

Terri Cude, *Chair*
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

P: 212-979-2272 F: 212-254-5102 E: 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): John Wine LLC

Trade name (DBA): FUGAZI - MANGIA E BEVI

Premises address: 40-56 University Place, New York, NY 10003

Cross Streets and other addresses used for building/premise:

E 10th St. and E 9th St.

CONTACT INFORMATION:

Principal(s) Name(s): Luigi Caroggio

Office or Home Address: [REDACTED]

City, State, Zip: New York, NY 10013

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):

LUIGI CAROGGIO, MARCO VACCHI

ANTHONY RAGGINI, ALEC BALDWIN

ALEXA CHANTECAILLE

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

NOT APPLICABLE, NOT APPLICABLE

NOT APPLICABLE, NOT APPLICABLE

NOT APPLICABLE

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

WE ARE A BISTRO MANAGED BY MARCO VACCHI (WHO IN THE SAME BLOCK CO-OWN5 AND MANAGES A COFFEE SHOP

AND A BAKERY), OFFERING SMALL/MEDIUM SIZE MOSTLY COLD GOURMET DISHES, ACCOMPAINED BY A SELECTED

ASSORTMENT OF WHITE (DRY AND BUBBLE) AND RED WINES. THE STORE DESIGN IS WARM, INSPIRED TO THE TYPICAL

ITALIAN BISTRO

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.)

NOT APPLICABLE

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

LABORATORIO DEL GELATO (ICE CREAM PARLOR) : 2017-CURRENT

HOMER (FURNITURE STORE) : 2000 - 2017

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: N/A

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:

NOT APPLICABLE

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: 14 Year Built : 1980

Describe neighboring buildings:
THE BUILDING TAKES OVER THE WHOLE BLOCK FACING UNIVERSTY PLACE. THE 2 NEIGHBORIG BUILDINGS ARE MIXED (RES/COI

Zoning Designation: C1-7

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 00567 / 019

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 : WE ARE NOT PLANNING EXTERIOR CHANGES

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 WE WILL HAVE A CURBSIDE PATIO

What is the proposed Occupancy? 24 SEATS INDOOR AND 16 SEATS OUTDOOR

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? Pending

If yes, what is the use group for the premises? _____

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: _____

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 650 SF

If more than one floor, please specify square footage by floors: N/A

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

If more than one floor, what is the access between floors? NOT APPLICABLE

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

Is there access to other parts of the building? no X yes, explain: INTERIOR ACCESS TO BUILDING'S BASEMENT

OVERALL SEATING INFORMATION:

Total number of tables? 5 Total table seats? 20

Total number of bars? 1 Total bar seats? 4

Total number of "other" seats? 16 please explain : 4 TABLES WITH 4 SEATS EACH OUTDOOR

Total OVERALL number of seats in Premises : 24 INDOOR + 16 OUTDOOR

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 4

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

Any food counters? X no yes, describe : _____

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: THE SPACE IS CURRENTLY USE AS AN ICE CREAM PARLOR WITHOUT INDOOR OS OUTDOOR SEATTING

* 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 X Bar & Food Restaurant Club/ Cabaret Hotel Other: _____

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:

12pm to 11pm 12pm to 11pm 12pm to 11pm 12pm to 11pm 12pm to 11pm 12pm to 11pm 12pm to 11pm

Will the business employ a manager? ___ no yes, name / experience if known : MARCO VACCHI

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: SONOS

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 ½ " x 11").

Indicate the distance in feet from the proposed premise: N/A

Name of School / Church: _____

Address: _____ Distance: _____

Name of School / Church: _____

Address: _____ Distance: _____

Name of School / Church: _____

Address: _____ Distance: _____

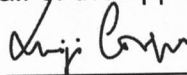
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Luigi Caroggio Phone: [REDACTED]

Address: [REDACTED]

Email : [REDACTED]

Application submitted on behalf of the applicant by:



