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COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

www.cb2manhattan.org

P: 212-979-2272 F: 212-254-5102 E: info@cb2manhattan.org

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COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE

Thursday, May 15, 2014, at 6:30 p.m., at St. Anthony of Padua, 151-155 Sullivan St., Lower Hall

Please fill out this questionnaire and return to the Community Board 2 office by fax or mail to arrive at least **5 business days** before the Committee meeting. In addition, bring **10 copies plus supporting material requested** to the SLA committee meeting.

Failure to complete and return the questionnaire and supporting materials on time will result in your item being removed from the agenda.

Failure to provide a completed questionnaire or failure to present before CB2 will result in notifying the State Liquor Authority (SLA) of your noncompliance with the community review process.

If you need to reschedule, please notify the Community Board 2 office no later than the Friday prior to the following months meeting. Speak to Florence Arenas at the Board Office. **A maximum of 1 layover request will be granted per application. Failure to reappear without notification will result in a recommendation to deny this application.**

The following supporting materials are **required** for this application:

1. A list of all other licensed premises within 500 ft. of this location including Beer and Wine.
2. Floor plans of the premise, including all tables and chairs and kitchen lay out to be licensed. Please also include any schematics for sidewalk café, backyard garden space and/or rooftop areas if applicable.
3. Provide any plans filed or to be filed with the Buildings Department.
4. Proposed menu, if applicable.
5. Certificate of Occupancy or Letter of No Objection for the premises.
6. Letter of Understanding or Letter of Intent from the Landlord.
7. Provide proof of community outreach with signatures or letters from Residential Tenants at location and from surrounding buildings. (i.e. a letter from the neighborhood block association or petition in support.)
8. A copy of your NYS Liquor Authority application as it will be submitted to the SLA. (excluding financial information)

DATE: _____

APPLICANT INFORMATION:

Name of applicant(s): Big Hand Vinny Corp

Trade name (DBA): TBD

Premises address: 450 Hudson St Ny, Ny 10014

Cross Streets and other addresses used for building/premise:

Barrow + Morton Streets

CONTACT INFORMATION:

Principal(s) Name(s): Frank Prisinzano

Office or Home Address: _____

City, State, Zip: _____

Telephone #: _____ email: _____

Landlord Name / Contact: ZH Control CO LLC

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s):

Frank Prisinzano

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

KITCHEN TABLE INC 88B 2ND AVE

RAGU BOY CORP 156 E 2ND ST.

JUST AN OVEN CORP 19 1ST AVE

COOKA DI BUE LLC 78/84 RWINGTON ST.

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

Full service Italian 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
- 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:

IL MATSTONE PIZZA & PASTA 2018 - Recently Closed
Bread 2012 - 2018

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: _____

Have any other ~~licenses~~ 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:

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: 6 Year Built: 1925

Describe neighboring buildings: Mixed use

Zoning Designation: C1-6 R6

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 584 / 7501

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: They will be

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 _____

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? 118

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: OUT Sign will be put up

What are the Hours of Operation?

Sunday: 11^A to 1^A Monday: 11^A to 1^A Tuesday: 11^A to 1^A Wednesday: 11^A to 1^A Thursday: 11^A to 1^A Friday: 11^A to 2^A Saturday: 11^A to 2^A

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

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 EXISTING

IF YES, will you be using a professional sound engineer? no

Please describe your sound system and sound proofing: I Pad 2 small speakers

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

no any events at which a cover fee is charged? yes private parties BIRTHDAY, corporate, parties like these

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: _____

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 925

If more than one floor, please specify square footage by floors: _____

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

N/A

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

How many entrances are there? 1 How many exits? 1 How many bathrooms? 2

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

OVERALL SEATING INFORMATION:

Total number of tables? 6 Total table seats? 12

Total number of bars? 0 Total bar seats? 0

Total number of "other" seats? 0 please explain: _____

Total OVERALL number of seats in Premises: 12

BARS:

How many * stand-up bars / bar seats are being applied for on the premises? Bars 0 Seats 0

How many service bars are being applied for on the premises? 1

Any food counters? no yes, describe: 11' food counter

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: _____

Address: _____ Distance: _____

Name of School / Church: _____

Address: _____ Distance: _____

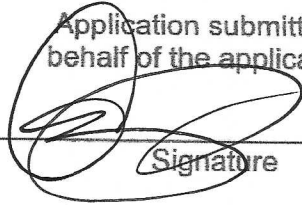
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: _____ Phone: _____

Address: _____

Email : _____

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name Michael Kelly

Title 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

