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COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE
NEW YORK, NY 10012-1899

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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): FELICE HUDSON, LLC

Trade name (DBA): FELICE

Premises address: 615 HUDSON STREET, NY, NY 10014

Cross Streets and other addresses used for building/premise:
HUDSON BETWEEN JANE ST AND W 12TH ST.

CONTACT INFORMATION:

Principal(s) Name(s): JACOPO GIUSTINIANI

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 |
|----------------------------|--|
| <u>GERARDO GUARUCCI</u> | <u>REARTEX LLC - 259 W 4TH ST, NY, NY 10014</u> |
| <u>DIMITRI PAULI</u> | <u>265 LAFAYETTE RESTORANTE, 265 LAFAYETTE ST NY, NY 10012</u> |
| <u>JACOPO GIUSTINIANI</u> | _____ |
| <u>TH TASTE CO. INC.</u> | _____ |

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
SEAT DOWN RESTAURANT SPECIALIZING IN ITALIAN FOOD
AND WINE

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.)

N/A

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

RESTAURANT

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: 3 Year Built : _____

Describe neighboring buildings:
MIXED RESIDENTIAL/COMMERCIAL

Zoning Designation: C1-5

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 625 / 13

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 SIDEWALK

What is the proposed Occupancy? 70

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? 70

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: NEW SIGNAGE TO REFLECT OUR NAME

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2700

If more than one floor, please specify square footage by floors: 2000 GF, 700 BASEMENT

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

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? 2

Is there access to other parts of the building? no _____ yes, explain: _____

OVERALL SEATING INFORMATION:

Total number of tables? 21 Total table seats? 60

Total number of bars? 1 Total bar seats? 10

Total number of "other" seats? _____ please explain : _____

Total OVERALL number of seats in Premises : 70

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 10

How many service bars are being applied for on the premises? NONE

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 Restaurant Club/ Cabaret Hotel Other: _____

What are the Hours of Operation?

Sunday: 10^{AM} to 11^{PM} Monday: 12^{PM} to 11^{PM} Tuesday: 12^{PM} to 11^{PM} Wednesday: 12^{PM} to 11^{PM} Thursday: 12^{PM} to 11^{PM} Friday: 12^{AM} to 12^{AM} Saturday: 10^{AM} to 12^{AM}

Will the business employ a manager? no yes, name / experience 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 : _____

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: _____

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 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: _____ Distance: _____

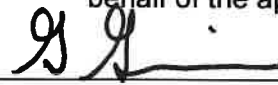
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: GREGORY GIANNONE Phone: [REDACTED]

Address: [REDACTED]

Email : _____

Application submitted on behalf of the applicant by:


Signature

Print or Type Name GREGORY GIANNONE

Title CFO

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

| |
|--|
| OFFICE USE ONLY <input type="radio"/> Original <input type="radio"/> Amended Date _____ |
|--|

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:
(e.g., Residential, Business, Mixed etc.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits? Yes No Pending

2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address? Yes No

If YES, please specify:

If the address was changed due to a 911 update or other government action, please include documentation for the change.

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

Currently Licensed Previously Licensed Never Licensed Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

Yes No Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed? Yes No

Name of Licensee:

License Serial Number:

| |
|--|
| OFFICE USE ONLY <input type="radio"/> Original <input type="radio"/> Amended Date _____ |
|--|

3. Premises (interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?
If yes, show the means of access on the interior diagram(s).

Yes No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?
(e.g., hallway, stairwells, common areas, etc.)

Yes No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises:

3h. Number of tables?

3i. Number of seats at tables?

3j. Number of seats at bar or counter?

4. Bars:

4a. How many customer bars are located on the premises?
(a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? *(a service bar is for wait staff use exclusively)*

4c. Describe each bar in the fields below:

| Bar 1 | Bar 2 | Bar 3 |
|--------------|--------------|--------------|
| Bar Type: | Bar Type: | Bar Type: |
| Length: | Length: | Length: |
| Shape: | Shape: | Shape: |
| Location: | Location: | Location: |

Attach additional sheets if there are more than 3 bars.

| |
|---|
| <input type="radio"/> Original <input type="radio"/> Amended OFFICE USE ONLY Date _____ |
|---|

5. Kitchen:

5a. Does the premises have a full kitchen? Yes No

If NO, does the premises have a food preparation area? Yes No

Show Kitchen or Food Prep Area on the Interior Diagram

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? Yes No

If YES, please list hours of day chef/cook will devote to the premises:

