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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)

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### **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): 3 of Cups LLC

Trade name (DBA): Three of Cups

Premises address: 150 Sullivan Street

Cross Streets and other addresses used for building/premise:  
Prince Street + Houston Street

**CONTACT INFORMATION:**

Principal(s) Name(s): Michael Polesny

Office or Home Address: [REDACTED]

City, State, Zip: NY NY 10014

Telephone #: [REDACTED] email: [REDACTED]

Landlord Name / Contact: Luba Herzog Cohen

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>Santo Vicenzino</u>	<u>N/A</u>
<u>Riccardo Vicenzino</u>	<u>N/A</u>
_____	_____

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):  
Wine Bar with Full Kitchen  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

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 Un Known

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: 5 Year Built: \_\_\_\_\_

Describe neighboring buildings:  
Landmarked

Zoning Designation: \_\_\_\_\_

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

Block and Lot Number: 518 / 32

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 COVID Seating

What is the proposed Occupancy? \_\_\_\_\_

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? 52

If yes, what is the use group for the premises? Group 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: \_\_\_\_\_



**INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? \_\_\_\_\_

If more than one floor, please specify square footage by floors: 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? \_\_\_\_\_

How many entrances are there? \_\_\_\_\_ How many exits? \_\_\_\_\_ How many bathrooms? \_\_\_\_\_

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

**OVERALL SEATING INFORMATION:**

Total number of tables? 8 Total table seats? 30

Total number of bars? 1 Total bar seats? 12

Total number of "other" seats? 10 please explain: COVID SEATING

Total OVERALL number of seats in Premises: 52

**BARS:**

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 12

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: \_\_\_\_\_  
\_\_\_\_\_

\* 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: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:

7Am to 12Am 7Am to 12Am 7Am to 12Am 7Am to 12Am 7Pm to 12Am 7Am to 12Am 7Am to 12Am

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? ) 2

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: \_\_\_\_\_

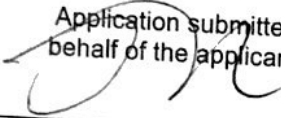
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Application submitted on behalf of the applicant by:



Signature

Print or Type Name

Michael Polesny

Title

Managing 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



#3021

Rick D. Chandler, PE  
Commissioner

January 09 2017

Joseph Bruno, RA  
Dep. Borough Commissioner  
[jbruno@buildings.nyc.gov](mailto:jbruno@buildings.nyc.gov)

280 Broadway, 3rd Fl.  
New York, NY 10007  
[www.nyc.gov/buildings](http://www.nyc.gov/buildings)  
212-393-2018  
646-500-5170

Dana E. Christian, Director  
Licensing Issuance Division  
New York State Liquor Authority  
317 Lenox Avenue, 4<sup>th</sup> floor  
New York, NY 10027

Re: **150 Sullivan Street**  
**Block: 518**  
**Lot: 32**  
**Zoning: R7-2**  
**Manhattan**

To Whom It May Concern:

This is in response to your request dated November 28, 2016, for Letter of No Objection for **150 Sullivan Street**. There is no Certificate of Occupancy on file for this address. The block and lot records for this property indicates that on the 1<sup>st</sup> floor there is a commercial space.

Therefore, this Department has **No Objection** to a **Retail Store**, Use Group #6, on the **first (1<sup>st</sup>)** floor of the above referenced premises.

If this building is hereafter altered or its use changes, an application for such alteration work or change of use must be filed and a Certificate of Occupancy shall be issued pursuant to Article 22 of Sub-Chapter 1 of the Administrative Code of the City of New York.

Please contact me if you have any additional questions or concerns regarding this matter. For more specific property information, please visit the "Building Information System" on our web site: [www.nyc.gov/buildings](http://www.nyc.gov/buildings).

Sincerely,

  
**JOSEPH BRUNO, RA**

Joseph Bruno, RA  
Deputy Borough Commissioner  
Manhattan

JB/pm

Cc: Martin Rebholz, RA, Borough Commissioner  
Ginjo Topino, Plan Examiner  
Premises File  
LNO Files

OFFICE USE ONLY

Original

Amended

Date \_\_\_\_\_

# LICENSE

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## APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

*It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.*

### 1. APPLICANT

Name of Applicant:

(e.g. Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)

**3 OF CUPS LLC**

Trade Name (DBA): (see instructions) \*\* must be provided if premises will be called by any name other than as listed in the "Name of Applicant"

**THREE OF CUPS**

Premises Street Address: **150 SULLIVAN STREET**

City: **NEW YORK**

NY Zip Code: **10012**

County: **NY**

Telephone Number of Premises (include area code) [REDACTED]

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

E-mail address (required): [REDACTED]

Business Website: \_\_\_\_\_

### 2. CONTACT (if different than applicant)

Name of Contact:

**ANTHONY BIANCHI**

Attorney

Representative

Contact Person

Office Address: [REDACTED]

City: **BRONX**

State: **NY**

Zip Code: **10461**

Telephone Number of Office (include area code): [REDACTED]

E-mail address (required): [REDACTED]

3. For SEASONAL licenses only (select license date range): \_\_\_\_\_ to: \_\_\_\_\_

4. Number of ADDITIONAL BARS (if any): \_\_\_\_\_

5. Which season will the add bars operate: \_\_\_\_\_

6. Federal Tax ID Number: [REDACTED]

7. Certificate of Authority to Collect NYS Sales Tax: \_\_\_\_\_

[OFFICE USE ONLY]

DATE FILED: \_\_\_\_\_

SERIAL #: \_\_\_\_\_

Approved

Disapproved

License Board Member \_\_\_\_\_

Date \_\_\_\_\_

**8. TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS** (attach additional sheets if necessary)

Name of Individual/Partner	Residence	Social Security #:	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Individual/Partner	Residence	Social Security #:	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Individual/Partner	Residence	Social Security #:	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Individual/Partner	Residence	Social Security #:	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**9. TO BE FILLED IN ONLY BY CORPORATION OR LLC/LLP APPLICANTS** (attach additional sheets if necessary)

Please list the names and addresses of Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

Name of Principal	<input style="width: 100%;" type="text"/>		
<b>MICHAEL POLESNY</b>	<input style="width: 100%;" type="text"/>		
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth	
<b>MANAGING MEMBER</b>	<b>34%</b>	<input style="width: 100%;" type="text"/>	
Name of Principal	<input style="width: 100%;" type="text"/>		
<b>SANTO VICENZINO</b>	<input style="width: 100%;" type="text"/>		
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth	
<b>MEMBER</b>	<b>33%</b>	<input style="width: 100%;" type="text"/>	
Name of Principal	Residence	Social Security #	
<b>RICCARDO VICENZINO</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth	
<b>MEMBER</b>	<b>33%</b>	<input style="width: 100%;" type="text"/>	
Name of Principal	Residence	Social Security #	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

**Note**

- \*If 10 or less shareholders, list all stockholders, officers, directors, LLC members and LLC managers, if any. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for all.
- \*If more than 10 shareholders, list all shareholders owning 10% or more of any class of its shares. Also, include any officers, directors, shareholders, LLC members, LLC managers and trustees. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. Provide a listing of all other shareholders owning less than 10% interest. Include their name, home address, social security number, date of birth, shares or percentage of ownership, title, citizenship and any statutory disqualifications.
- \*Not-For-Profit Corporations, list all principal officers and any director/trustee who is compensated on the license. Trustees/Directors who are not compensated do not need to submit a Personal Questionnaire or fingerprints. However, the applicant must submit a list with the name and address of each such individual along with a statement that each such individual is eligible to hold a license. Applicants that have filed for a Club License only need to list a single individual as the Alcoholic Beverage Control Officer.

