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Daniel Miller, First Vice Chair  
Susan Kent, Second Vice Chair  
Bob Gormley, District Manager



Antony Wong, Treasurer  
Keen Berger, Secretary  
Erik Coler, Assistant Secretary

## COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

[www.cb2manhattan.org](http://www.cb2manhattan.org)

P: 212-979-2272 F: 212-254-5102 E: [info@cb2manhattan.org](mailto:info@cb2manhattan.org)

Greenwich Village ♦ Little Italy ♦ SoHo ♦ NoHo ♦ Hudson Square ♦ Chinatown ♦ Gansevoort Market

### **COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE**

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)

Meeting Date: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of applicant(s): *FORGE ONE FIFTH LLC*

Trade name (DBA): *To Be Determined*

Premises address: *1 Fifth Ave., New York, NY 10003*

Cross Streets and other addresses used for building/premise: *\_8th St. and 5th Ave.\_*

**CONTACT INFORMATION:**

Principal(s) Name(s): *Marc Forgione*

Office or Home Address: *c/o Forge Hospitality* [REDACTED]

Telephone #: [REDACTED]

email : [REDACTED]

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

**NAMES OF ALL PRINCIPAL(s):**

*Marc Forgione*

**NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD**

*Restaurant Marc Forgione, Peasant, Ke-Yo*

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

*The establishment will be a full service, Italian inspired 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.)

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

*A full-service, Italian restaurant (Otto's Pizzeria)*

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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: \_\_\_\_\_

*Pane Sardo LLC dba Otto, Serial No. 1131432, exp. 11/30/2020*

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: \_\_\_\_\_

*(Otto Pizzeria operated from 2004 until 2020)*

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**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: 27 Year Built : 1927

Describe neighboring buildings:

Zoning Designation: R10

Zoning Overlay or Special Designation (applicable) \_\_\_\_\_

Block and Lot Number: 550 / 22

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 : \_\_\_\_\_

*The Applicant will be filing with LPC for a new awning on the exterior. There are no structural or changes to egress currently planned.*

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? 209

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? 283

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: *New awning to reflect the new name, Color TBD. New decals on windows with new name.*

**INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? 8738

If more than one floor, please specify square footage by floors: Ground Floor: 6058 sf, Basement: 2680 sf

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? Stairs and Elevators How many entrances are there? 1 How many exits? 5 How many bathrooms ? 9 Stalls

Is there access to other parts of the building? \_\_\_no\_\_\_ x yes, explain: To the lobby

Total number of tables? 54 Total table seats? 190

**OVERALL SEATING INFORMATION:** Total number of bars? 1 Total bar seats? 19

Total number of "other" seats? N/A please explain : \_\_\_\_\_

Total OVERALL number of seats in Premises : 209

**BARS:**

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 19

How many service bars are being applied for on the premises? 0

Any food counters? \_\_\_no\_\_\_ yes, describe : \_\_\_\_\_

**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 x Restaurant \_\_\_ Club/ Cabaret \_\_\_ Hotel \_\_\_ Other: \_\_\_\_\_

What are the Hours of Operation?

Sunday: 11 am - 2am    Monday: 11 am - 2am    Tuesday: 11 am - 2am    Wednesday: 11 am - 2am    Thursday: 11 am - 2am    Friday: 11 am - 2am    Saturday: 11 am - (2am)

(\*no reservations/seatings after 11 pm.)

Will the business employ a manager?  no  yes, name / experience if known : *The Applicant will hire a general manager with extensive experience managing a full service, fine dining restaurant.*

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?  no \_\_\_\_\_

Please describe your sound system and sound proofing: *Existing speakers and sound absorption appropriate for full service, fine dining restaurant*

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)

***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").***

Are your premises within 200 feet of any school, church or place of worship?  no  yes

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: \_\_\_\_\_

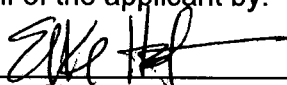
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Marc Forgione Phone: \_\_\_\_\_

Address: c/o Forge Hospitality, \_\_\_\_\_

Email: \_\_\_\_\_

Application submitted on behalf of the applicant by:

