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COMMUNITY BOARD NO. 2, MANHATTAN

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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:

A list of all other licensed premises within 500 ft. of this location including Beer and

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.

Provide any plans filed or to be filed with the Buildings Department.
Proposed menu, if applicable.
Certificate of Occupancy or Letter of No Objection for the premises.

8. 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.)

A copy of your NYS Liquor Authority application as it will be submitted to the SLA. (excluding financial information)

Send Petition

| DATE: |
|--|
| APPLICANT INFORMATION: |
| Name of applicant(s): Ca Mela Ristorante Italiano Inc |
| Trade name (DBA): La Mela |
| Premises address: 7-169 Mulberry St. |
| Cross Streets and other addresses used for building/premise: GLAJO ST — Broome ST. |
| CONTACT INFORMATION: |
| Principal(s) Name(s): VIVIan Catenaccio |
| Office or Home Address: |
| City, State, Zip: NY NY 10013 |
| Telephone #: email : |
| Landlord Name / Contact: |
| Landlord's Telephone and Fax: |
| NAMES OF ALL PRINCIPAL(s): NAMES/LOCATIONS OF PAST/CURRENT LICENSES HELD VIVIAN Catenaccio Buffana Inc 141 Mulberry St / ITAMAND INC 171 MW 16-18-15. |
| Thomas Cestaro La mela Risrovante Etaliano 171 milberry 50 Thomas Cestaro La mela Risrovante Etaliano 171 milberry 50 |
| Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"): We we a family festaurount that focuses on |
| Etalian Food. |

| 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.) We currently stan Three Storefronts. 167, 169 + 171 Mulberry St. We are removing one of the Storefronts. We are removing 171 and will only use 167+169 Mulberry ST. |
| 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?yesno |
| If yes, what is the name of current / previous licensee, license # and expiration date: La Wela Restolante Italiano Tre # 08 1164701 5/31/21 |
| Have any other licenses under the ABC Law been in effect in the last 10 years at this location? yesno |
| If yes, please list DBA names and dates of operation: |
| |

PREMISES:

| By what right does the applicant have possession of the premises? |
|--|
| OwnLease Sub-lease Binding Contract to acquire real property other: |
| Type of Building: Residential Commercial VMixed (Res/Com) Other: |
| Number of floor: 5/6 Year Built: 1905/1914 |
| Describe neighboring buildings: MIVed USE |
| Zoning Designation: C6-2-6 |
| Zoning Overlay or Special Designation (applicable) Special Little Italy District |
| Block and Lot Number: 471/471, 19/18 |
| 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? |
| Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits? nov 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?v yes no, explain : |
| New PA To be CADITED FOR Journal of Seath of Sea |
| 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: |
| |