Original

Amended

Date \_\_\_\_\_

## RIGHT TO PREMISES

### 1. RIGHT TO PREMISES

1a. By what right does the applicant have possession of the premises?

- Own   
  Lease   
  Sub-Lease   
  Binding contract to acquire real property   
  Written intent to lease

Other (explain):

If leasing, the lease must run for the full term of the license period or at least be renewable to cover the full term. Month to month leases or month to month renewal terms are not acceptable. The tenant name on the lease must match the applicant name exactly.

1b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business?     Yes     No

If YES please list the section/page of the lease this information can be found.

### 2. OTHER INTERESTED PARTIES

Does or will anyone other than the applicant/principals share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?     Yes     No

If YES, please state the names and addresses of such persons, the nature and percent of their share and date acquired.

Name	Address	Nature of Interest	Date Acquired
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord. This form must be completed and submitted regardless of whether the property owner is a third party landlord or the applicant.

1 Name of Landlord (as it appears on lease and deed)

**LUBA HERZOG COHEN**

2 Landlord Mailing Address

Street Address: [REDACTED]

City: **NY**

State: **NY**

Zip Code: **10012**

3 Telephone Number of Landlord:

[REDACTED]

4 Landlord Principals (ALL landlord principals must be disclosed below)

Name: **349 COMMERCIAL LP** Address (if different than Landlord's mailing address above): \_\_\_\_\_

Name: \_\_\_\_\_ Address (if different than Landlord's mailing address above): \_\_\_\_\_

Name: \_\_\_\_\_ Address (if different than Landlord's mailing address above): \_\_\_\_\_

Name: \_\_\_\_\_ Address (if different than Landlord's mailing address above): \_\_\_\_\_

5 Are any persons listed on this Landlord Identification Form currently or previously licensed under the ABC Law?

Yes  No

Serial Number: \_\_\_\_\_ Licensee Name: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Licensee Name: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Licensee Name: \_\_\_\_\_

6 Are any persons listed on this form police officers?

Yes  No

If yes, list names below

Name: \_\_\_\_\_

Name: \_\_\_\_\_

7 List number of years real property has been owned or legally controlled by the landlord.

[REDACTED]



### FINANCIAL DISCLOSURE

Applicants must demonstrate the costs and the sources of funding for this venture. All investors must be disclosed. Personal Questionnaires must be submitted for all investors, joint account holders, donors or lenders (excluding banking institutions).

The Total Investment (Total Cash plus the Total Borrowed) must equal or exceed the Total Expenses.

#### 1. EXPENSES (Actual or Estimated)

1a. Real Property (if purchased within the past year by the applicant or any of its principals):	<input type="text"/>
1b. Purchase/Contract Price of Business (submit copy of contract):	<input type="text"/>
1c. Renovations/Improvement Costs (e.g., furnishings, fixtures, etc.):	52,000
1d. Miscellaneous (any other expense related to this venture):	4,000
<b>TOTAL EXPENSES</b> Total of lines 1a through 1d	<b>56,000</b>

#### 2. CASH\*

\*Cash includes funds on hand that do not need to be repaid. For example, checking or savings accounts or gifted funds. Attach copies of bank statements or other financial documentation for EACH source of cash.

<input checked="" type="checkbox"/>	<input type="text"/>	Dollar Amount	<input type="text"/>
2b. Source of Funds	Personal Questionnaire attached <input type="checkbox"/>	Dollar Amount	<input type="text"/>
2c. Source of Funds	Personal Questionnaire attached <input type="checkbox"/>	Dollar Amount	<input type="text"/>
<b>TOTAL CASH</b> Total of All Cash Expended			<b>56,000</b>

#### 3. BORROWED\*

\*Borrowed funds include funds that must be repaid. For example, loans, mortgages, lines of credit and promissory notes. Attach copies of agreements or other financial documentation for EACH source of borrowed monies.

3a. Source of Funds	Personal Questionnaire attached <input type="checkbox"/>	Dollar Amount	<input type="text"/>
3b. Source of Funds	Personal Questionnaire attached <input type="checkbox"/>	Dollar Amount	<input type="text"/>
3c. Source of Funds	Personal Questionnaire attached <input type="checkbox"/>	Dollar Amount	<input type="text"/>
<b>TOTAL BORROWED</b> Total of All Borrowed Funds			<b>0</b>
<b>TOTAL INVESTMENT</b> Total Cash plus Total Borrowed			<b>56,000</b>

4. Have all investors been disclosed in this application?  
 Yes  No

The following person(s) MAY NOT invest in a retail license to traffic in alcoholic beverages: convicted felons, persons under the age of twenty-one (21), police officers and anyone with an interest in a wholesale or manufacturing license.

### 500 FOOT LAW STATEMENT

**Applicants for on premises liquor licenses must complete this section  
(Not required for on premises beer or wine applicants)**

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b, 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on premises liquor establishments and the population of the municipality is 20,000 or more. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

**The Proposed Premises (check the appropriate box below):**

- IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500 FOOT RADIUS, UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.)
- NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.
- NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000
- NOT APPLICABLE - BEER, WINE AND CIDER ONLY

**IMPORTANT:**

**YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES**

For assistance, use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If a premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

**FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.**



Print YOUR Name **RICCARDO SANTO**

**3. RESIDENCE HISTORY**

List your residence history for the past FIVE (5) years to the PRESENT DATE.

Address	From (mm/yyyy)	To (mm/yyyy)
11 PROSPECT AVE POMPTON PLNS NJ 07444	03/2008	06/2021

**4. EMPLOYMENT HISTORY**

List your employment history for the past FIVE (5) years to PRESENT DATE.  
Also, list any employment history that shows experience in the alcohol industry.  
Add additional sheets if necessary.

From (mm/yyyy)	To (mm/yyyy)	Employer
03/2019	06/2021	SELF

Position	Employer Address
ARCHITECT	11 PROSPECT AVE POMPTON PLNS NJ

Type of Business
ARCHITECT

From (mm/yyyy)	To (mm/yyyy)	Employer

Position	Employer Address

Type of Business

OFFICE USE ONLY

Original     Amended    Date \_\_\_\_\_

Print YOUR Name **RICCARDO VICENZINO**

**5. LICENSE HISTORY / AFFILIATIONS**

5(a) If you are an applicant (e.g., proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business?     Yes     No

5(b) Will you take an active part in the operation of the business to be licensed?     Yes     No  
 If YES, please explain the nature of activity and the hours you will devote to the business (hours, days, responsibilities):

7PM-12AM FRIDAY & SATURADAY

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans?     Yes     No

If YES, please provide information below:

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_

Type of Interest \_\_\_\_\_ Date Interest Began \_\_\_\_\_ License Serial Number \_\_\_\_\_

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_

Type of Interest \_\_\_\_\_ Date Interest Began \_\_\_\_\_ License Serial Number \_\_\_\_\_