6. Hotel or Bed & Breakfast:

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises? Yes No

7. Outdoor Areas:

7a. Are there any outside areas used for the sale or consumption of alcohol? Yes No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- | | | | | |
|-------------------|------|---------|----------|--------|
| Sidewalk Cafe | Deck | Patio | Porch | Gazebo |
| Rooftop | Yard | Balcony | Pavilion | Tent |
| Other (describe): | | | | |

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? Yes No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- | | | | | |
|-------------------|------|-----------|--------|------------|
| Fencing | Wall | Shrubbery | Roping | Stanchions |
| Other (describe): | | | | |

7f. Is a permit required by the locality for outside area(s)? Yes No
If yes, submit a copy of the permit.

| |
|---|
| <input type="radio"/> Original <input type="radio"/> Amended OFFICE USE ONLY Date |
|---|

PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

- | | | | |
|---|----------|-----------------------------|-----------------------|
| 1. Will any other business of any kind be conducted in said premises? <i>(If YES, please provide details on a separate sheet)</i> | Yes | No | |
| 1a. If the premises <i>is not</i> a catering establishment, will the premises periodically close to host private events? If YES, how frequently? | Yes | No | |
| 2. Will the premises have music? | Yes | No | |
| 2a. If YES, check all that apply: | Recorded | DJ | Juke Box Karaoke |
| Live Music (give details: e.g., rock bands, acoustic, jazz, etc.): | | | |
| 2b. Will the premises use the services of an Event Promoter? | Yes | No | |
| 3. Will the premises permit dancing? | Yes | No | |
| 3a. If dancing is permitted, who will be permitted to dance? | Patrons | Employees for Entertainment | Both |
| 3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? | Yes | No | |
| 4. Will there be topless entertainment? | Yes | No | |
| 5. Will the business employ a manager? | Yes | No | |
| 5a. If NO, will principal(s) manage? | Yes | No | |
| 6. How many employees? (excluding principals and security personnel) | | | |
| 6a. If answer is "0" please provide an explanation: | | | |

| | | |
|--------------------------------|-------------------------------|------|
| OFFICE USE ONLY | | |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date |

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions).
If applied for and pending, please indicate.

Workers' Compensation Carrier
Name and Policy Number:

Disability Insurance Carrier Name
and Policy Number:

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996

8. Will security personnel be used at the premises? Yes No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The Licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes No

10a. If NO, please explain:

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link:
<http://sla.ny.gov/provisions-for-county-closing-hours>

FELICE

LUNCH & DINNER

WINE BAR • RISTORANTE

PER INIZIARE

| | |
|---|----|
| ZUPPA CONTADINA farm vegetables, chickpeas, white beans, lacinato kale, Felice extra virgin olive oil | 15 |
| CROSTONE RICOTTA fresh ricotta, Italian linden spicy honey, figs, sliced almonds | 16 |
| BRUSCHETTA rubbed garlic, sea salt, crushed fresh tomato, homemade toasted bread | 13 |
| BURRATA burrata, fava beans, sweet green peas, asparagus, red wine vinegar, parsley, basil | 19 |
| POLPETTINE homemade veal meatballs, tomato sauce, Parmigiano-Reggiano | 16 |
| TARTARE DI SALMONE* organic salmon tartare, avocado, fried capers, Dijon vinaigrette | 22 |
| CARPACCIO DI CARCIOFI raw sliced artichokes, 36-month aged Parmigiano-Reggiano, house dressing | 21 |
| COZZE AL VINO BIANCO* P.E.I mussels, white wine, cherry tomatoes, garlic, parsley, toasted bread | 19 |
| MELANZANE ALLA PARMIGIANA baked layers of thinly sliced eggplant, Parmigiano-Reggiano, tomato basil sauce | 19 |
| PROSCIUTTO E CROSTINI TOSCANI traditionally cured Tuscan prosciutto, chicken liver mousse, red onion confit, crispy sage, traditional bread tartine | 21 |
| CARCIOFI E CALAMARI FRITTI fried baby artichokes and calamari, parsley, lemon | 21 |
| CROCCHETTE DI RISO rice balls, tomato, mozzarella, oregano, served with arrabbiata sauce | 16 |

TAGLIERI

CHEF'S SELECTION OF IMPORTED CHEESES & CURED MEATS

Two for \$27.00 Three for \$35.00

Additions:

| | |
|---|---|
| CARCIOFI , Roman artichokes with penny royal mint, Felice extra virgin olive oil | 5 |
| CIPOLLE , glazed Boretane onions baked in balsamic vinegar | 5 |
| FRIARIELLI , broccoletti from Agnoni Farms in Lazio | 5 |