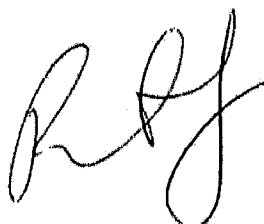


Signature

Print or Type Name Elke Hofmann

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



PROJECT

PROJECT NAME  
32-07 30TH AVE ASTORIA, NY

DESIGN  
71 COLLECTIVE  
WORKS/71 COLLECTIVE  
P/712524300

ARCHITECT OF RECORD

OWNER

OTHER

OTHER

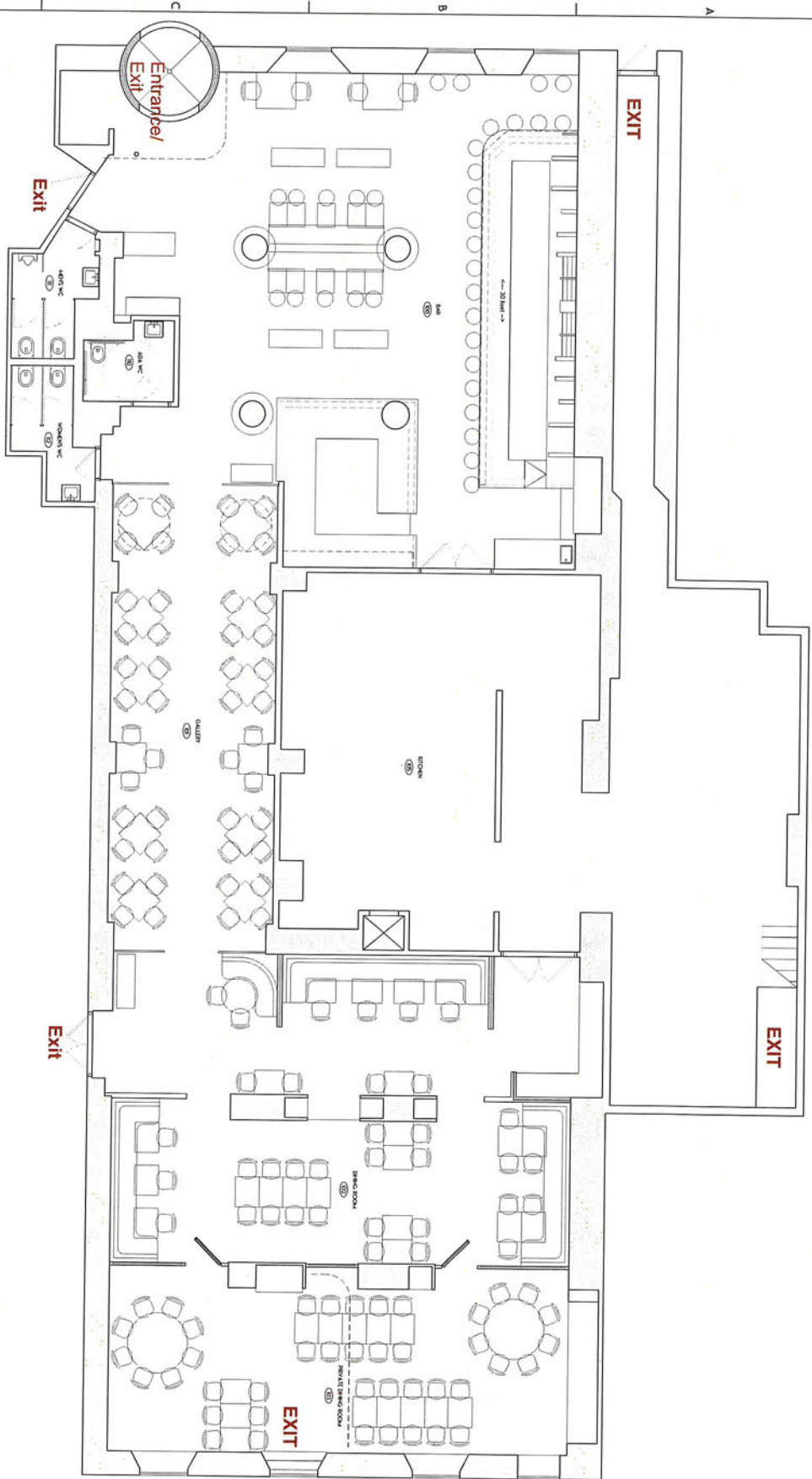
NO.	DATE	REVISION

SCALE

DRAWING TITLE

SCALE	DATE	THRU
SCALE 1: SPATIAL	DATE	THRU
SCALE 2: SPATIAL	DATE	THRU
SCALE 3: SPATIAL	DATE	THRU
SCALE 4: SPATIAL	DATE	THRU

DESIGN/CONSTRUCTION



### LEGEND

- WALL AND ROOM
- DOOR TO REMAIN
- DOOR TO BE REMOVED
- REPORT DATE
- REPORT NO.
- REPORT DATE
- REPORT NO.