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_

Type of Interest \_\_\_\_\_ Date Interest Began \_\_\_\_\_ License Serial Number \_\_\_\_\_

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Print YOUR Name

RICCARDO VICENZINO

14

**5. LICENSE HISTORY / AFFILIATIONS**

5(d) Other than as Itemized in 5(c) above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership, limited partnership, limited liability entity or corporation in which you are/were a principal?  Yes  No

If YES, please provide information below:

Name of Applicant \_\_\_\_\_ Address of Premises \_\_\_\_\_

Disposition \_\_\_\_\_ Date of Filing \_\_\_\_\_ License Serial Number \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Address of Premises \_\_\_\_\_

Disposition \_\_\_\_\_ Date of Filing \_\_\_\_\_ License Serial Number \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Address of Premises \_\_\_\_\_

Disposition \_\_\_\_\_ Date of Filing \_\_\_\_\_ License Serial Number \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Address of Premises \_\_\_\_\_

Disposition \_\_\_\_\_ Date of Filing \_\_\_\_\_ License Serial Number \_\_\_\_\_

5(e) Has a license or permit listed above been REVOKED, CANCELLED or otherwise Involuntarily Terminated?  Yes  No

If YES, please provide information below:

\_\_\_\_\_

5(f) Are you a police commissioner or law enforcement / police officer?  Yes  No

If YES, please provide details:

\_\_\_\_\_

OFFICE USE ONLY		
Original	Amended	Date

Print YOUR Name RICCARDO VICENZINO

**6 CONVICTION RECORD AND PENDING CRIMINAL CASES**

4. Have you or your spouse ever been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualifications) which would forbid a person to traffic in alcoholic beverages?

YOU  Yes  No  
 SPOUSE  Yes  No

If YES, please provide details:

5. Have you or your spouse ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony, misdemeanor, driving while intoxicated (DWI), or driving while ability impaired (DWAI)?

YOU  Yes  No  
 SPOUSE  Yes  No

If the applicant answers YES, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an Affidavit explaining all details.

If the Spouse answers YES to this question, please submit a Personal Questionnaire for the Spouse along with a Certificate of Disposition.

6. If you have previously been approved for a license and had been convicted of any felony, misdemeanor or other type of offense except minor traffic violations, were all convictions reported to the Authority?

YOU  Yes  No  
 Not Applicable

NO please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an affidavit explaining all details.

SPOUSE  Yes  No  
 Not Applicable

7. Are there any ARRESTS, INDICTMENTS or SUMMONSES PENDING against you or your spouse - including driving while intoxicated or impaired?

YOU  Yes  No  
 SPOUSE  Yes  No

If YES, please provide a copy of the Accusatory Instrument.

8. Do you have any relationship with the current / past owner of the business at this location?

YOU  Yes  No  
 SPOUSE  Yes  No

If YES, please state exactly what the relationship is. (e.g., family member, friend, employer, etc.)

B. Signature: Riccardo Vicenzino

Date: 6/23/21



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14

### PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full. (e.g., lenders, donors, guarantors and managers must also complete this questionnaire.)
- b. If you are a lender, donor or guarantor you must state your relationship to the applicant.
- c. Make duplicate blank forms as necessary.
- d. Answer all questions below.
- e. Attach additional sheets if more space is needed.

Name of Applicant **3 OF CUPS LLC**

#### 1. STATE OF IDENTIFICATION

Print YOUR name **MICHAEL POLESNY** Date of Birth [REDACTED] Social Security Number [REDACTED]

Residence Street Address [REDACTED] Gender  Male  Female

City **NEW YORK** State **NY** Zip Code **10014** Residence Telephone [REDACTED] Cellular Telephone [REDACTED]

E-mail Address [REDACTED] U.S Citizen  Yes  No If NOT U.S. citizen - country of citizenship [REDACTED]

Married  Yes  No If Married, Spouse Name [REDACTED] Spouse Social Security Number [REDACTED]

#### 2. POSITION (or interest) you will hold (check each);

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> President        | <input type="checkbox"/> Director             | <input type="checkbox"/> Stockholder → [REDACTED] Number of shares owned    |
| <input type="checkbox"/> Vice President   | <input checked="" type="checkbox"/> Manager   | <input checked="" type="checkbox"/> LLC Member → 34 Percentage of ownership |
| <input type="checkbox"/> Secretary        | <input type="checkbox"/> Partner              | <input type="checkbox"/> LLC Manager  |
| <input type="checkbox"/> Treasurer        | <input type="checkbox"/> General Partner      | <input type="checkbox"/> Lender*  |
| <input type="checkbox"/> Chairman         | <input type="checkbox"/> Limited Partner      | <input type="checkbox"/> Donor*   |
| <input type="checkbox"/> Officer          | <input type="checkbox"/> Sole Proprietor      | <input type="checkbox"/> Guarantor*   |
| <input type="checkbox"/> ABC Officer      | <input type="checkbox"/> Joint Account Holder | <input type="checkbox"/> Trustee  |
| <input type="checkbox"/> Other (describe) | [REDACTED]                                    |   |

\*If Lender, Donor, or Guarantor please state your relationship to the applicant.

[REDACTED]



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14

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Original    Amended   Date \_\_\_\_\_

14

Print YOUR Name **MICHAEL POLESNY**

### 3. RESIDENCE HISTORY

List your residence history for the past FIVE (5) years to the PRESENT DATE.

Address		From (mm/yyyy)	To (mm/yyyy)
		03/2014	06/2021
Address		From (mm/yyyy)	To (mm/yyyy)
Address		From (mm/yyyy)	To (mm/yyyy)
Address		From (mm/yyyy)	To (mm/yyyy)

### 4. EMPLOYMENT HISTORY

List your employment history for the past FIVE (5) years to PRESENT DATE.  
Also, list any employment history that shows experience in the alcohol industry.  
Add additional sheets if necessary.

From (mm/yyyy)	To (mm/yyyy)	Employer
Position	Employer Address	
PROFESSOR		
Type of Business		
COLLEGE		

From (mm/yyyy)	To (mm/yyyy)	Employer
Position	Employer Address	
Type of Business		

From (mm/yyyy)	To (mm/yyyy)	Employer
Position	Employer Address	
Type of Business		

OFFICE USE ONLY  
 Original    Amended   Date \_\_\_\_\_

Print YOUR Name

MICHAEL POLESNY

**5. LICENSE HISTORY / AFFILIATIONS**

5(a) If you are an applicant (e.g., proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business?    Yes    No

5(b) Will you take an active part in the operation of the business to be licensed?    Yes    No

If YES, please explain the nature of activity and the hours you will devote to the business (hours, days, responsibilities):

3PM TILL 10PM WEDNESDAY TO SUNDAY

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans?    Yes    No

If YES, please provide information below:

Business Name	Business Address

Type of Interest	Date Interest Began	License Serial Number

Business Name	Business Address

Type of Interest	Date Interest Began	License Serial Number

Business Name	Business Address

Type of Interest	Date Interest Began	License Serial Number

OFFICE USE ONLY  
 Original  Amended Date \_\_\_\_\_

14

OFFICE USE ONLY  
 Original  Amended Date \_\_\_\_\_

14

Print YOUR Name

MICHAEL POLESNY

**5. LICENSE HISTORY / AFFILIATIONS**

5(d) Other than as itemized in 5(c) above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership, limited partnership, limited liability entity or corporation in which you are/were a principal?  Yes  No

If YES, please provide information below:

Name of Applicant	Address of Premises	

Disposition	Date of Filing	License Serial Number

Name of Applicant	Address of Premises	

Disposition	Date of Filing	License Serial Number

Name of Applicant	Address of Premises	

Disposition	Date of Filing	License Serial Number

Name of Applicant	Address of Premises	

Disposition	Date of Filing	License Serial Number

5(e) Has a license or permit listed above been REVOKED, CANCELLED or otherwise Involuntarily Terminated?  Yes  No

If YES, please provide information below:

5(f) Are you a police commissioner or law enforcement / police officer?  Yes  No

If YES, please provide details:

Original Amended

Date \_\_\_\_\_

Print YOUR Name \_\_\_\_\_

**6. CONVICTION RECORD AND PENDING CRIMINAL CASES**

6(a) Have you or your spouse ever been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualifications) which would forbid a person to traffic in alcoholic beverages?