VERDURE E INSALATE

Additions: Grilled Chicken or Salmon* (+12), Boiled Egg (+3), 1/2 Avocado (+5)

| | |
|---|----|
| CICORIE wild chicory misticanza, red wine vinegar, avocado, buffalo mozzarella, Allegretto extra virgin olive oil | 19 |
| CAPRESE buffalo mozzarella, Kumato tomatoes, fresh organic basil, Felice extra virgin olive oil | 19 |
| PLANT-BASED QUINOA quinoa salad, spinach, avocado, Kumato tomato, cucumber, red onion | 18 |
| NIZZARDA DI SALMONE* misticanza, seared wild salmon, hard-boiled farm egg, carrots, celery, Kumato tomatoes, sun-dried tomatoes, avocado, mustard dressing. <i>Substitute salmon with grilled chicken</i> | 23 |

**Consuming raw or under-cooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness. All of our freshly baked products and dishes are prepared in facilities where nuts, wheat, dairy and other food allergens are present. While we make every effort to separate these items, we cannot guarantee that our products will be free of the major food allergens..*

PASTE

Wheat and gluten-free pasta is available. Add 4 oz of local NY made Burrata (+8)

| | |
|---|----|
| SPAGHETTI ALL'ARRABBIATA San Marzano tomato sauce, garlic confit, peperoncino, cherry tomatoes, Parmigiano-Reggiano | 21 |
| PAPPARDELLE CON SALSICCIA sweet Italian sausage, braised endive, porcini mushrooms, herbs, truffle sauce | 24 |
| FETTUCCINE ALLA BOLOGNESE traditional veal ragù, 24-month aged Parmigiano-Reggiano | 26 |
| RAVIOLI DELLA CASA housemade spinach and ricotta ravioli, butter and sage sauce, grated Parmigiano-Reggiano | 24 |
| GEMELLI AL PESTO DI BASILICO E RUCOLA artisanal twisted egg pasta, organic basil pesto, arugula, Parmigiano-Reggiano | 24 |
| LINGUINE ALLA VIAREGGINA* fresh Manila clams, P.E.I. mussels, white wine sauce, garlic, fresh parsley, crushed cherry tomatoes | 28 |
| FUSILLI AL FERRETTO E BURRATA artisanal fresh fusilli, San Marzano tomato sauce, creamy burrata cheese, basil | 23 |
| TONNARELLI CACIO E PEPE Pecorino Romano, freshly ground black pepper, 24-month aged Parmigiano-Reggiano | 23 |
| GNOCCHI handmade gluten-free gnocchi, tomato, ricotta salata, crispy eggplant, fresh basil | 26 |
| SPAGHETTI ALLA CARBONARA* homemade spaghetti, eggs, cream, Pecorino Romano, Parmigiano-Reggiano, crispy bacon | 24 |
| RIGATONI AL SALMONE handmade rigatoni with organic salmon, smoked salmon, white wine, parsley, touch of heavy cream, chili pepper | 25 |

SECONDI

| | |
|---|----|
| SALMONE, PATATE, E PISELLI* Faroe Islands salmon, roasted yukon gold potatoes, sweet green peas, arugula | 33 |
| BRANZINO AL CARTOCCIO oven-roasted Mediterranean sea bass, yukon gold potatoes, cherry tomatoes, chopped capers, Taggiasche olives, braised shallots, parsley, lemon slices | 36 |
| L'HAMBURGER* short-rib blend, taleggio cheese, bacon, red onion confit, pickle, tomato, hand-cut French fries | 23 |
| MILANESE traditional chicken Milanese, wild arugula, cherry tomatoes, shaved Parmigiano, balsamic reduction | 29 |
| TAGLIATA DI MANZO* sliced sirloin steak 12oz, broccoli rabe, roasted Yukon potatoes | 39 |
| POLLO CON LATTUGA E POMODORI grilled local heritage pounded chicken breast, bibb lettuce, Kumato tomato, red wine vinegar, Allegretto olive oil | 27 |

CONTORNI

| | |
|---|----|
| CAVOLFIOR ARROSTO , roasted cauliflower, paprika, capers, hazelnuts, raisins | 11 |
| CIME DI RAPA , sautéed broccoli rabe, black pepper, Pecorino Romano | 11 |
| PATATE ARROSTO , oven roasted potatoes, shallot confit | 11 |
| CAVOLINI , crispy Brussels sprouts, roasted bacon | 11 |
| SPINACI SALTATI , sautéed spinach, garlic, Felice extra virgin olive oil | 11 |
| POMODORI ARROSTO , oven roasted tomato, fresh aromatic herbs | 11 |

LA STORIA DI FELICE

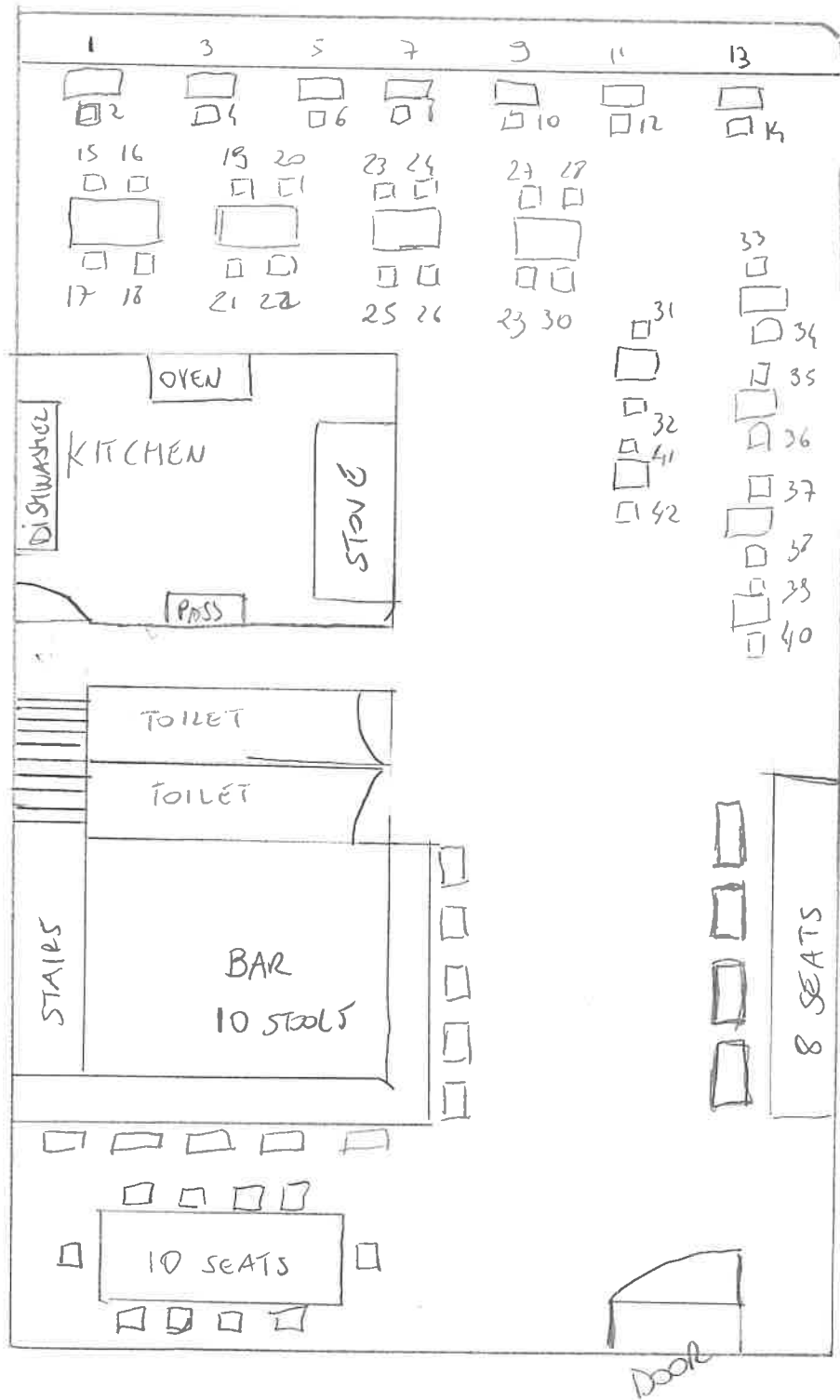
Deep within the Tuscan countryside, in via della Maulina, one of the world's most noteworthy areas of high quality wine production, lies a sprawling 19th century family estate, Fattoria Sardi. The three elegant wines produced there - Felice Bianco, Rosso and Rosato - embody the essence and flavors of the Italian countryside.

Jacopo Giustiniani opened the first FELICE wine bar in Manhattan's Upper East Side in 2007 so New Yorkers could share the spirit of his homeland and the wines of his family's vineyard. An extensive, Italian-driven wine list and a menu of rustic and earnest Tuscan plates are all served in a cozy and inviting atmosphere. Since then, additional locations have opened on the Upper East Side, Midtown West, Financial District and Brooklyn.



@felice.nyc

felicenyc.com



100 FEET

20 FEET

OUTDOOR DINING PROGRAM
 10 TABLES
 GROUND FLOOR

DEPARTMENT OF BUILDINGS CERTIFICATE OF OCCUPANCY

DROUGH MANHATTAN

DATE **FEB 15 1983** NO. **10072**

This certificate supersedes C.O. No.

ZONING DISTRICT **1-5**

THIS CERTIFIES that the ~~new~~-~~altered~~-~~existing~~-~~building~~-premises located at

615 Hudson Street

Block **625**

Lot **13**

CONFORMS SUBSTANTIALLY TO THE APPROVED PLANS AND SPECIFICATIONS AND TO THE REQUIREMENTS OF ALL APPLICABLE LAWS, RULES, AND REGULATIONS FOR THE USES AND OCCUPANCIES SPECIFIED HEREIN

PERMISSIBLE USE AND OCCUPANCY

| STORY | LIVE LOAD LBS PER SQ FT | MAXIMUM NO OF PERSONS PERMITTED | ZONING DWELLING OR ROOMING UNITS | BUILDING CODE HABITABLE ROOMS | ZONING USE GROUP | BUILDING CODE OCCUPANCY GROUP | DESCRIPTION OF USE |
|--|-------------------------------|--|---|--|---------------------|--|---------------------|
| Bellar | O.G. | - | - | - | - | - | Storage |
| 1st Floor | 120 | 70 | - | - | 6 | - | Store, Use Group #6 |
| 2nd Floor | 120 | - | 1 | 1 | 2 | - | One (1) apartment |
| 3rd Floor | 40 | - | 1 | 1 | 2 | - | One (1) apartment |
| 4th Floor | 40 | - | 1 | 1 | 2 | - | One (1) apartment |
| <p>TOTAL: Store and Residential Three (3) Class "A" Apartments Old-Code</p> | | | | | | | |

OPEN SPACE USES _____

(SPECIFY-PARKING SPACES, LOADING BERTHS, OTHER USES, NONE)

**NO CHANGES OF USE OR OCCUPANCY SHALL BE MADE UNLESS
A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINED**

THIS CERTIFICATE OF OCCUPANCY IS ISSUED SUBJECT TO FURTHER LIMITATIONS, CONDITIONS AND SPECIFICATIONS NOTED ON THE REVERSE SIDE.

[Signature]

[Signature]

COMMISSIONER

THAT THE ZONING LOT ON WHICH THE PREMISES IS LOCATED IS BOUNDED AS FOLLOWS:

BEGINNING at a point ^{West} ~~South~~ ^{North} ~~West~~ ^{Hudson Street} ~~12th St.~~ side of ~~12th St.~~ by the intersection of
~~West 12th St.~~ feet ~~thence~~ ~~South~~ ^{North} ~~25'-7 1/4"~~ ^{25'-7 1/4"} feet;
~~West 74'-7"~~ feet; thence ~~South~~ ^{North} ~~24'-0"~~ ^{24'-0"} feet;
~~East 83'-6"~~ feet; thence _____ feet;
 _____ feet; thence _____ feet;
 _____ feet; thence _____ feet;
 _____ feet; thence _____ feet;
 to the point or place of beginning.

374/82
 DATE OF COMPLETION 2/1/83
 OCCUPANCY GROUP CLASSIFICATION ~~Residential~~

CONSTRUCTION CLASSIFICATION Class III-N.F.P.
 HEIGHT 50'-0" STORIES 5 FEET

THE FOLLOWING FIRE DETECTION AND EXTINGUISHING SYSTEMS ARE REQUIRED AND WERE INSTALLED IN COMPLIANCE WITH APPLICABLE LAWS.

| | YES | NO | | YES | NO |
|---|-----|----|----------------------------|-----|----|
| WET PIPE SYSTEM | | | AUTOMATIC SPRINKLER SYSTEM | | |
| WATER MAIN HYDRANT SYSTEM | | | | | |
| WET PIPE FIRE TELEPHONE AND BELL RINGING SYSTEM | | | | | |
| SMOKE DETECTOR | | | | | |
| FIRE ALARM AND SIGNAL SYSTEM | | | | | |

STORM DRAINAGE DISCHARGES INTO:
 A) STORM SEWER B) COMBINED SEWER C) PRIVATE SEWAGE DISPOSAL SYSTEM

SANITARY DRAINAGE DISCHARGES INTO:
 A) SANITARY SEWER B) COMBINED SEWER C) PRIVATE SEWAGE DISPOSAL SYSTEM

LIMITATIONS OR RESTRICTIONS:
 BOARD OF STANDARDS AND APPEALS CAL. NO. _____
 CITY PLANNING COMMISSION CAL. NO. _____
 OTHERS: _____

Handwritten initials/signature