

DATE: _____

APPLICANT INFORMATION:

Name of applicant(s): CAFFE De la Venezia Corp.

Trade name (DBA): Caffe De la Venezia

Premises address: 105 Mulberry St.

Cross Streets and other addresses used for building/premise:
Canal St + Hester St.

CONTACT INFORMATION:

Principal(s) Name(s): Guillermo Dominguez

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED] email: [REDACTED]

Landlord Name / Contact: MANUET REALTY CORP

Landlord's Telephone and Fax: [REDACTED]

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

Guillermo Dominguez Ristorante Wna 115 Mulberry St.

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
We will be a bar/tavern featuring Italian desserts
and pastries.

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.)

There will not be any major changes. We will be
running a similar operation to the previous
operators

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

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: _____

Salore Di Italia of NYC Inc #01 1293267 Exp. 11/30/22

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:

RED Mulberry LTD 10/2003 - 3/2016

PREMISES:

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

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

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

Number of floor: 5 Year Built : 1915

Describe neighboring buildings: mixed use

Zoning Designation: C6-2g

Zoning Overlay or Special Designation (applicable) Little Italy District

Block and Lot Number: 206, 26

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 : _____

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? 74

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? 74

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 N/A

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 are going to put our own sign up.

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? Approx 800 SQ. Ft.

If more than one floor, please specify square footage by floors: Bsmt 342 sq ft / 1st floor 458 SQ. Ft.

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

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

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 13 Total table seats? 40

Total number of bars? 0 Total bar seats? 0

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

Total OVERALL number of seats in Premises : 40

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 : _____

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: _____

Dessert Place

What are the Hours of Operation?

Sunday: 11^{AM} to 1^{AM} Monday: 11^{AM} to 1^{AM} Tuesday: 11^{AM} to 1^{AM} Wednesday: 11^{AM} to 1^{AM} Thursday: 11^{AM} to 1^{AM} Friday: 11^{AM} to 2^{AM} Saturday: 11^{AM} to 2^{AM}

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: _____

Will you be permitting: ___ promoted events ___ scheduled performances ___ outside promoters

___ any events at which a cover fee is charged? ___ private parties

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 ___ ropes ___ movable barriers ___ 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: Guillermo Dominguez Phone: [REDACTED]

Address: [REDACTED]

Email: [REDACTED]

Application submitted on behalf of the applicant by:

