

DATE: _____

APPLICANT INFORMATION:

Name of applicant(s): GIGI'S OF MULBERRY INC

Trade name (DBA): MULBERRY

Premises address: 149 MULBERRY ST.

Cross Streets and other addresses used for building/premise:
HESTER ST + GRAND ST.

CONTACT INFORMATION:

Principal(s) Name(s): GRACE DELUTRO

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED] email: [REDACTED]

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s): **NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD**

GRACE DELUTRO LITTLE ITALY SPEAK EASY INC + AUNT JAKES LLC
149 MULBERRY ST OP #1221377

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):

WE WILL BE A FAMILY RESTAURANT SERVING MEXICAN
CUISINE.

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
- a BEER and WINE License
- a RENEWAL of an existing Liquor License
- an OFF-PREMISE License (retail)
- OTHER : _____

Grace DeLutro owns both Companies

If upgrade, alteration, or transfer, please describe specific nature of changes:
(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

The previous operator was an Italian ~~Restaurant~~ we will be a Full service Mexican Restaurant

The owner of the current licensee is the same owner as the new one

If this is for a new application, please list previous use of location for the last 5 years:

N/A

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: _____

LITTLE ITALY SPEAK EASY INC + AUNT JAKE'S LLC OP #1221377 EXP. 10/31/21

Have any other licenses under the ABC Law been in effect in the last 10 years at this location?
 yes no

If yes, please list DBA names and dates of operation:

N/A

PREMISES:

By what right does the applicant have possession of the premises?

Own Lease Sub-lease Binding Contract to acquire real property other: _____

Type of Building: Residential Commercial Mixed (Res/Com) Other: _____

Number of floor: 5 Year Built: 1900

Describe neighboring buildings: MIXED USE

Zoning Designation: C6-2G L1

Zoning Overlay or Special Designation (applicable) SPECIAL LITTLE ITALY DISTRICT

Block and Lot Number: 477, 36

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? yes no

Is the premise located in a historic district? yes no

(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? yes no, please explain: EXISTING

Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) no yes: explain REAR YARD

What is the proposed Occupancy? RESTAURANT

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits? no yes

If yes, what is the maximum occupancy for the premises? 64 + 61

If yes, what is the use group for the premises? 6

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? yes no

Do you plan to file for changes to the Certificate of Occupancy? yes no
(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? no yes

(if yes, please describe: WE WILL CHANGE THE SIGN WITH THE RESTAURANT NAME.

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? approx 2000
If more than one floor, please specify square footage by floors: 750 1st inside, 250 yard
1000 2nd floor

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?
REAR YARD 250'

If more than one floor, what is the access between floors? STAIRCASE

How many entrances are there? 2 How many exits? 2 How many bathrooms? 3

Is there access to other parts of the building? no yes, explain: _____

OVERALL SEATING INFORMATION:

Total number of tables? 36 Total table seats? 88

Total number of bars? 1 Total bar seats? 8

Total number of "other" seats? 28 please explain: Rear yard with 14 tables

Total OVERALL number of seats in Premises: 96
+ 28 in rear yard

BARs:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 8

How many service bars are being applied for on the premises? 0

Any food counters? no yes, describe: _____

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: _____

* 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 Bar & Food Restaurant Club/ Cabaret Hotel Other: _____

What are the Hours of Operation?

Sunday: 11am to 2am Monday: 11am to 2am Tuesday: 11am to 2am Wednesday: 11am to 2am Thursday: 11am to 2am Friday: 11am to 2am Saturday: 11am to 2am

Will the business employ a manager? no yes, name / experience if known : _____

Will there be security personnel? no yes (if yes, what nights and how many?) _____

Do you have or plan to install French doors, accordion doors or windows that open? no yes

If yes, please describe : _____

Will you have TV's ? no yes (how many?) _____

Type of MUSIC / ENTERTAINMENT: Live Music Live DJ Juke Box Ipod / CDs none

Expected Volume level: Background (quiet) Entertainment level Amplified Music
(check all that apply)

Do you have or plan to install soundproofing? no yes

IF YES, will you be using a professional sound engineer? _____

Please describe your sound system and sound proofing: IPAD

Will you be permitting: no promoted events no scheduled performances no outside promoters

no any events at which a cover fee is charged? private parties (Birthday, Corporate, Holiday)

Do you have plans to ~~manage~~ or address vehicular traffic and crowd control on the sidewalk caused by your establishment? no yes (if yes, please attach plans)

Will you be utilizing no ropes no movable barriers no other outside equipment (describe) _____

Are your premises within 200 feet of any school, church or place of worship? no yes

If there is a school, church or place of worship within 200 feet of your premises or on the same block, please submit a block plot diagram or area map showing its' location in proximity to your applicant premises (no larger than 8 1/2 " x 11").

