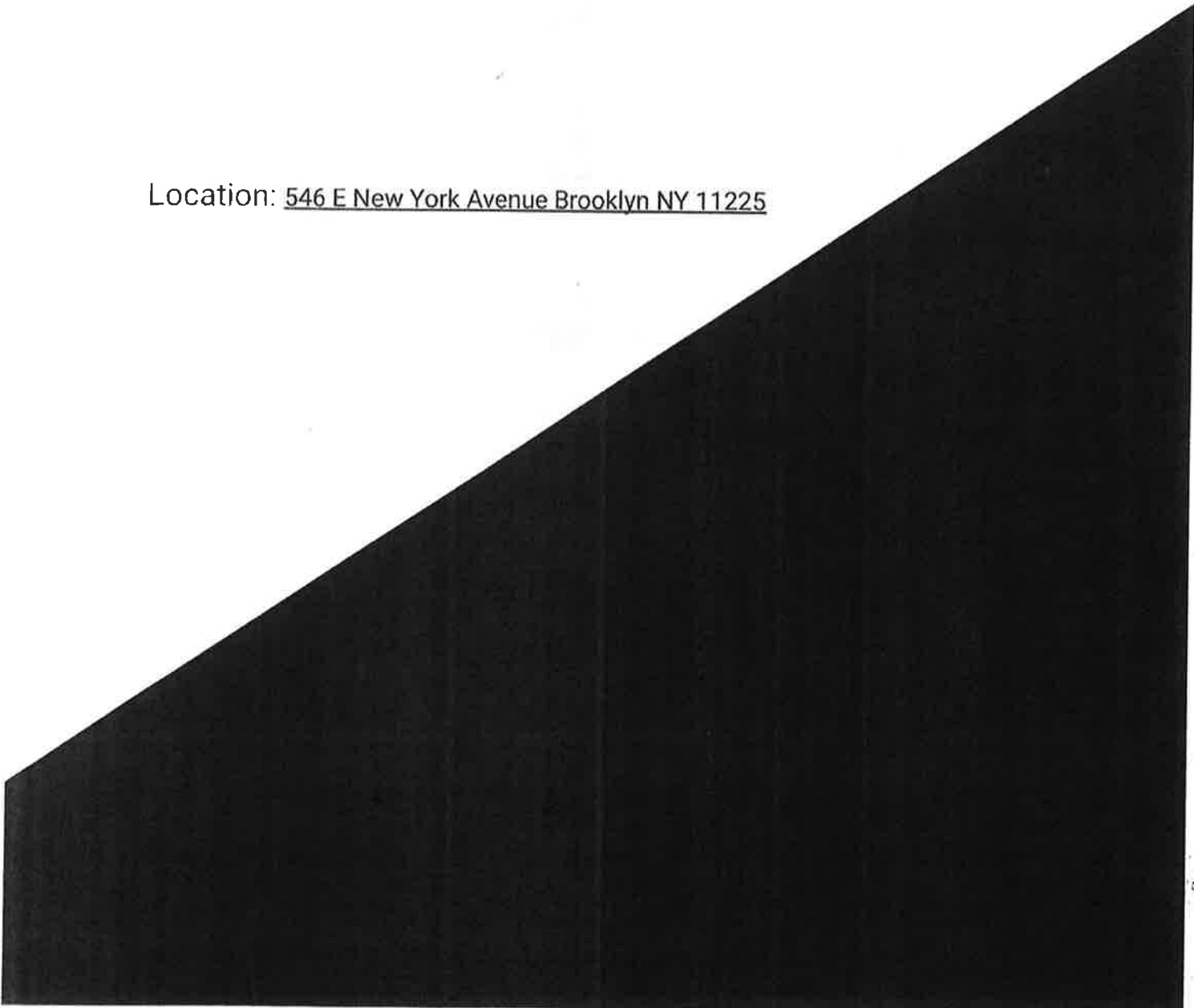
Yes No

If yes, please explain in detail:

ENY 360 CB9 Application

NYS Certified Cannabis Adult -Use Retail Dispensary

Location: 546 E New York Avenue Brooklyn NY 11225



Aron Hershkop
552 ENY LLC / DBA ENY 360
546 E New York Avenue Brooklyn NY 11225

Monday, March 11, 2024

Re: Application for Cannabis Retail Location

Dear Community Board 9,

My name is Aron Hershkop, I am writing to formally submit an application for a Certified Cannabis Adult-Use Retail Dispensary on E New York Ave. As a lifelong Crown Heights resident and former member of CB9, I am deeply committed to the well-being and prosperity of our neighborhood.

As the owner of several Automotive businesses, I have demonstrated my dedication to serving the needs of our residents. I firmly believe that introducing a cannabis retail location on E New York Ave. will benefit our community in several ways. Firstly, it will provide access to cannabis products for medicinal and recreational purposes, thereby promoting wellness among our residents. Additionally, by positioning our company alongside licensed cultivators, we aim to establish ourselves as a trusted source of high-quality products and information.

From a public safety perspective, our business will prioritize responsible consumption and compliance with all relevant regulations. We are committed to fostering a safe and welcoming environment for all.