YOU  Yes  NoSPOUSE  Yes  No

If YES, please provide details

6(b) Have you or your spouse ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony, misdemeanor, driving while intoxicated (DWI), or driving while ability impaired (DWA)?

YOU  Yes  NoSPOUSE  Yes  No

*If the applicant answers YES, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an Affidavit explaining all details.*

*If the Spouse answers YES to this question, please submit a Personal Questionnaire for the Spouse along with a Certificate of Disposition.*

6(c) If you have previously been approved for a license and had been convicted of any felony, misdemeanor or other type of offense except minor traffic infractions, were all convictions reported to the Authority?

YOU  Yes  No Not ApplicableSPOUSE  Yes  No Not Applicable

*If NO, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an affidavit explaining all details.*

6(d) Are there any ARRESTS, INDICTMENTS or SUMMONSES PENDING against you or your spouse - including driving while intoxicated or impaired?

YOU  Yes  NoSPOUSE  Yes  No

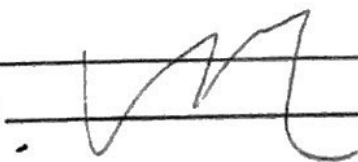
*If YES, please provide a copy of the Accusatory Instrument.*

7. Do you have any relationship with the current / past owner of the business at this location?

YOU  Yes  NoSPOUSE  Yes  No

*If YES, please state exactly what the relationship is. (e.g., family member, friend, employer, etc.)*

8. Signature: \_\_\_\_\_



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

6-23-21

### PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full (e.g., lenders, donors, guarantors and managers must also complete this questionnaire.)
- b. If you are a lender, donor or guarantor you must state your relationship to the applicant.
- c. Make duplicate blank forms as necessary.
- d. Answer all questions below.
- e. Attach additional sheets if more space is needed.

Name of Applicant

#### 1. STATE OF IDENTIFICATION

Print YOUR name  Date of Birth  Social Security Number

Residence Street Address  Gender  Male  Female

City  State  Zip Code  Residence Telephone  Cellular Telephone

E-mail Address  U.S. Citizen  Yes  No If NOT U.S. citizen - country of citizenship

Married  Yes  No If Married, Spouse Name  Spouse Social Security Number

#### 2. POSITION (or interest) you will hold (check each);

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> President                                      | <input type="checkbox"/> Director             | <input type="checkbox"/> Stockholder → <input type="text" value=""/> Number of shares owned              |
| <input type="checkbox"/> Vice President                                 | <input checked="" type="checkbox"/> Manager   | <input checked="" type="checkbox"/> LLC Member → <input type="text" value="33"/> Percentage of ownership |
| <input type="checkbox"/> Secretary                                      | <input type="checkbox"/> Partner              | <input type="checkbox"/> LLC Manager   |
| <input type="checkbox"/> Treasurer                                      | <input type="checkbox"/> General Partner      | <input type="checkbox"/> Lender*   |
| <input type="checkbox"/> Chairman                                       | <input type="checkbox"/> Limited Partner      | <input type="checkbox"/> Donor*  |
| <input type="checkbox"/> Officer  | <input type="checkbox"/> Sole Proprietor      | <input type="checkbox"/> Guarantor*  |
| <input type="checkbox"/> ABC Officer                                    | <input type="checkbox"/> Joint Account Holder | <input type="checkbox"/> Trustee   |
| <input type="checkbox"/> Other (describe) <input type="text" value=""/> |   |  |

\*If Lender, Donor, or Guarantor please state your relationship to the applicant.



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 Original  Amended Date \_\_\_\_\_

Print YOUR Name **SANTO VICENZINO**

**5. LICENSE HISTORY / AFFILIATIONS**

5(a) If you are an applicant (e.g., proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business?  Yes  No

5(b) Will you take an active part in the operation of the business to be licensed?  Yes  No

If YES, please explain the nature of activity and the hours you will devote to the business (hours, days, responsibilities):

7PM-12AM SATURADAY & SUNDAY

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans?  Yes  No

If YES, please provide information below:

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_

Type of Interest \_\_\_\_\_ Date Interest Began \_\_\_\_\_ License Serial Number \_\_\_\_\_

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_

Type of Interest \_\_\_\_\_ Date Interest Began \_\_\_\_\_ License Serial Number \_\_\_\_\_

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_

Type of Interest \_\_\_\_\_ Date Interest Began \_\_\_\_\_ License Serial Number \_\_\_\_\_



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Original    Amended   Date \_\_\_\_\_

Print YOUR Name SANTO VICENZINO

**5. LICENSE HISTORY / AFFILIATIONS**

5(d) Other than as itemized in 5(c) above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership, limited partnership, limited liability entity or corporation in which you are/were a principal?       Yes     No

If YES, please provide information below:

Name of Applicant	Address of Premises

Disposition	Date of Filing	License Serial Number

Name of Applicant	Address of Premises

Disposition	Date of Filing	License Serial Number

Name of Applicant	Address of Premises

Disposition	Date of Filing	License Serial Number

Name of Applicant	Address of Premises

Disposition	Date of Filing	License Serial Number

5(e) Has a license or permit listed above been REVOKED, CANCELLED or otherwise Involuntarily Terminated?       Yes     No

If YES, please provide information below:

5(f) Are you a police commissioner or law enforcement / police officer?       Yes     No

If YES, please provide details.



Original Amended

Date \_\_\_\_\_

Print YOUR Name **SANTO VICENZINO****6. CONVICTION RECORD AND PENDING CRIMINAL CASES**

6(a) Have you or your spouse ever been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualifications) which would forbid a person to traffic in alcoholic beverages?

YOU  Yes  No  
 SPOUSE  Yes  No

If YES, please provide details

6(b) Have you or your spouse ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony, misdemeanor, driving while intoxicated (DWI), or driving while ability impaired (DWAI)?

YOU  Yes  No  
 SPOUSE  Yes  No

*If the applicant answers YES, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an Affidavit explaining all details.*

*If the Spouse answers YES to this question, please submit a Personal Questionnaire for the Spouse along with a Certificate of Disposition.*

6(c) If you have previously been approved for a license and had been convicted of any felony, misdemeanor or other type of offense except minor traffic infractions, were all convictions reported to the Authority?