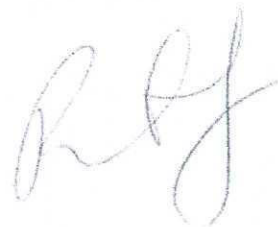

Signature

Print or Type Name Michael Kelly

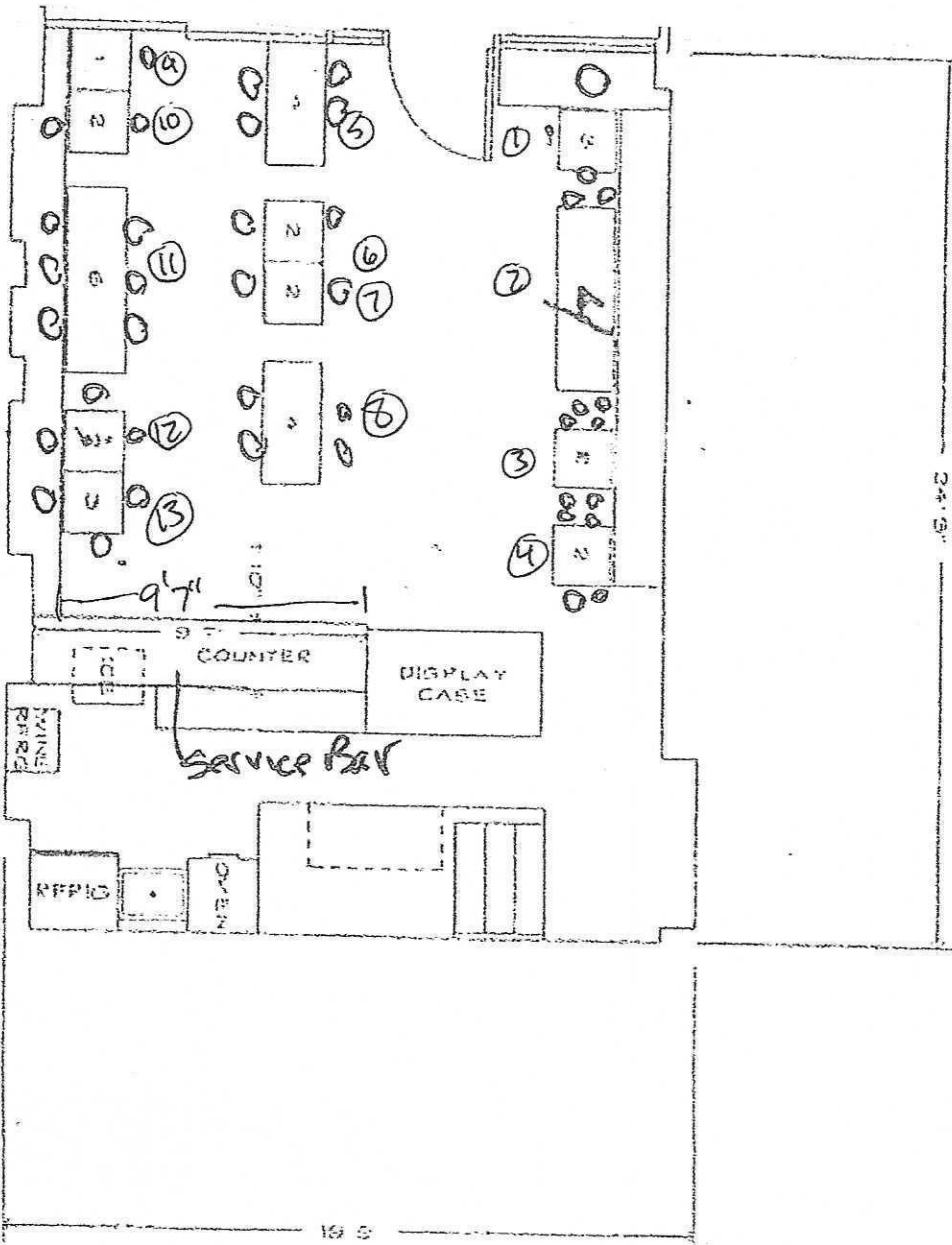
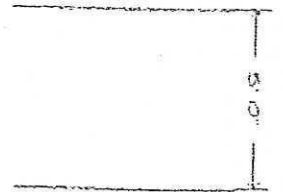
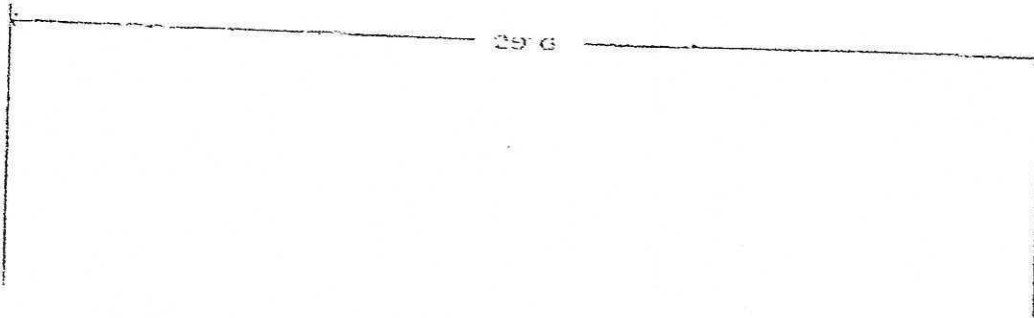
Title Representative

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.