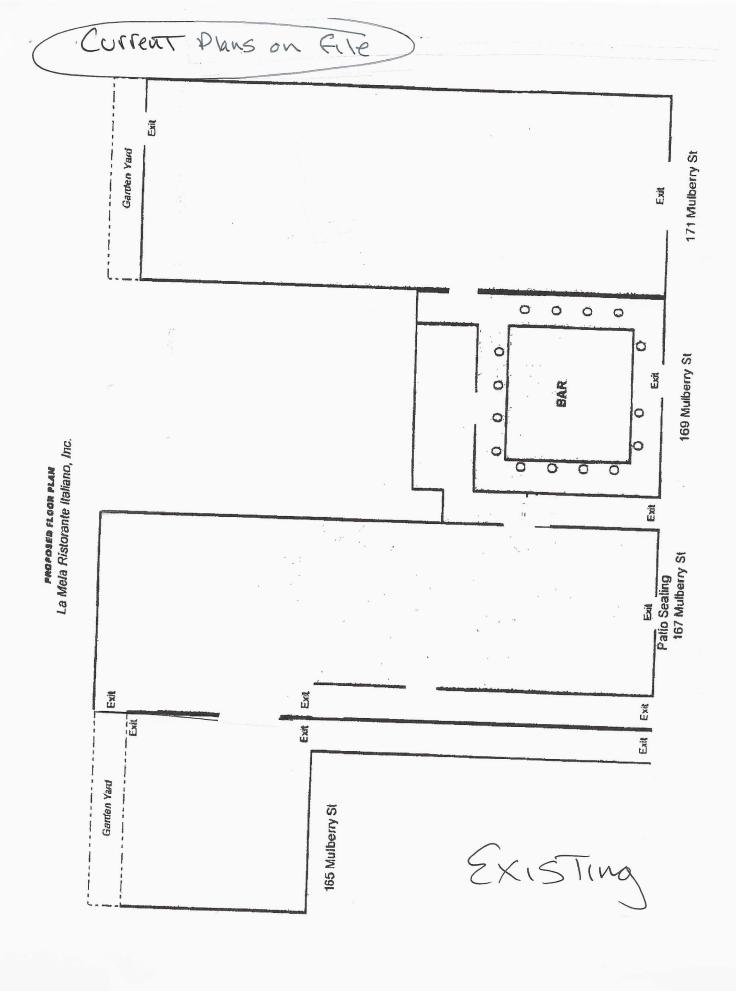
| INTERIOR OF PREMISES: | 167 | 169 | | |
|---|---------------------|--|--|--|
| What is the total licensed square footage of the premises? | 1,220 SOF | 437 50 FT | | |
| If more than one floor, please specify square footage by floors: | | | | |
| If there is a sidewalk café, rear yard, rooftop, or outside spa | ce, what is the squ | are footage of the area? | | |
| | | | | |
| If more than one floor, what is the access between floors? _ | | | | |
| How many entrances are there? How many exits? | 1/1 How man | y bathrooms ? 2 | | |
| Is there access to other parts of the building?no | • | | | |
| OVERALL SEATING INFORMATION: | | | | |
| Total number of tables? The Total table seats? 150 | | | | |
| Total number of bars? Total bar seats? | | | | |
| Total number of "other" seats? please explain : | | | | |
| Total OVERALL number of seats in Premises : | | | | |
| BARS: | _ | | | |
| How many *stand-up bars / bar seats are being applied for o | on the premises? E | Bars Seats | | |
| How many service bars are being applied for on the premise | s? <u>0</u> | | | |
| Any food counters?yes, describe : | | To the second se | | |
| For Alterations and Upgrades: | | | | |
| Please describe all current and existing bars / bar seats and | | | | |
| * A stand-up bar is any bar or counter (whether seating or no pay for and receive food and alcoholic beverages. | ot) over which a me | ember of the public can order, | | |
| PROPOSED METHOD OF OPERATION: | | | | |
| What type of establishment will this be? (check all that apply |) | | | |
| BarBar & FoodRestaurantClub/ Cabare | tHotelC | other: | | |