### REMOVAL GENERAL NOTES

1. CONTRACTOR SHALL VERIFY ALL WORK IS TO BE REMOVED IS IDENTIFIED BY THE ARCHITECT AND IS NOT TO BE REINSTALLED OR RELOCATED TO ANOTHER AREA. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM ALL APPLICABLE AGENCIES AND AUTHORITIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM ALL APPLICABLE AGENCIES AND AUTHORITIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM ALL APPLICABLE AGENCIES AND AUTHORITIES.
2. ALL REMOVAL SHALL BE ACCORDING TO THE CONTRACT DOCUMENTS AND ALL APPLICABLE CODES AND REGULATIONS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM ALL APPLICABLE AGENCIES AND AUTHORITIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM ALL APPLICABLE AGENCIES AND AUTHORITIES.
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### REMOVAL KEY NOTES

1. REMOVE EXISTING ROOMS
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PROJECT

PROJECT NAME  
32-07 30TH AVE ASTORIA, NY

DESIGN  
71 COLLECTIVE  
WORKING COLLECTIVE  
P 917.524.9679

ARCHITECT OF RECORD

DESIGNER

OTHER

OTHER

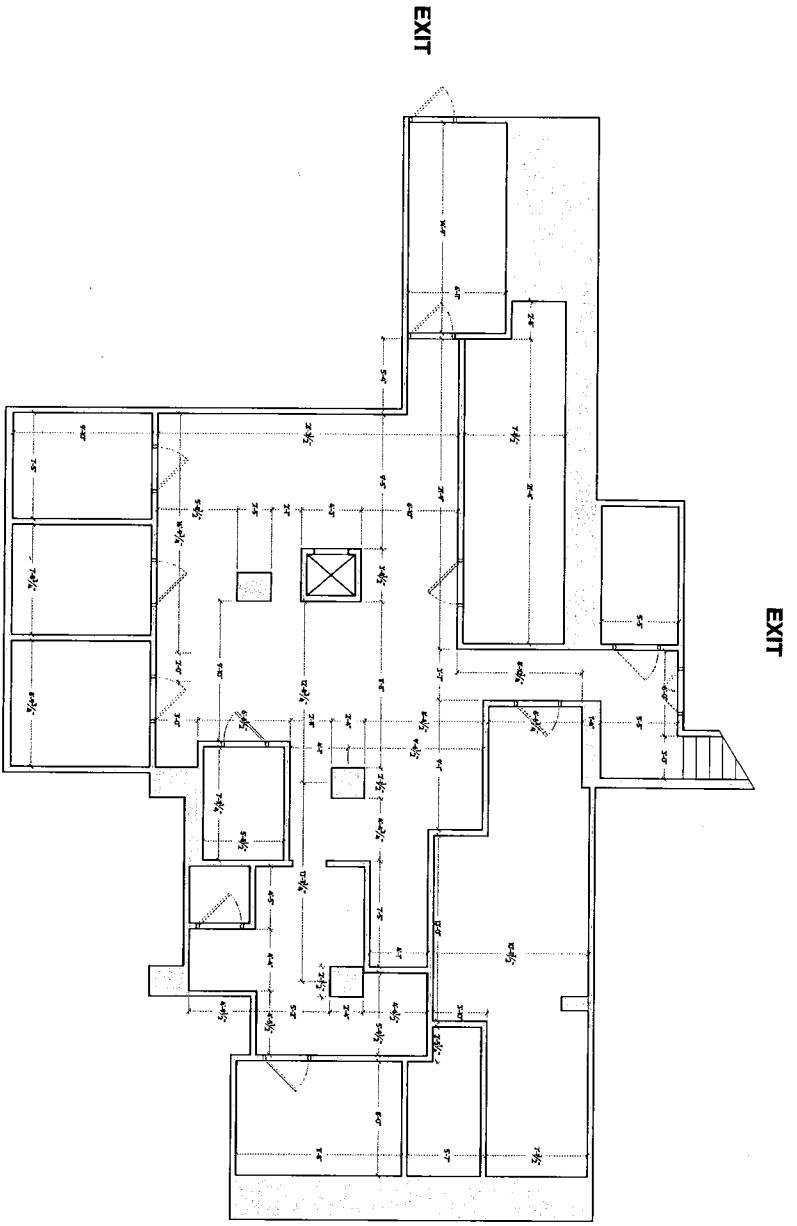
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CHECKED BY: J.C. BROWN  
DATE: 02/20/2024

SCALE

SCALE 1/4"=1'-0"

SCALE & SIGNATURE  
DATE: 02/20/2024  
PROJECT NO: 2000101  
DRAWING NO: 2000101  
DATE: 02/20/2024

SCALE & SIGNATURE  
DATE: 02/20/2024  
PROJECT NO: 2000101  
DRAWING NO: 2000101  
DATE: 02/20/2024



**REMOVAL GENERAL NOTES**

1. CONSULT WITH THE ARCHITECT FOR THE SCOPE AND LOCATION OF REMOVAL. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTIONS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTIONS.

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**LEGEND**

- WALL TO BE REMOVED
- DOOR TO BE REMOVED
- REMOVE EXISTING CONSTRUCTION
- REMOVE EXISTING WALL
- REMOVE EXISTING DOOR
- REMOVE EXISTING WINDOW
- REMOVE EXISTING PARTITION
- REMOVE EXISTING FLOOR
- REMOVE EXISTING CEILING
- REMOVE EXISTING ROOF

Project: 32-07 30th Ave, Astoria, NY  
Client: 71 Collective  
Date: 02/20/2024