In terms of marketing, we have several ideas to promote our services, including the implementation of delivery options for those unable to visit our location in person. By leveraging digital platforms and traditional marketing channels, we aim to reach a broad audience while adhering to industry guidelines and community standards.

In conclusion, I respectfully request that Community Board 9 consider our application. I am confident that with your support, we can establish a successful new business in CB9.

Thank you for your time and attention to this matter.

Sincerely,

Aron Hershkop
552 ENY LLC / DBA ENY 360

552 ENY LLC / DBA ENY 360

Operated by: Aron Hershkop

Prior Business Operating Experience

- East New York Auto Center (718) 221-4664 in operation since 1980s
- Owner / Manager of 10 residential and commercial properties in Crown Heights

Personal History

Born and raised in Crown Heights and father of 6. I am known by my neighbors for plowing snow in the winter and giving to food charities including City Harvest during the pandemic. I've provided service as a Chevra Kadisha to Kings County Morgue, Volunteer with Crown Heights Shomrim Safety Patrol and was a responder to 9/11.



Vision

Location: 546 E New York Avenue Brooklyn NY 11225
1800sq ft w/ indoor/outdoor lounge option and parking lot for 10 cars possible.

Situated near Kings County Hospital Center, Wingate Park, Eastern Parkway, Utica Avenue and a mix of large businesses and commercial hubs, including supermarkets, banks, and chain stores, as well as independent shops and restaurants.

Target Market:

21+
Cannabis Enthusiasts
Cannabis Curious Individuals
Patients

Community Benefits

Local Staffing: Will provide several jobs including budtenders and packing associates. Up to 6 people depending on volume.

Education: Educational and medicinal consultations, informational programming, holiday offerings

Safe and Controlled Access: By providing a legal and regulated avenue for adult-use cannabis, the business will contribute to public safety by offering a controlled environment for responsible consumption.

Security Plan

- Safety on the premises is our top priority, with measures in place to ensure a secure environment for everyone.
- A security guard will be on duty
- Building equipped with a panic button
- Our check-in area is designed for secure access, ensuring that only authorized individuals can enter the premises beyond the point-of-sale area
- Video buzzer system
- Security cameras strategically placed throughout the facility, offering continuous surveillance

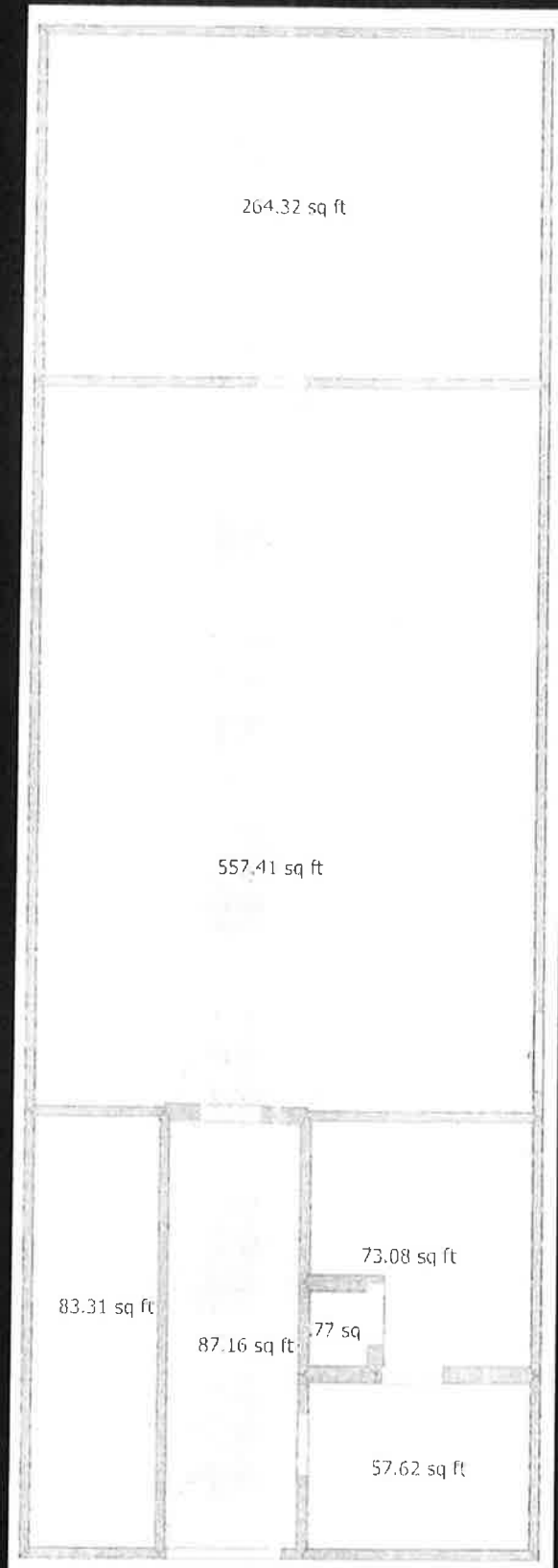
Service Offerings

- Our menu will feature a wide variety of cannabis products including flowers, pre-rolls, vapes, edibles, and accessories
- We will offer delivery services within a 3.5-mile radius, covering all Brooklyn zip codes
- Personalized attention with our one-on-one consultations, ensuring you find the perfect product for your preferences
- information kiosks designed to enhance your shopping experience.

