| Meeting Date:  |
|--|
| APPLICANT INFORMATION:   |
| Name of applicant(s): Frank Falesto  |
| Trade name (DBA): TBD  |
| Premises address: 118 Greenwich Avenue NY NY 10011   |
| Cross Streets and other addresses used for building/premise:   |
| CONTACT INFORMATION:   |
| Principal(s) Name(s): Frank Falesto  |
| 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  Wicker Park / 1469 3rd Avenue / N/A  |
| Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"):  Full service bar and restaurant offering outdoor dining, take out, and delivery |

| WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR ( MARK ALL THAT APPLY):   |  |  |  |  |  |
|---|--|--|--|--|--|
| x a new liquor license (X 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:  |  |  |  |  |  |
| I PIESEE INCILINE DRUEICSI OF ODERSTIONSI CHSDROE INCILININA DOLLE CEDVICEC ACCUIDADOV OWNERSDID ETC.)  |  |  |  |  |  |
| (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:  Rosso Pomodoro - Neopolitan Italian Restaurant  |  |  |  |  |  |
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| If this is for a new application, please list previous use of location for the last 5 years:  **Rosso Pomodoro - Neopolitan Italian Restaurant**  Is any license under the ABC Law currently active at this location? yes |  |  |  |  |  |

## 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: Residential Commercial Mixed (Res/Com) Other:  |  |  |  |  |  |  |
| Number of floor:5 Year Built :   |  |  |  |  |  |  |
| Describe neighboring buildings:  108 Greenwich Ave - 4 story residential building with retail on first floor   |  |  |  |  |  |  |
| 230 west 13th Street - 3 story residential building with retail on first floor  Zoning Designation: C1-6   |  |  |  |  |  |  |
| Zoning Overlay or Special Designation (applicable)   |  |  |  |  |  |  |
| Block and Lot Number:617 / 36  |  |  |  |  |  |  |
| Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? x yes _ 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?yesXno, please explain : We have not submitted plans for approval yet but will do so when plans are Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beyerages? Complete |  |  |  |  |  |  |
| (including sidewalk, roof and vard space) no X ves: explain \(\frac{1}{4}\) walk cate.   |  |  |  |  |  |  |
| What is the proposed Occupancy? 30 Open restaurant open street   |  |  |  |  |  |  |
| 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?  |  |  |  |  |  |  |
| 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? X yesno   |  |  |  |  |  |  |
| Do you plan to file for changes to the Certificate of Occupancy? yesX 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? noX_ yes   |  |  |  |  |  |  |
| (if yes, please describe: repaint storefront and replace existing fixtures and sign to reflect change in New business and new name   |  |  |  |  |  |  |

| INTERIOR OF PREMISES:   |  |  |  |  |  |
|---|--|--|--|--|--|
| What is the total licensed square footage of the premises? 3300 square feet   |  |  |  |  |  |
| What is the total licensed square footage of the premises? 3300 square feet  If more than one floor, please specify square footage by floors: 2100 sq ft ground floor 1200 sq ft m  |  |  |  |  |  |
| If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?  |  |  |  |  |  |
| approximately 200 square fact   |  |  |  |  |  |
| If more than one floor, what is the access between floors? <u>Staircase</u>   |  |  |  |  |  |
| How many entrances are there? $3$ How many exits? $4$ How many bathrooms? $3$   |  |  |  |  |  |
| Is there access to other parts of the building? no yes, explain: _b@semen+  |  |  |  |  |  |
| OVERALL SEATING INFORMATION:  |  |  |  |  |  |
| Total number of tables? 36 Total table seats? 110   |  |  |  |  |  |
| Total number of bars? Total bar seats? qre  |  |  |  |  |  |
| Total number of "other" seats? 20 please explain: There other seats in the bar area that  |  |  |  |  |  |
| Total number of bars? Total bar seats? 8  Total number of "other" seats? please explain: there other seats in the bar area that  Total OVERALL number of seats in Premises: 30  Four more seats at the pizza counter  BARS: |  |  |  |  |  |
| BARS:   |  |  |  |  |  |
| How many *stand-up bars / bar seats are being applied for on the premises? Bars Seats   |  |  |  |  |  |
| How many service bars are being applied for on the premises?  |  |  |  |  |  |
| Any food counters? no x yes, describe: there is a counter in front of a wood fired  |  |  |  |  |  |
| For Alterations and Upgrades: przza oven that patrons will sit at.  |  |  |  |  |  |
| 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)   |  |  |  |  |  |
|   |  |  |  |  |  |

| What are th   | e Hours of O  | peration?    |            |                |                |           |
|---|---------------|--------------|------------|----------------|----------------|-----------|
| Sunday:   | Monday:       | Tuesday:     | Wednesday: | Thursday:      | Friday:        | Saturday: |
| 10a to 2a   | Va to Za      | 10 2a        | 11a to 2a  | 1/9 10/20      | 11a to 29      | 10a to 2a |
| Will the bus  | siness employ | a manager? _ | no/ yes,   | name / experie | ence 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: windows that open  |               |              |            |                |                |           |
| Will you have TV's? no yes ( how many? )  |               |              |            |                |                |           |
| Type of MUSIC / ENTERTAINMENT: Live Music Live DJ Juke Box Ipod / CDsnone   |               |              |            |                |                |           |
| Expected Volume level: Background (quiet) Entertainment level Amplified Music (check all that apply)  |               |              |            |                |                |           |
| Do you have or plan to install soundproofing?yes  |               |              |            |                |                |           |
| IF YES, will you be using a professional sound engineer?  |               |              |            |                |                |           |
| Please describe your sound system and sound proofing: <u>Some Small speakers installed</u> thru bar and dining rooms playing recorded music   |               |              |            |                |                |           |
| 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 ropesX movable barriersother outside equipment (describe)   |               |              |            |                |                |           |
| use of barriers to demise sidewalk cafe and keep patrons safe from vehicular  |               |              |            |                |                |           |
| Are your premises within 200 feet of any school, church or place of worship? X noyes  |               |              |            |                |                |           |
| 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: The Church of The Village  Address: 201 W. 13th Street  Distance: 545 feet   |               |              |            |                |                |           |
| Address:  | 201 N.13      | 5 Street     | <u> </u>   |                | Distance:      | 545 teet  |

| lame of School / Church:   |  |
|--|--|
| Address:   | Distance:                                    |
| Name of School / Church:   |  |
| Address:   | Distance:                                    |
| Please provide contact information for Residents / Community Boyou will address it immediately.  Contact Person: Frank Falesto   | pard and confirm that if complaints are made |
| Address: :   |  |
| Application submitted of behalf of the applicant behal |  |
| Print or Type Name Frank Fales Title Managing Me   |  |

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