YOU  Yes  No  
 Not Applicable

*If NO, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an affidavit explaining all details.*

SPOUSE  Yes  No  
 Not Applicable

6(d) Are there any ARRESTS, INDICTMENTS or SUMMONSES PENDING against you or your spouse - including driving while intoxicated or impaired?

YOU  Yes  No  
 SPOUSE  Yes  No

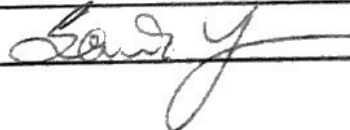
*If YES, please provide a copy of the Accusatory Instrument.*

7. Do you have any relationship with the current / past owner of the business at this location?

YOU  Yes  No  
 SPOUSE  Yes  No

*If YES, please state exactly what the relationship is. (e.g., family member, friend, employer, etc.)*

8. Signature: \_\_\_\_\_



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

6-23-21

**STATEMENT OF AREA PLAN**  
200 Foot Law

**THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE**

1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH or PLACE OF WORSHIP WITHIN 300 FEET
2. Is the premises within 200 feet of ANY SCHOOL, CHURCH or PLACE OF WORSHIP? (exclusive use as a church or place of worship will be determined by this agency) (please respond "YES" if ANY school, church or place of worship is within 200 feet)  
 Yes     No
3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses and residences labeled) showing the location of any school, church or place of worship (8-1/2" x 11")

Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.

*Attach additional sheets if necessary.*

**ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN**

1. Name of church/school:	<input style="width: 100%;" type="text"/>
Address:	<input style="width: 100%;" type="text"/>
Distance:	<input style="width: 100%;" type="text"/>
2. Name of church/school:	<input style="width: 100%;" type="text"/>
Address:	<input style="width: 100%;" type="text"/>
Distance:	<input style="width: 100%;" type="text"/>
3. Name of church/school:	<input style="width: 100%;" type="text"/>
Address:	<input style="width: 100%;" type="text"/>
Distance:	<input style="width: 100%;" type="text"/>

For assistance use the "GIS MAPS - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

**If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.**

**If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.**

**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: <input type="text" value="Customer Bar"/>	Bar Type: <input type="text"/>	Bar Type: <input type="text"/>
Length: <input type="text" value="14 FT"/>	Length: <input type="text"/>	Length: <input type="text"/>
Shape: <input type="text" value="Square/Rectangular"/>	Shape: <input type="text"/>	Shape: <input type="text"/>
Location: <input type="text" value="1st Floor/Ground"/>	Location: <input type="text"/>	Location: <input type="text"/>

Attach additional sheets if there are more than 3 bars.

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<input type="radio"/> Original	<input type="radio"/> Amended
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:

8 HOURS PER DAY

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)

- |   |                               |                                  |                                   |                                 |
|---|-------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Sidewalk Cafe                          | <input type="checkbox"/> Deck | <input type="checkbox"/> Patio   | <input type="checkbox"/> Porch    | <input type="checkbox"/> Gazebo |
| <input type="checkbox"/> Rooftop                                | <input type="checkbox"/> Yard | <input type="checkbox"/> Balcony | <input type="checkbox"/> Pavilion | <input type="checkbox"/> Tent   |
| <input type="checkbox"/> Other (describe): <input type="text"/> |                               |                                  |                                   |                                 |

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.

- |   |                               |                                    |                                 |                                     |
|---|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Fencing                                | <input type="checkbox"/> Wall | <input type="checkbox"/> Shrubbery | <input type="checkbox"/> Roping | <input type="checkbox"/> Stanchions |
| <input type="checkbox"/> Other (describe): <input type="text"/> |                               |                                    |                                 |                                     |

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

### 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?     Yes     No  
*(If YES, please provide details on a separate sheet)*

1a. If the premises is not a catering establishment, will the premises periodically close to host private events?     Yes     No

If YES, how frequently?

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:

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Original     Amended    Date \_\_\_\_\_

### APPLICANT STATEMENT

I, [print name] Michael Polesny  
 (the  sole proprietor,  partner,  corporate principal or,  LLC/LLP member)

understand that the State Liquor Authority will rely on each and every answer in the application and accompanying documents in reaching its determination and state, under penalty of perjury, that all statements and representations therein are true to the best of my knowledge and belief; and

I state that the location and description of the premises to be licensed does not violate any requirement of the ABC law or other state or local ordinances; and

I understand that if any change occurs in the information provided to the Authority in the application, the licensee must notify the Authority by certified mail within 48 hours and if any change occurs after receipt of the license, the licensee must notify the Authority by certified mail within 10 days. I understand that failure to give such notice may result in disapproval of the application or revocation or non-renewal of any license for which this application is submitted; and

I understand that the licensee will be bound by the statements and representations made in the application, including, but not limited to the licensee's method of operation and the identity of persons with an ownership or financial interest in the licensed premises; and that all statements and representations made become conditions of the license; and

I understand that any physical alterations to, or changes to the size of the area used for the sale and consumption of alcoholic beverages, must be reported to the Authority and may require the approval of the Authority; and

I understand that the licensee must keep the Authority advised of any change in the mailing addresses of the licensee, the licensee's principals, and the licensee's landlord.

I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the application may result in revocation of any license for which the application was submitted; and

I understand that any false statement or misrepresentation will constitute cause for disapproval of the application or revocation or non-renewal of any license for which this application is submitted.

Signature 

Date 6-23-21



OFFICE USE ONLY

Original    Amended   Date \_\_\_\_\_

## STATE OF NEW YORK NOTICE OF APPEARANCE

Section 166 of the Executive Law requires a regulatory agency to maintain for public inspection, a record of who appears before it, for a fee as a third party (e.g., an attorney, an agent, lobbyist\*, or representative) on behalf of a person or organization subject to the regulatory jurisdiction of the agency. This usually occurs when the third party's client is involved in an enforcement, formal permit, or application matter. This form is subject to all the rules and regulations of the Freedom of Information Law. Information that is confidential as a matter of law need not be furnished.

Agency: NYS Liquor Authority / Division of Alcoholic Beverage Control

Date: 6/22/21

Division / Bureau: \_\_\_\_\_

**1. Name of individual appearing:**

Address: Anthony Bisnchi  
 Telephone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**2. Client represented:**

3 of Cups LLC  
 Address: 150 Sullivan ST NY NY 10012  
 Telephone: 646-660-1279

**3. Subject of appearance:**    Regulatory / Enforcement    Lobbying

\_\_\_\_\_

**4. Acting in the capacity of:**    Attorney    Lobbyist    Agent    Other (describe below)

Description: Rep

**5. Are you being compensated:**    Yes    No  
 If YES, Check FEE or SALARY:    FEE    SALARY

**6. Signature of individual appearing:** Anthony Bisnchi

**7. Agency official (printed name):** \_\_\_\_\_

Signature: \_\_\_\_\_

\*A LOBBYIST is a person or organization, other than a New York State government employee acting in an official capacity, who appears for the purpose of influencing the adoption or rejection of proposed rules, regulations, rates, legislation, including the State budget or the specification or award of a State Procurement Contract. An "appearance" for lobbying purposes can be a personal visit, letter, telephone call, conversation at a meeting, or any other type of contact, but does not include "on the record" proceedings or hearings.