Signature

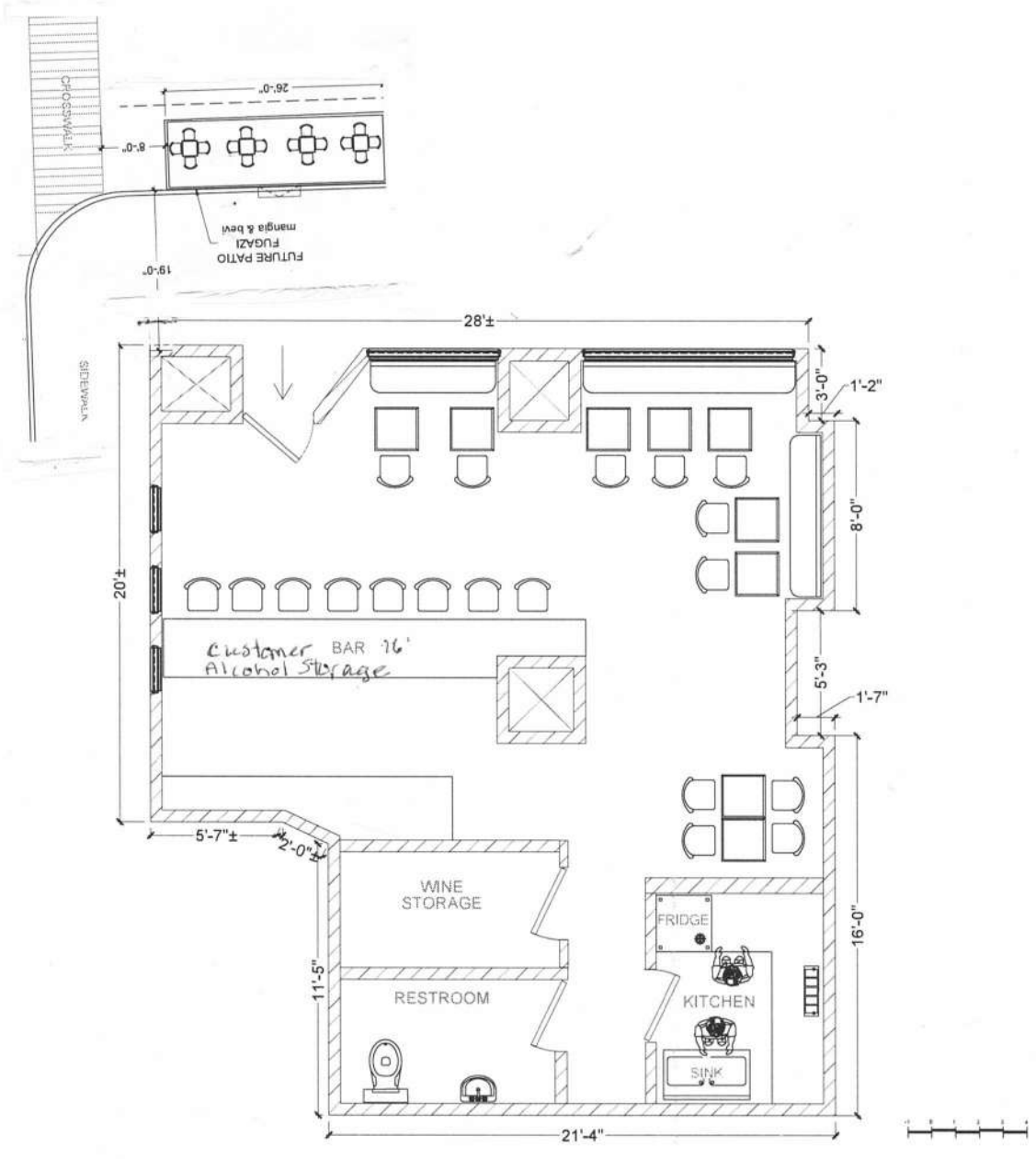
Print or Type Name Luigi Caroggio

Title Member

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



INTERIOR DESIGN
PLAN
56 UNIVERSITY PLACE

DRAWING NAME	
EXPTD-2	
DATE	MAY 26, 2011
DESIGNED BY	DAI
DRAWN BY	
CHECKED BY	
APPROVED BY	
SCALE	

LANDLORD:
 [REDACTED]

TENANT:
 JOHN WINE LLC

By: Marco Vacchi
 Name: Marco Vacchi
 Title: Operating Member

SCHEDULE A-1
 DIAGRAM OF DEMISED PREMISES