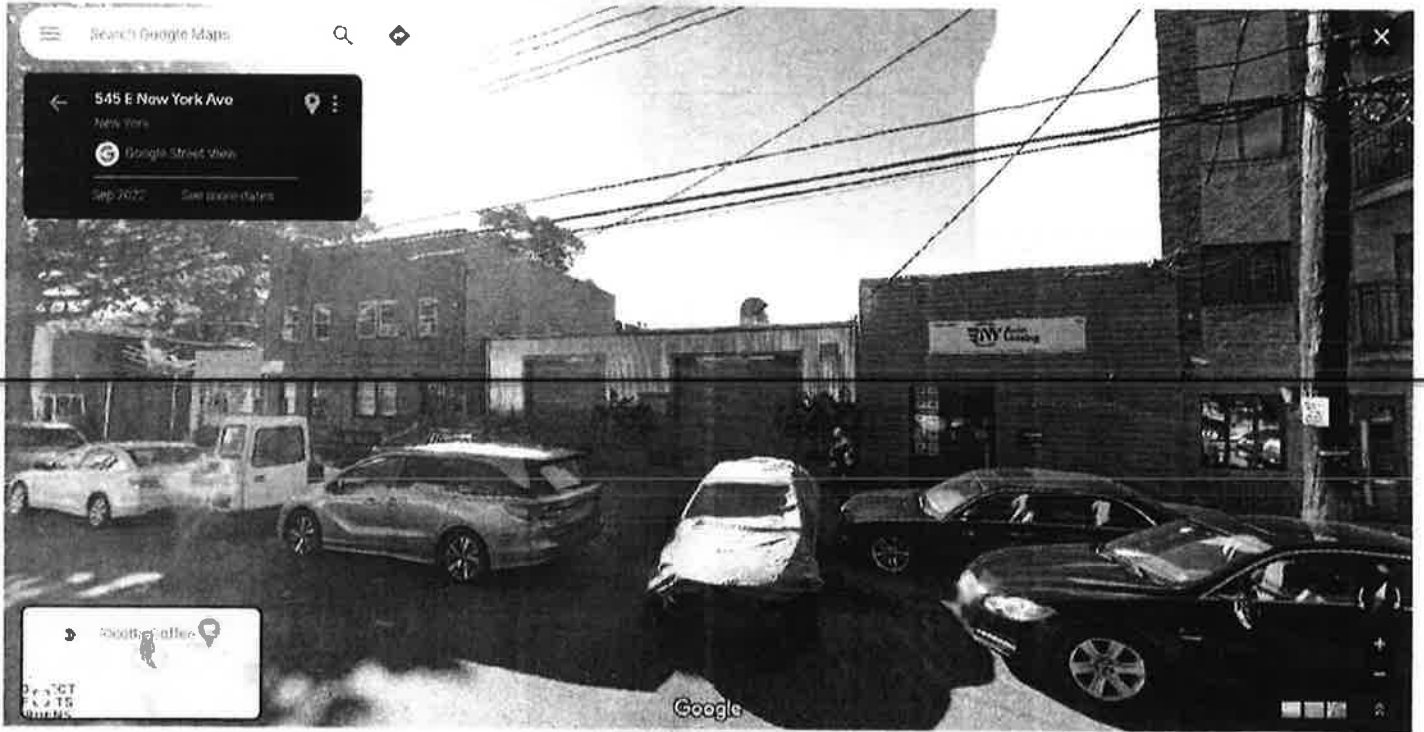
Marketing Strategies

- Our marketing strategies will focus on forming strategic partnerships and collaborations to broaden our reach and enhance our offerings.
 - We are committed to educational initiatives that inform and empower our customers, setting us apart in the market.
 - Engagement with regulatory authorities ensures our marketing practices align with current standards and regulations.
 - Our customer loyalty programs are designed to reward our valued customers, encouraging repeat business and building a strong community.
 - Social media will be a key component of our strategy, with active profiles on platforms like Instagram, LinkedIn, Twitter, and TikTok
 - By retaining a PR company, we aim to elevate our brand visibility and reputation across digital and linear media outlets.
 - Possibly print ads in local papers such as the BK Reader, AMNY, Caribbean Life, Park Slope Carrier, and more.
-

Floorplan



Photos



Attention Residents
and Neighbors:

552 ENY LLC / DBA ENY 360

PLANS TO OPEN A

NYS Certified Cannabis
Adult-Use Retail Dispensary

at

546 E New York Avenue Brooklyn NY 11225

THIS APPLICATION WILL BE DISCUSSED AT THE:

Public Safety Committee meeting of Community Board 9

Thursday, March 14th, 2024 7PM – 8:30PM on Zoom

<https://tinyurl.com/2e2s3rbz>

Meeting ID: 824 1641 1153

Join by Phone: Call +1 646 931 3860

Notice



Notice