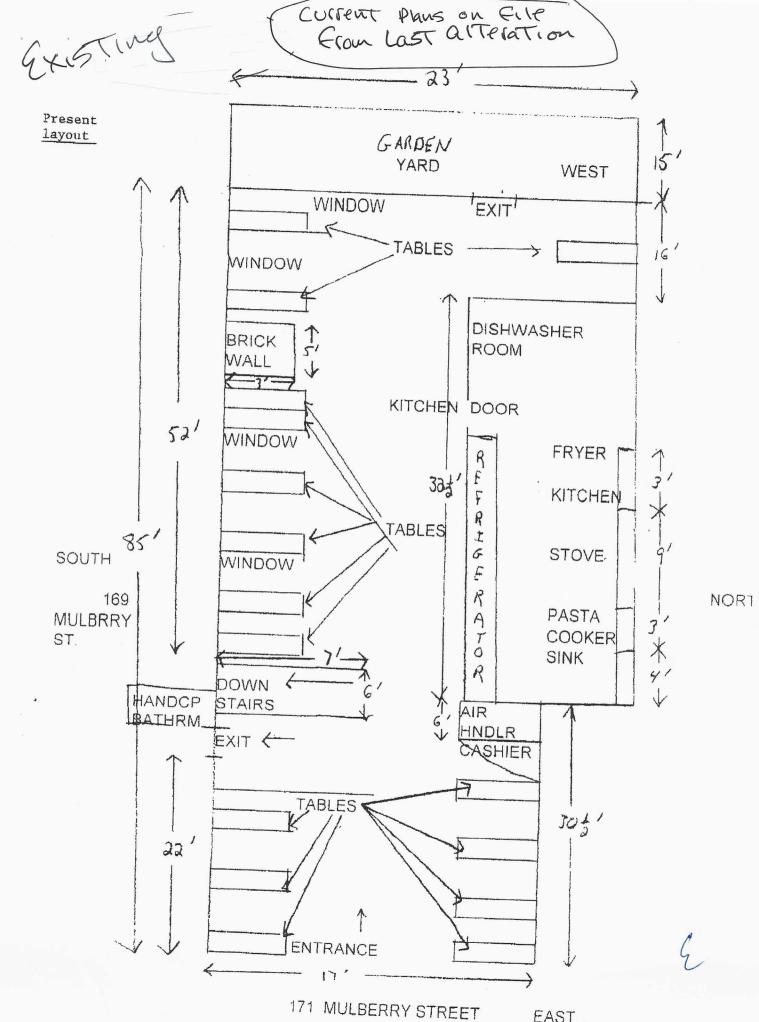
| What are the Hours of Operation? |
|---|
| Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: |
| Will the business employ a manager? no was name (average) |
| Will there be security personnel?noyes(if yes, what nights and how many?) noyes(if yes, what nights and how many?) noyes |
| If 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? |
| IF YES, will you be using a professional sound engineer? |
| Please describe your sound system and sound proofing: I Paul and a few Small species |
| 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 barriersother 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 $\frac{1}{2}$ " 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: | |
| Please provide contact information for Residents / Community Board you will address it immediately. | and confirm that if complaints are made |
| Contact Person: Pho | one: |
| Address: | |
| Email: | |
| Application submitted on behalf of the applicant by: Signature Print or Type Name Michael Title Representation | |

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



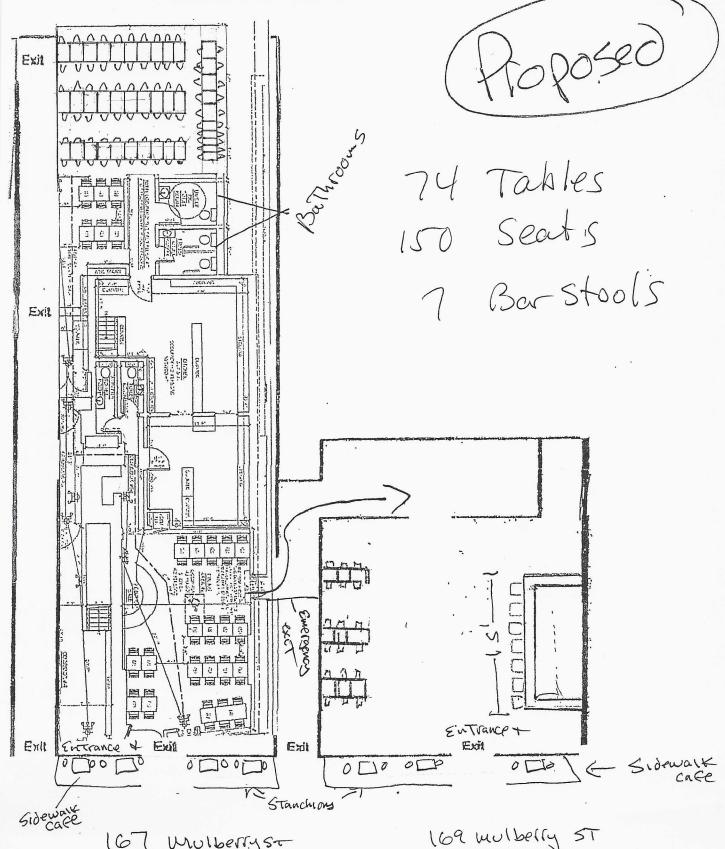


EAST

15+ Floor

PROPOSÉD FLOOR PLAN La Mela Ristorante Italiano, Inc.

Mulberryst





REAR CXIT EMPLOYEE STORA GE RESTROOM ARLEA WALK-IN HALL REFRIGERATOR acousting STAIRS STAIRS UP TOOL WINE + LLOWOR CLOSET STURAGE

Basement