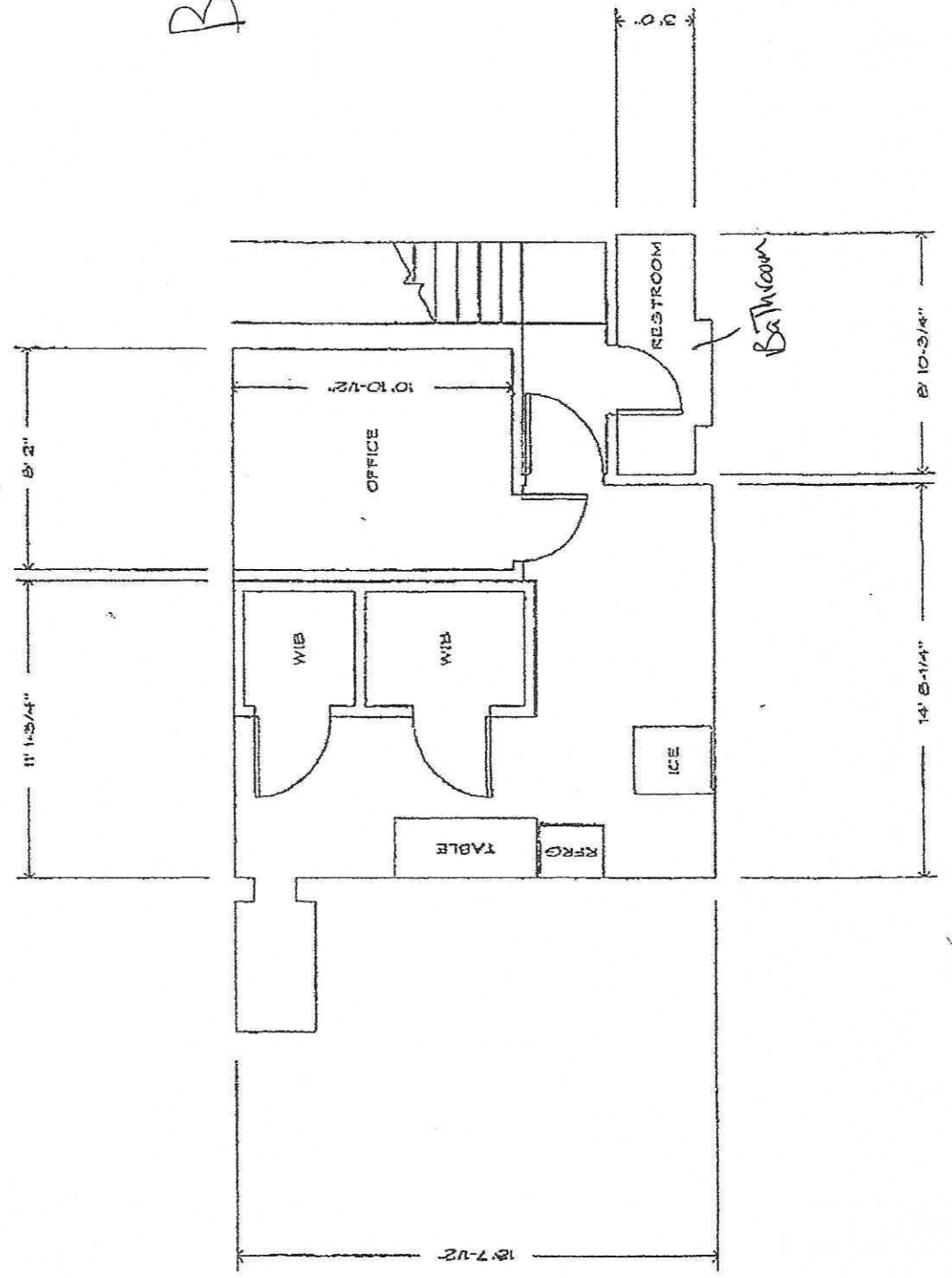
Community Board 2, Manhattan
SLA Licensing Committee
Carter Booth, Co-Chair
Robert Ely, Co-Chair

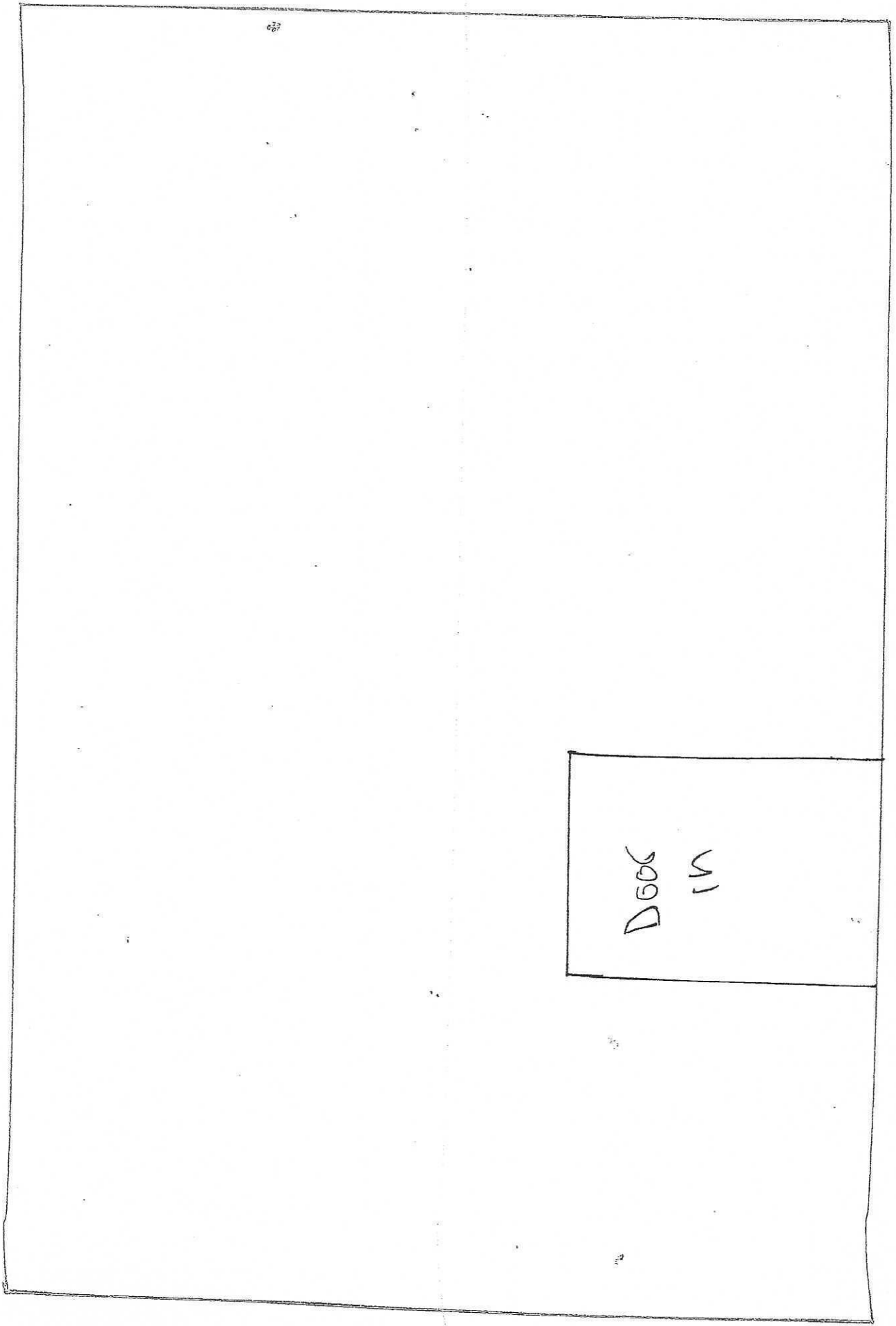


13 Tables
37 SEATS
40

1ST
Floor

Basement





ELEVATION