Convenience Store

APT Building

← Prince Street →

Restaurant

APT Building

Pvt Home

APT Building

Restaurant

Empty

Restaurant \*

Real Estate

Laundry

Empty

Rectory

Empty

Bakery

Salon

Parking Lot

←

Restaurant

↑

Sullivan

Street

↓

Restaurant

APT Building

Bakery

Ceramic Store

APT Building

APT Building

Empty Store

Laundry

Meat Market

Restaurant

Church

Houston Street

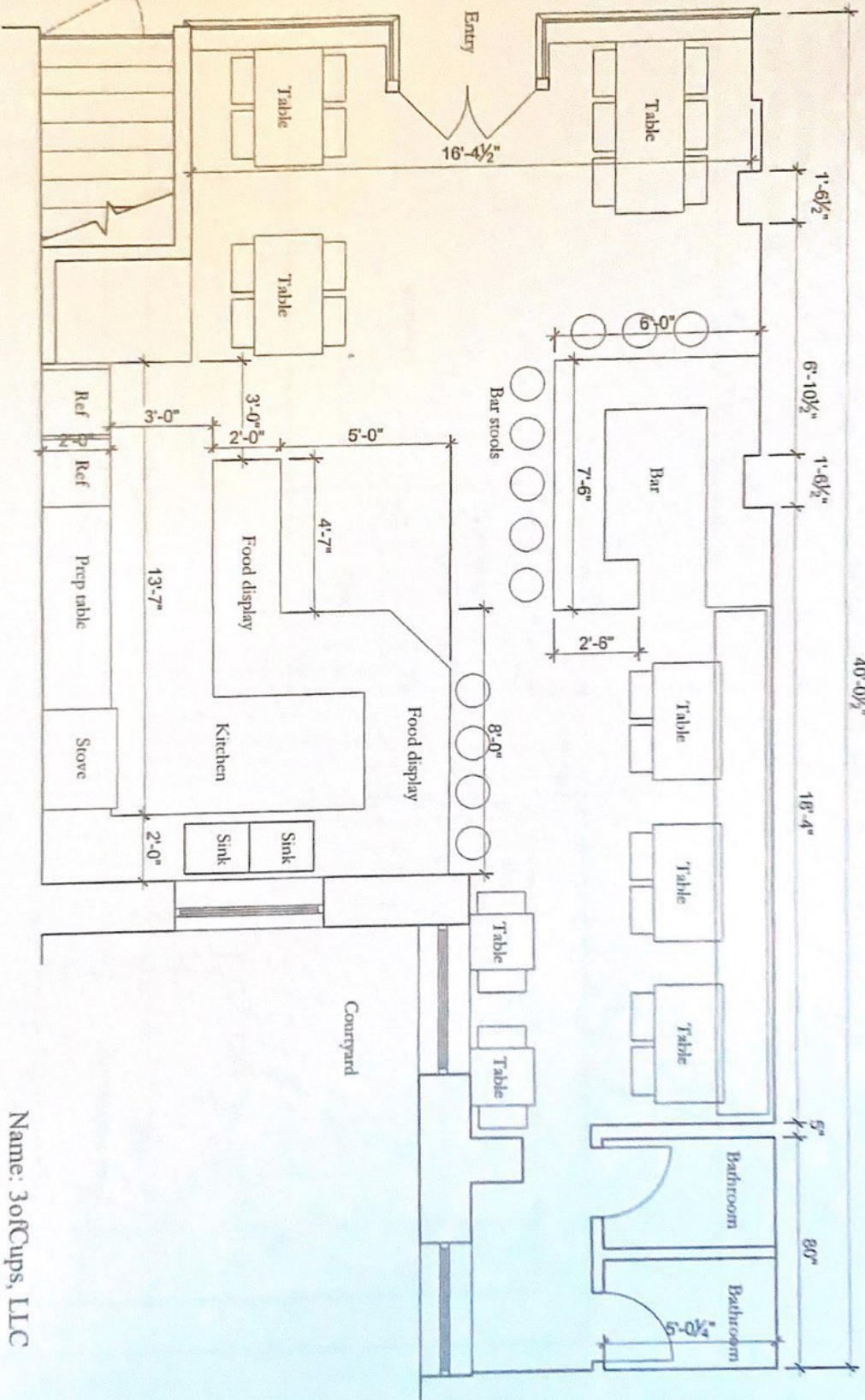
→

Restaurant



Three of Cups  
NEW YORK CITY

40'-0 1/2"

