APPLICANT INFORMATION:		
Name of applicant(s): UP 51 LLC		
Trade name (DBA): Upside Pizz	a	
Premises address: 51 Spring S	treet, New York, NY 10012	,
Cross Streets and other addresses u	sed for building/premise:	
Mulberry Street and C	Cleveland Place	
CONTACT INFORMATION:		
Principal(s) Name(s): Nathaniel Gros	ssman	
Office or Home Address:		
City, State, Zip: New York, NY		
Telephone #:	email :	
Landlord Name / Contact:		
Landlord's Telephone and Fax:		
NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD	
Nathaniel Grossman	N/A	
Oren Halali	Taqueria Diana: 69 Clinton St; 524 9th Ave; 367 Metrop	olitan Ave
Eli Halali	Taqueria Diana; 69 Clinton St; 524 9th Ave; 367 Metrop	olitan Ave
Briefly describe the proposed opera	tion (i.e. "We are a family restaurant that will focus on"):	
A culinary focused "by the s		

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR ( MARK ALL THAT APPLY):					
a new liquor license ( Restaurant Tavern / On premise liquor Other )					
an UPGRADE of an existing Liquor License					
an ALTERATION of an existing Liquor License					
a TRANSFER of an existing Liquor License					
a HOTEL Liquor License					
a DCA CABARET License					
a CATERING / CABARET Liquor License					
X a BEER and WINE License					
a RENEWAL of an existing Liquor License					
an OFF-PREMISE License (retail)					
OTHER:					
N/A					
If this is for a new application, please list previous use of location for the last 5 years:  Pizzeria					
Is any license under the ABC Law currently active at this location? yes no					
If yes, what is the name of current / previous licensee, license # and expiration date:					
Pomadoro Pizzeria, License# 1029227 and expiration date: 12/31/2020					
Have any other licenses under the ABC Law been in effect in the last 10 years at this location? yes $\underline{x}$ _no					
If yes, please list DBA names and dates of operation:					
N/A					
v					

## PREMISES:

by what right does the applicant have possession of the premises?				
Own _X LeaseSub-leaseBinding Contract to acquire real propertyother:				
Type of Building: Residential Commercial _X_Mixed (Res/Com) Other:				
Number of floor:6 Year Built :1910				
Describe neighboring buildings: Mixed: Residential & Commercial				
Zoning Designation: C6-2				
Zoning Overlay or Special Designation (applicable) N/A				
Block and Lot Number: 495 / 42				
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? $\underline{\hspace{0.2cm}}$ yes $\underline{\hspace{0.2cm}}$ no				
Is the premise located in a historic district? yes _Xno				
(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? yes no, please explain : $N/A$				
Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) no $\frac{X}{X}$ yes : explain $\frac{Sidewalk}{X}$ cafe				
What is the proposed Occupancy?				
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?				
x no yes Pending LNO				
If yes, what is the maximum occupancy for the premises?				
If yes, what is the use group for the premises?				
If yes, is proposed occupancy permitted? yes no, explain :				
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit?yesX_no				
Do you plan to file for changes to the Certificate of Occupancy? $\underline{x}$ yes $\underline{\hspace{1cm}}$ no Pending LNO (if yes, please provide copy of application to the NYC DOB)				
Will the façade or signage be changed from what currently exist at the premise? noX_ yes				
(if yes, please describe: New Signage				

INTERIOR OF PREMISES:				
What is the total licensed square footage of the premises?1500 sq ft				
If more than one floor, please specify square footage by floors: GF: 900 sq ft and basement: 600 sq ft				
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?  Sidewalk Cafe - 320 sq ft				
If more than one floor, what is the access between floors?Staircase				
How many entrances are there? $1$ How many exits? $1$ How many bathrooms? $1$				
Is there access to other parts of the building? X no yes, explain:				
OVERALL SEATING INFORMATION:				
Total number of tables?3_ Total table seats?11				
Total number of bars?1 Total bar seats?5				
Total number of "other" seats? please explain :				
Total OVERALL number of seats in Premises :16				
BARS:				
How many *stand-up bars / bar seats are being applied for on the premises? Bars $1$ Seats $5$				
How many service bars are being applied for on the premises?0				
Any food counters? no _x yes, describe : bar and food counter connected				
For Alterations and Upgrades:				
Please describe all current and existing bars / bar seats and specific changes:				
N/A				
* A stand-up bar is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive food and alcoholic beverages.				
PROPOSED METHOD OF OPERATION:				
What type of establishment will this be? (check all that apply)				

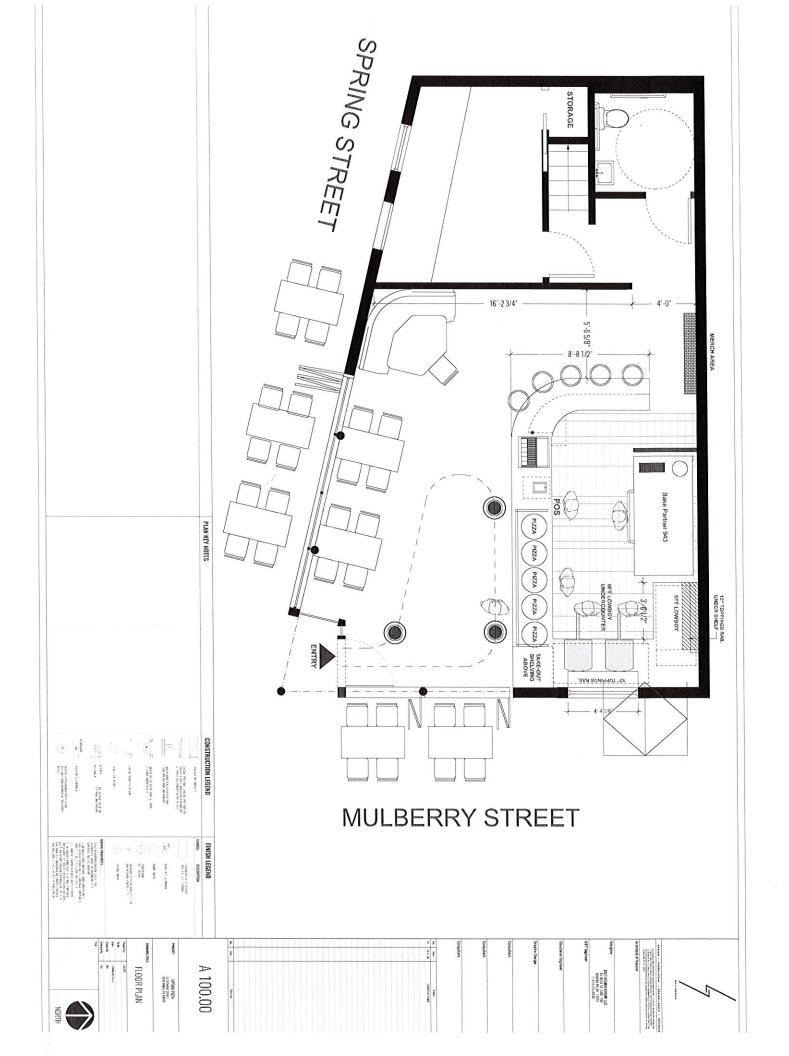
Bar X Bar & Food Restaurant Club/ Cabaret Hotel Other:

What are the	Hours of Ope	eration?							
Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:			
			11am <sub>to</sub> 12am						
Will the busin	ness employ a	a manager? _	no _X yes,	name / experie	ence if known:	Nathaniel Grossman			
Will there be security personnel? X no yes( if yes, what nights and how many?)  Do you have or plan to install French doors, accordion doors or windows that open? X no yes  If yes, please describe :									
						Will you hav	e TV's ? <u>X</u>	no yes (	how many?)_
Type of MU	SIC / ENTER	TAINMENT: _	Live Music ·_	Live DJ	Juke Box X	lpod / CDsnone			
Expected Volume level:X Background (quiet) Entertainment level Amplified Music (check all that apply)  Do you have or plan to install soundproofing?X no yes  IF YES, will you be using a professional sound engineer?  Please describe your sound system and sound proofing:									
					Will you be permitting: $\underline{No}$ promoted events $\underline{No}$ scheduled performances $\underline{No}$ outside promoters				
					No any events at which a cover fee is charged? No private parties				
Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? $\underline{X}$ no $\underline{\hspace{0.5cm}}$ yes ( if yes, please attach plans)									
Will you be	utilizing <u>No</u>	Propes <u>No</u> n	novable barriers	No other out	side equipment	(describe)			
Are your pr	emises within	200 feet of an	y school, church	or place of wo	rship? X_no	yes			
please sub	mit a block	irch or place o plot diagram o an 8 ½ " x 11'	or area map sh	in 200 feet of yowing its' loca	your premises tion in proximi	or on the same block, ty to your applicant			
Indicate the distance in feet from the proposed premise:									
Name of School / Church:									
Address: _					Distance:				
Name of S	chool / Churc	h:							

Address:	· · · · · · · · · · · · · · · · · · ·	Distance:		
Name of School / C	hurch:			
Address:		Distance:		
Please provide con you will address it i		/ Community Board and confirm that if complaints are made		
Contact Person: _	Nathaniel Grossman	Phone:		
Address: _				
Email :				
		ation submitted on of the applicant by:		
		Signature		
	Print or Type Name	Nathaniel Grossman		
	Title_			

Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.

Community Board 2, Manhattan SLA Licensing Committee Carter Booth, Co-Chair Robert Ely, Co-Chair



**BASEMENT PLAN**