

**APPLICANT INFORMATION:**

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 Greenwich 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: [REDACTED]

---

City, State, Zip: [REDACTED]

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:  
201-2017 West 11th Associates LLC

---

Landlord's Telephone and Fax: ([REDACTED]-[REDACTED]) [REDACTED]

---

<b>NAMES OF ALL PRINCIPAL(s):</b>	<b>NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD</b>
Jo Ellen Gabel	See attached list
Michael Ricci	See attached list

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

We are a neighborhood pizza and plant-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
- 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?  yes  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  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 : 1920

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?  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 : 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  yes : explain Application for open restaurants to be filed with the Department of Transportation in the Spring of 2021

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? Restaurant with bar - as stated on the enclosed Certificate of Occupancy

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: 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?  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? 0 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  yes, describe : Checkout for pizza and food orders.

### ***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  Bar & Food  Restaurant  Club/ Cabaret  Hotel  Other: \_\_\_\_\_

What are the Hours of Operation?

Sunday:      Monday:      Tuesday:      Wednesday:      Thursday:      Friday:      Saturday:  
12pm to 12am   12pm to 12am   12pm to 12am   12pm to 12am   12pm to 2am   12pm to 2am   12pm to 12am

Will the business employ a manager?  no  yes, name / experience if known : Rotating manager and principal  
see enclosed resumes

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? ) 1

**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? N/A

Please describe your sound system and sound proofing: Two speakers

Will you be permitting:  promoted events  scheduled performances  outside promoters

any events at which a cover fee is charged?\*  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?  no  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 barriers  other 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 Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: William Watkins Phone: (212) 542-0177

Address: 173 Orchard Street/ New York, NY 10002

Email : will@zazzys.com

Application submitted on  
behalf of the applicant by:

\_\_\_\_\_  
Signature

Print or Type Name Donald M. Bernstein, Esq.

