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Name of applicant(s): Store 3 Pizza NYC LLC	
Trade name (DBA): Zazzy's Pizza	
Premises address: 201 West 11th Street a/k/a 73 Green	wich Avenue, New York, New York 10014
Cross Streets and other addresses	used for building/premise:
7th Avenue and Greenwich Avenue	
CONTACT INFORMATION:	
Principal(s) Name(s): Jo Ellen Gabel, Michael Ricci	
Office or Home Address:	
City, State, Zip:	
Telephone #:	email:
Landlord Name / Contact:	
Landlord's Telephone and Fax: _(
NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Jo Ellen Gabel	See attached list
Michael Ricci	See attached list
Briefly describe the proposed opera	tion (i.e. "We are a family restaurant that will focus on"):
	ant-based snacks quick-service restaurant

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 :		
If upgrade, alteration, or transfer, please describe specific nature of changes: (Please include physical or operational changes including hours, services, occupancy, ownership, etc.)		
If this is for a new application, please list previous use of location for the last 5 years: Two Boots Pizza		
Is any license under the ABC Law currently active at this location? yesX no		
If yes, what is the name of current / previous licensee, license # and expiration date:		
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:		

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PREMISES:

By what right does the applicant have possession of the premises?			
Own _X Lease Sub-lease Binding Contract to acquire real property other:			
Type of Building: X Residential Commercial Mixed (Res/Com) Other:			
Number of floor:6 Year Built :920			
Describe neighboring buildings: Mixed use, residential, outdoor recreation			
Zoning Designation: C2-6			
Zoning Overlay or Special Designation (applicable) None			
Block and Lot Number: 614 / 61			
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? \underline{X} yes $\underline{\hspace{0.5cm}}$ no			
Is the premise located in a historic district? X yes no			
(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? yesX_ no, please explain : _Application to be filed with Landmarks			
Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) no _X_ yes : explain Application for open restaurants to be filed with the Department of Transportation			
What is the proposed Occupancy? in the Spring of 2021			
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?			
no _X_yes			
If yes, what is the maximum occupancy for the premises?			
If yes, what is the use group for the premises? Restaurant with bar - as stated on the enclosed Certificate of Occupancy			
If yes, is proposed occupancy permitted? X yes no, explain :			
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? yesno N/A			
Do you plan to file for changes to the Certificate of Occupancy? yes _ X 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 _X_ yes			
(if yes, please describe: New Signage			

INTERIOR OF PREMISES:		
What is the total licensed square footage of the premises? 1,465.58 square feet		
If more than one floor, please specify square footage by floors: Cellar= 679.10 sq ft and first floor= 786.48= sq ft		
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?		
To be determined when the open restaurants application is filed with the Department of Transportation		
If more than one floor, what is the access between floors? Stairs		
How many entrances are there?1 How many exits?1* How many bathrooms ?1 *One entrance/ exit for employees and for customer food pick ups for a total of 3 entrances/exits Is there access to other parts of the building?X no yes, explain:		
OVERALL SEATING INFORMATION:		
Total number of tables? _10 _ Total table seats? _20		
Total number of bars?1_ Total bar seats?0		
Total number of "other" seats? please explain :		
Total OVERALL number of seats in Premises :20		
BARS:		
How many *stand-up bars / bar seats are being applied for on the premises? Bars _1_ Seats _0_		
How many service bars are being applied for on the premises? None		
Any food counters? no _X yes, describe : Checkout for pizza and food orders.		
For Alterations and Upgrades:		
Please describe all current and existing bars / bar seats and specific changes: $\underline{N/A}$		
* 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 ___Bar & Food _X_Restaurant ___Club/ Cabaret ___Hotel ___Other: _____

What are the Hours of Operation?				
Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:				
<u>12pm to 12am 12pm to 2am 12pm to 2am 12pm to 12am 12pm to 12am 12pm to 12am 12pm to 2am 12pm to 2am 12pm to 2am 12pm to 2am 12pm to 12am</u>				
Will the business employ a manager? nox yes, name / experience if known : Rotating manager and principal				
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 have TV's ? no X yes (how many?) _ 1				
Type of MUSIC / ENTERTAINMENT: 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? N/A				
Please describe your sound system and sound proofing: Two speakers				
Will you be permitting: promoted events scheduled performances outside promoters				
X any events at which a cover fee is charged?* X private parties* *Cooking classes and kids birthday parties				
Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? noX_ yes (if yes, please attach plans) I will have a staff person responsible for ensuring no loitering, noise or crowds outside Will you be utilizing ropes movable barriersother outside equipment (describe) _N/A_				
Are your premises within 200 feet of any school, church or place of worship? no yes N/A Beer and wine application 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 ½ " 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 you will address it immediately.	Residents / Community Board and confirm that if complaints are made
Contact Person: William Watkins	Phone:
Address:	
Email : _	
	Application submitted on behalf of the applicant by:
	Signature
Print or Ty	pe Name
	Title Counsel for applicant

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