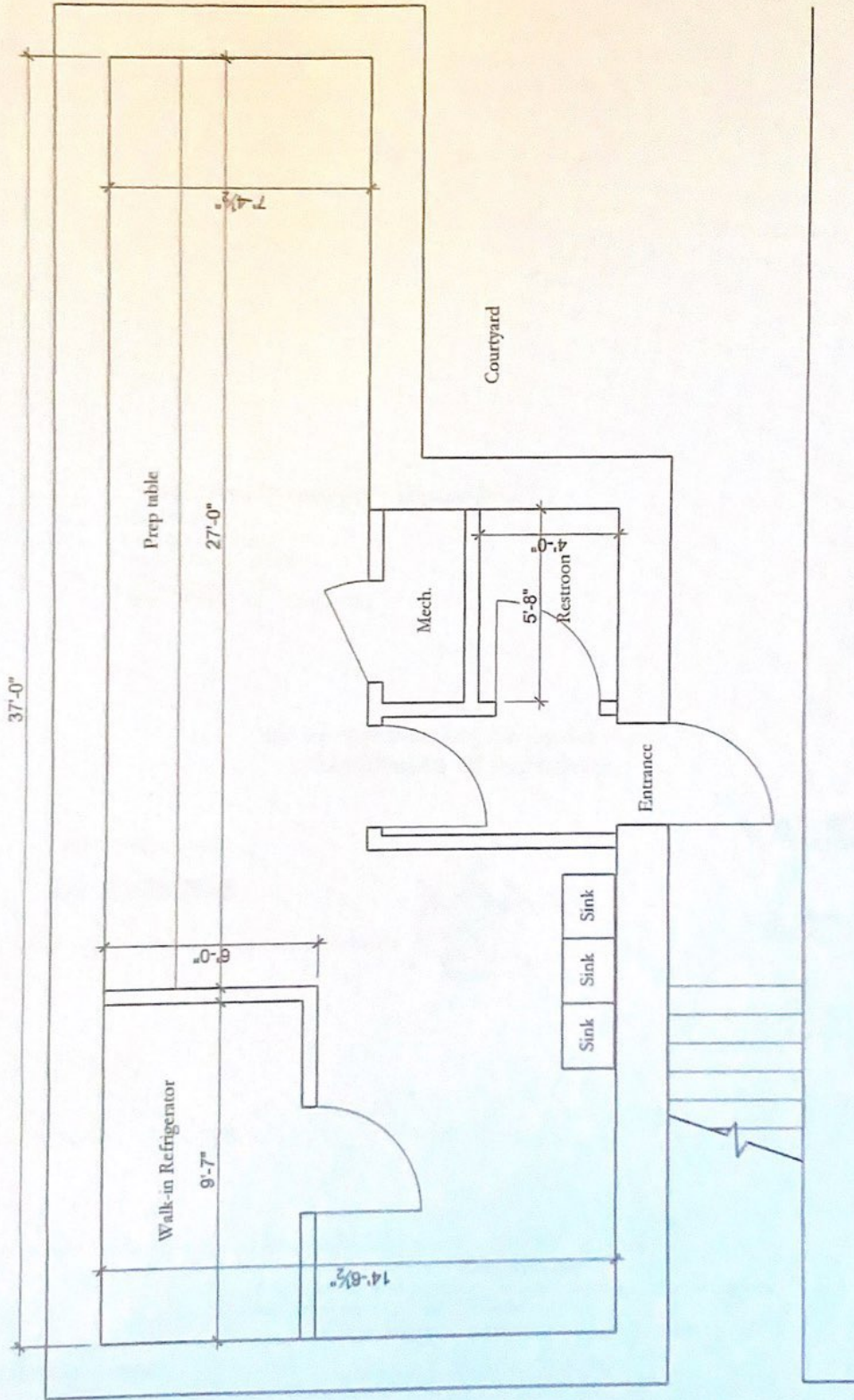


Ground Floor Plan

Name: 3ofCups, LLC  
 DBA: Three of Cups  
 Address: 150 Sullivan St.  
 NY, NY 10012

Date: June 22, 2011

Three of Cups  
NEW YORK CITY



Name: 3ofCups, LLC  
DBA: Three of Cups  
Address: 150 Sullivan St.  
NY, NY 10012

Basement Floor Plan

OFFICE USE ONLY  
Original  Amended  Date \_\_\_\_\_



New York State Department of  
Taxation and Finance  
150 Sullivan Street  
New York, NY 10012-3000

1099-010 (01/01/18)



30FCUPS LLC  
THREE OF CUPS  
MICHAEL POLESNY  
150 SULLIVAN ST  
NEW YORK NY 10012-3000

New York State Department of Taxation and Finance  
**Certificate of Authority**

**VALIDATED**



**5/27/2021**

(Use this number on all returns and correspondence)

Dept of Tax  
and Finance

30FCUPS LLC  
THREE OF CUPS  
MICHAEL POLESNY  
150 SULLIVAN ST  
NEW YORK NY 10012-3000

is authorized to collect rates and use taxes under Articles 26 and 27 of the New York State Tax Code.  
**Nontransferable**

This certificate must be physically destroyed at your place of business.  
Fraudulent or other improper use of this certificate will result in a \$25,000  
penalty. This certificate may not be reproduced or transmitted.

4020109100096

FORM 1099-01 (REVISED 01/18)

07F-17-A 10/19

FILING RECEIPT

ENTITY NAME: 30FCUPS, LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM LLC)

COUNTY: WEST

FILED:03/18/2021 DURATION:\*\*\*\*\* CASH#:210318000014 FILM #:210318000012  
DOS ID:5966282

FILER:

FARRELL FRITZ, P.C.  
400 RYR PLAZA

UNIONDALE, NY 11556

ADDRESS FOR PROCESS:

THE LLC

EXIST DATE

03/18/2021

REGISTERED AGENT:

The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the biennial statement is due will only be made via email. Please go to [www.email.ebiennial.dos.ny.gov](http://www.email.ebiennial.dos.ny.gov) to provide an email address to receive an email notification when the Biennial Statement is due.

SERVICE COMPANY: CORPORATION SERVICE COMPANY

SERVICE CODES: 45 \*

FEEs            235.00  
FILING           200.00  
TAX              0.00  
CERT             0.00  
COPIES           10.00  
HANDLING        25.00

PAYMENTS       235.00  
CASH             0.00  
CHECK            0.00  
CHARGE           0.00  
DRAWDOWN        235.00  
OPAL             0.00  
REFUND           0.00

716510ABT

DOS-1025 (04/2007)

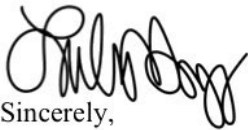
349 Commercial LP  
124 Thompson Street, Suite F  
New York, NY 10012

August 1, 2021

To: Community Board 2

Re: 3 of Cups Wine and Beer License

349 Commercial LP; the Sublandlord of the South Store located at 150 Sullivan Street, New York, NY 10012, support our Tenant; 3 of Cups LLC (bistro) in their pursuance of a license to serve wine and beer.

A handwritten signature in black ink, appearing to read 'Luba Herzog Cohen', written in a cursive style.

Sincerely,

Luba Herzog Cohen

Agent, 349 Commercial LP



Re: Community Outreach Letter for Community Board 2  
 150 Sullivan Street DBA Three of Cups

Attn: Residents / Active Community Members of Sullivan St. /Thompson St. / South Village Neighborhood

Our establishment Three of Cups located at 150 Sullivan Street will be seeking a wine and beer license from the New York State Liquor Authority.

We will be operating as a restaurant bistro daily from 7 AM to 12 AM.

We wish to give the community comfort in knowing that we will be vigilant in maintaining a respectful business which will serve the neighborhood.

As residents and members of the community, we appreciate your support in demonstrating to the Community Board that our wine and beer license application is one that you accept and support.  
 Thank you.

Name	Address	Signature	Email
LEO Cingremeni	149 Sullivan Street	Leo Cingremeni	PINO'S
Salvatore Cingremeni	Jr. 149 Sullivan St	Salvatore Cingremeni	PIZINE
Salvatore Cingremeni	Sn 149 Sullivan St	Salvatore Cingremeni	MEATS
380 CHARLES TREBBIAN	154 SULLIVAN ST	Charles Trebbian	CSTFORM@GMAIL.COM
Kenny Kim	150 Sullivan St	Kenny Kim	Kenny CKKim@gmail
KRIS SUGATAN	150 Sullivan	Kris Sugatan	MARIA.SUGATAN@GMAIL.COM
MARK TURGEON	350 Broome	Mark Turgeon	mtpronto@hotmail.
GENE Gilmore	146 SULL	Gene Gilmore	FLUMBER
Mario F Julian, ofc	154 Sullivan St NY 10012	Mario F Julian	MARIOFJULIANO.MA.COM
Alycia Zeno	222 Thompson St NY 10012	Alycia Zeno	aam.zeno@gmail.com
RUBY CASTRO	146 SULLIVAN ST NY 10012	Ruby Castro	rubbycastro1021@gmail.com

Name	Address	Signature	Email
Tate Oster	146 Sullivan	Tate Oster	tate@kriegerre.com
Gregory Bong	55 Mercor Sreor	Gregory Bong	gdong1550@aol.com
Chloe Wade	146 Sullivan St	Chloe Wade	chloe@kriegerre.com
Nick Mazzarero	141 Sullivan St	Nick Mazzarero	nick@lilreonline.com
Christina Arrichio	142 Sullivan St	Christina Arrichio	caurichio30@gmail.com
Dominick Arrichio	142 Sullivan street	Dominick Arrichio	busters80@gmail.com
John Mills	146 Sullivan	John Mills	lordmills@gmail.com
Sebastian Lafaye	142 Sullivan	Sebastian Lafaye	Seb.Lafaye@gmail.com
Mykel de Luis	142 Sullivan	Mykel de Luis	Haizea Rest.
Juan Quintero	150 Sullivan 4th FL	Juan Quintero	JCQuintero1002@gmail.com
FABIAN SUCCANON	150 SULLIVAN #9	Fabian Succanon	
JOE COLKERELL	149 Sullivan	Joe Colkerell	
Sophia N. Mattha	156 Sullivan	Sophia N. Mattha	
Rose Morris	150 Sullivan	Rose Morris	Rose Morris
Mary Jo Morris	150 Sullivan	Mary Jo Morris	Mary Jo Morris
Clare Morris	150 Sullivan	Clare Morris	Clare Morris
Deborah Lauer	156 Sullivan	Deborah Lauer	
Joe Doll	146 Sullivan St	Joe Doll	
Chelsea Bunaszek	103 Sullivan St	Chelsea Bunaszek	
NICHOLAS TUPOCANSK	150 SULLIVAN	Nicholas Tupocansk	
Inna Kosiconet	438 W Broadway	Inna Kosiconet	



Name

Address

Signature

Email

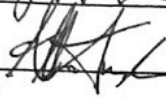
Jessica Stambaugh

144 Sullivan #18



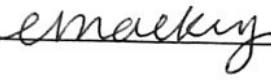
jessica.stambaugh@acbr.com

Allison Iwardziak 64 MacDougal #6



amtcasting@gmail.com

Emily Mackey 142 Sullivan #11



emmackey13@gmail.com

Blank lined area for additional entries.





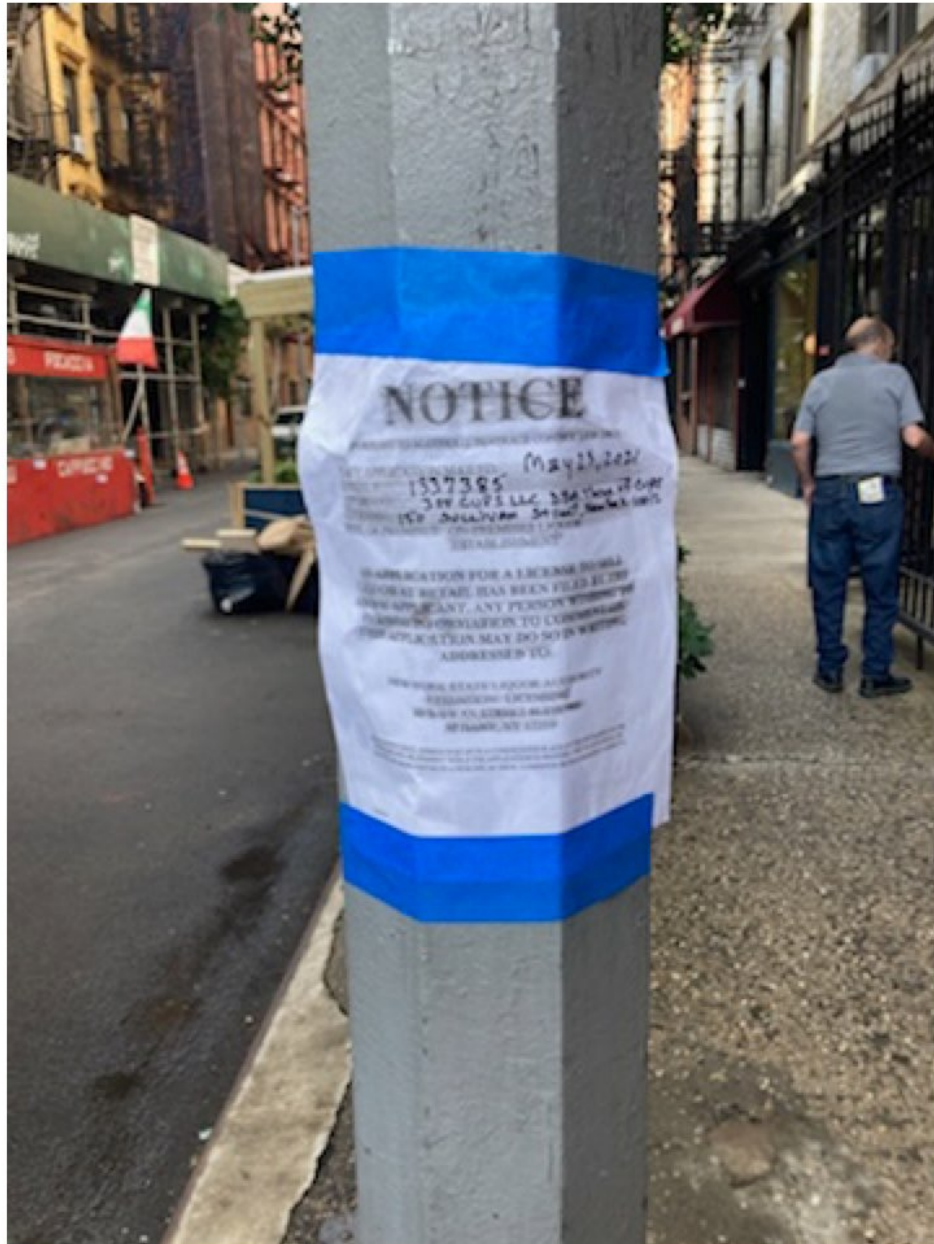












# NOTICE

DATE OF APPLICATION: *May 23, 2021*  
PROJECT NO: *1537385*  
APPLICANT: *300 CUPS LLC 300 Cup Street*  
*150 Duane Street, New York, NY 10038*  
TYPE OF PROJECT: *CONVERTING TO A*  
*RESTAURANT*

AN APPLICATION FOR A LICENSE TO SELL  
ALCOHOL BEVERAGE HAS BEEN FILED BY THE  
ABOVE APPLICANT. ANY PERSON WHOSE  
COMMENTS OR OBJECTIONS TO COMMENTS  
ON THIS APPLICATION MAY DO SO IN WRITING  
ADDRESSED TO:

NEW YORK STATE'S PUBLIC SERVICE COMMISSION  
REGULATORY DIVISION  
60 RIVER ST. 12TH FLOOR  
ALBANY, NY 12242

# NOTICE

(PURSUANT TO ALCOHOLIC BEVERAGE CONTROL LAW 106.9)

DATE APPLICATION MAILED: May 23, 2021  
SERIAL #: 1337385  
APPLICANT: 3 OF CUPS LLC DBA Three of cups  
ADDRESS: 150 SULLIVAN Street, New York 10012  
TYPE OF PREMISES: ON-PREMISES LIQUOR  
ESTABLISHMENT

AN APPLICATION FOR A LICENSE TO SELL  
LIQUOR AT RETAIL HAS BEEN FILED BY THE  
ABOVE APPLICANT. ANY PERSON WISHING TO  
FURNISH INFORMATION TO COMMENT ON  
THIS APPLICATION MAY DO SO IN WRITING,  
ADDRESSED TO:

NEW YORK STATE LIQUOR AUTHORITY  
ATTENTION: LICENSING  
80 S. SWAN STREET SUITE 900  
ALBANY, NY 12210

(THIS NOTICE SHALL REMAIN POSTED IN A CONSPICUOUS PLACE AT THE ENTRANCE TO THE  
PROPOSED ESTABLISHMENT WHILE THE APPLICATION IS PENDING. THE NOTICE SHALL BE  
PRINTED OR HIGHLIGHTED IN A PINK INK OF NEON, LUMINOUS OR FLOURESCENT VARIETY.)