Indicate the distance in feet from the proposed premise:

Name of School / Church: _____

Address: _____ Distance: _____

Name of School / Church: _____

Address: _____ Distance: _____

Name of School / Church: _____

Address: _____ Distance: _____

Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: _____ Phone: _____

Address: _____

Email : _____

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name Michael Kelly

Title AUTHORIZED REPRESENTATIVE

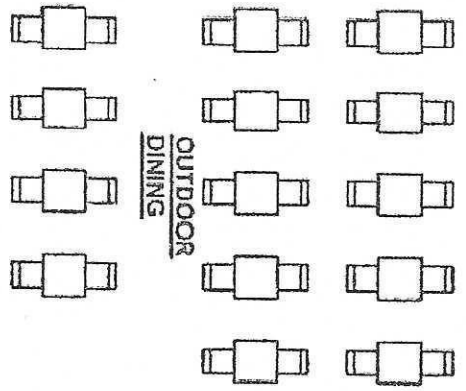
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.



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

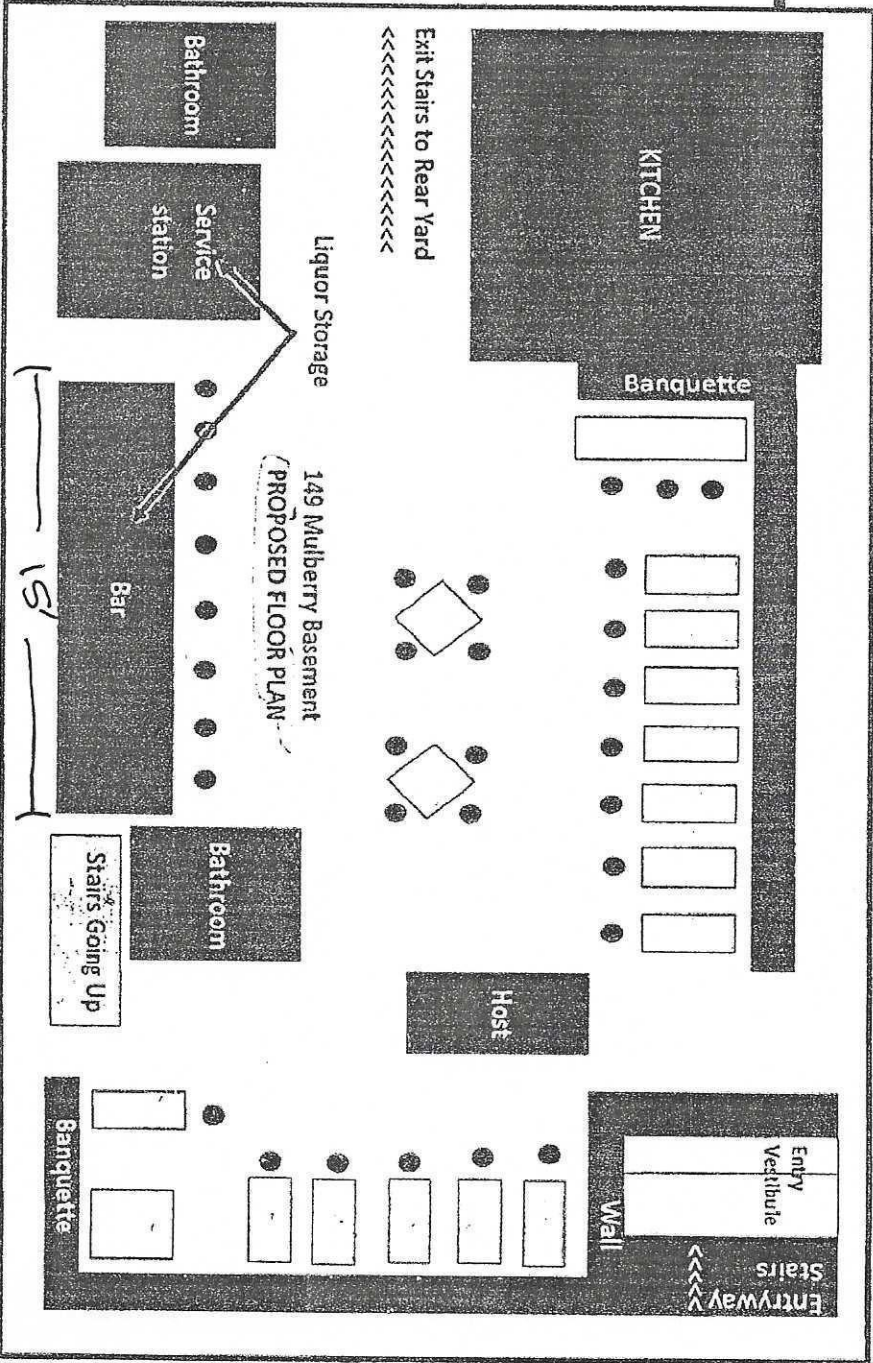
OUTSIDE
 14 Tables
 28 SEATS

Wall



OUTDOOR
 DINING

INDOORS
 17 Tables
 44 SEATS
 8 Bar stools



Cellar

Floor Plan

floor plan for 1st floor