Title Counsel for applicant

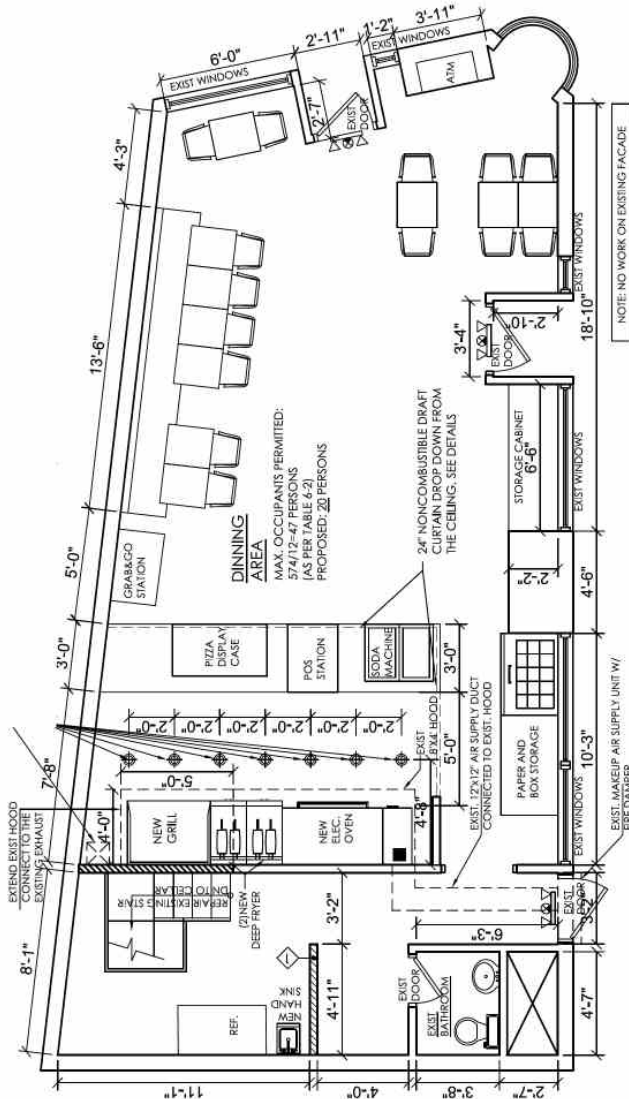
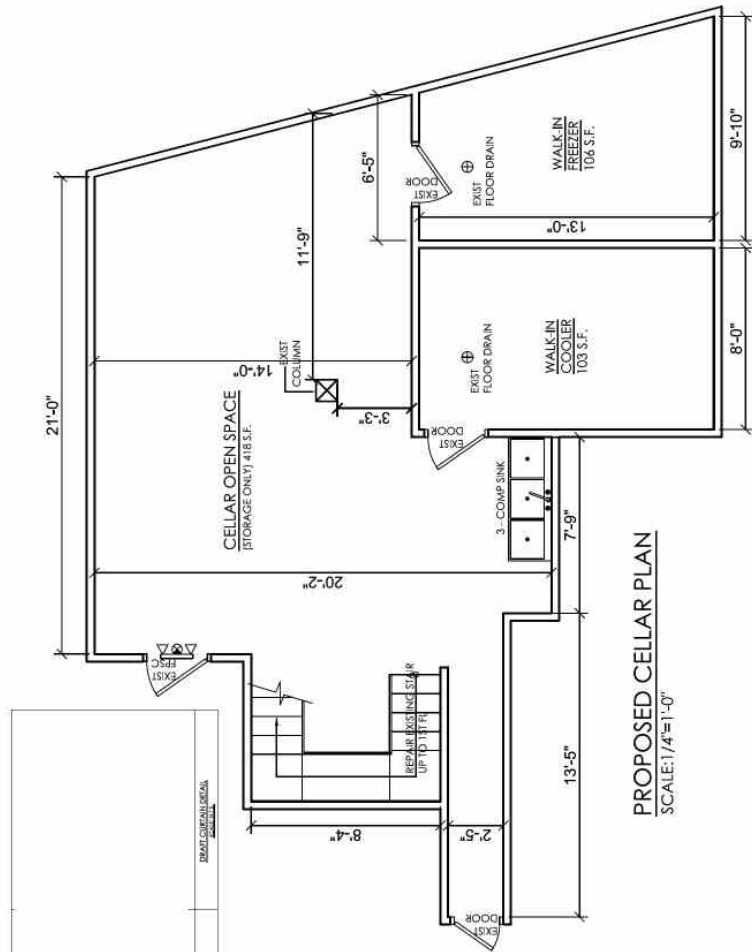
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.




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

Store 3 Pizza NYC LLC  
 Zazzy's Pizza  
 10 tables, 20 seats  
 1 Stand-up bar (POS System)

Updated 12/21/2020



COMPANY: 

Basic Groups Corp  
 174 AVENUE S Brooklyn, NY, 11223  
 tel: 718-384-0999 fax: 888-552-7611

ARCHITECT:  
**YING JIANG**  
 Basic Groups Corp  
 174 AVENUE S Brooklyn, NY, 11223  
 tel: 718-384-0999 fax: 888-552-7611

CLIENT:

REVISIONS:	DATE	DESCRIPTION

The reproduction of this drawing or the use of ideas and arrangements of design shown herein for any other project without the written approval of the architect is prohibited. Written approval of the architect shall be obtained for any changes or modifications to the drawings. The contractor shall verify dimensions and conditions at the job and report discrepancies to the Architect prior to the start of the work.

FIG. JOB NO.:

PROJECT:  
**73 GREENWICH AVENUE,  
 MANHATTAN, NY 10014**

DRAWING TITLE:  
**PROPOSED PLAN CELLAR &  
 1ST FLOOR PLANS**

ISSUED: 09/08/2020  
 PROJECT NO: 75  
 DRAWN BY: AT  
 CHECK BY: WH  
 SCALE: AS NOTED  
 DWG. NO: **A-001.00**

DESIGN AND SIGNATURE:

SHEET: 04 OF 7

HUB/DOB APPROVAL STAMP: