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## COMMUNITY BOARD No. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

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

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

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

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

Please fill out this questionnaire and return to the Community Board 2 office by fax or mail to arrive at least **5 business days** before the Committee meeting. In addition, bring **10 copies** plus supporting material **requested** to the SLA committee meeting.

**Failure to complete and return the questionnaire and supporting materials on time will result in your item being removed from the agenda.**

**Failure to provide a completed questionnaire or failure to present before CB2 will result in notifying the State Liquor Authority (SLA) of your noncompliance with the community review process.**

If you need to reschedule, please notify the Community Board 2 office no later than the Friday prior to the following months meeting. Speak to Florence Arenas at the Board Office. **A maximum of 1 layover request** will be granted per application. **Failure to reappear without notification will result in a recommendation to deny this application.**

The following supporting materials are **required** for this application:

1. A list of all other licensed premises within 500 ft. of this location including Beer and Wine.
2. Floor plans of the premise, including all tables and chairs and kitchen lay out to be licensed. Please also include any schematics for sidewalk café, backyard garden space and/or rooftop areas if applicable.
3. Provide any plans filed or to be filed with the Buildings Department.
4. Proposed menu, if applicable.
5. Certificate of Occupancy or Letter of No Objection for the premises.
6. Letter of Understanding or Letter of Intent from the Landlord.
7. Provide proof of community outreach with signatures or letters from Residential Tenants at location and from surrounding buildings. (i.e. a letter from the neighborhood block association or petition in support.)
8. A copy of your NYS Liquor Authority application as it will be submitted to the SLA. (excluding financial information)

**Meeting Date:** 11/03/2021

**APPLICANT INFORMATION:**

Name of applicant(s):

4T USA Inc.

Trade name (DBA):

Mi Garba

Premises address:

310 Bleecker Street, New York, NY, 10014

Cross Streets and other addresses used for building/premise:

Grove Street / Bleecker Street

**CONTACT INFORMATION:**

Principal(s) Name(s):

Andrea Tempestini

Office or Home Address:

[REDACTED]

City, State, Zip:

[REDACTED]

[REDACTED]

Telephone #:

[REDACTED]

email :

[REDACTED]

Landlord Name / Contact:

[REDACTED]

Landlord's Telephone and Fax:

[REDACTED]

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

Andrea Tempestini

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

4T USA Inc. 129 4th Avenue, New York, NY, 10002 (Beer & Wine) (INACTIVE)

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

We are an authentic Italian restaurant serving regional food, wines and drinks from the Italian region of Tuscany.

**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:

Retail

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Is any license under the ABC Law currently active at this location? ☐ yes ☒ no

If yes, what is the name of current / previous licensee, license # and expiration date: \_\_\_\_\_

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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:

308 310 BLEECKER RESTAURANT LLC d/b/a CHOPTANK, OP License Serial # 1235207, Active from 01/04/2010 to 12/31/2011

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## PREMISES:

By what right does the applicant have possession of the premises?

☐ Own ☒ Lease ☐ Sub-lease ☐ Binding Contract to acquire real property ☐ other: \_\_\_\_\_

Type of Building: ☐ Residential ☐ Commercial ☒ Mixed (Res/Com) ☐ Other: \_\_\_\_\_

Number of floor: 4 Year Built : 1910

Describe neighboring buildings: Residential over commercial

Zoning Designation: C1-6

Zoning Overlay or Special Designation (applicable) 2-6

Block and Lot Number: 588 / 22, 23

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 : In progress

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 Backyard space

What is the proposed Occupancy? 42

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? 74

If yes, what is the use group for the premises? F-4

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? 2000 SF

If more than one floor, please specify square footage by floors: Ground Floor: 1000 SF ; Basement: 1000 SF

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

1510 SF

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? X no \_\_\_\_\_ yes, explain: \_\_\_\_\_

### OVERALL SEATING INFORMATION:

Total number of tables? 12 Total table seats? 24

Total number of bars? 1 Total bar seats? 6

Total number of "other" seats? 12 please explain : Backyard

Total OVERALL number of seats in Premises : 42

**BARS:**

How many \* stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 6

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

Any food counters? X 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    x Restaurant    Club/ Cabaret    Hotel    Other: \_\_\_\_\_

What are the Hours of Operation?

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

11 to 11    11 to 11    11 to 11    11 to 11    11 to 12    11 to 12    11 to 12

Will the business employ a manager? ☐ no ☒ yes, name / experience if known : Pier Davide Boi,  
GM at the previous location

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      NO

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? ☒ no ☐ yes ( if yes, please attach plans)

Will you be utilizing ☐ ropes ☐ movable barriers ☐ other outside equipment (describe) \_\_\_\_\_

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

***If there is a school, church or place of worship within 200 feet of your premises or on the same block, please submit a block plot diagram or area map showing its' location in proximity to your applicant premises ( no larger than 8 ½ " x 11").***

Indicate the distance in feet from the proposed premise:

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: Pier Davide Boi Phone: [REDACTED]

Address: [REDACTED]

Email : [REDACTED]

Application submitted on  
behalf of the applicant by:



Signature

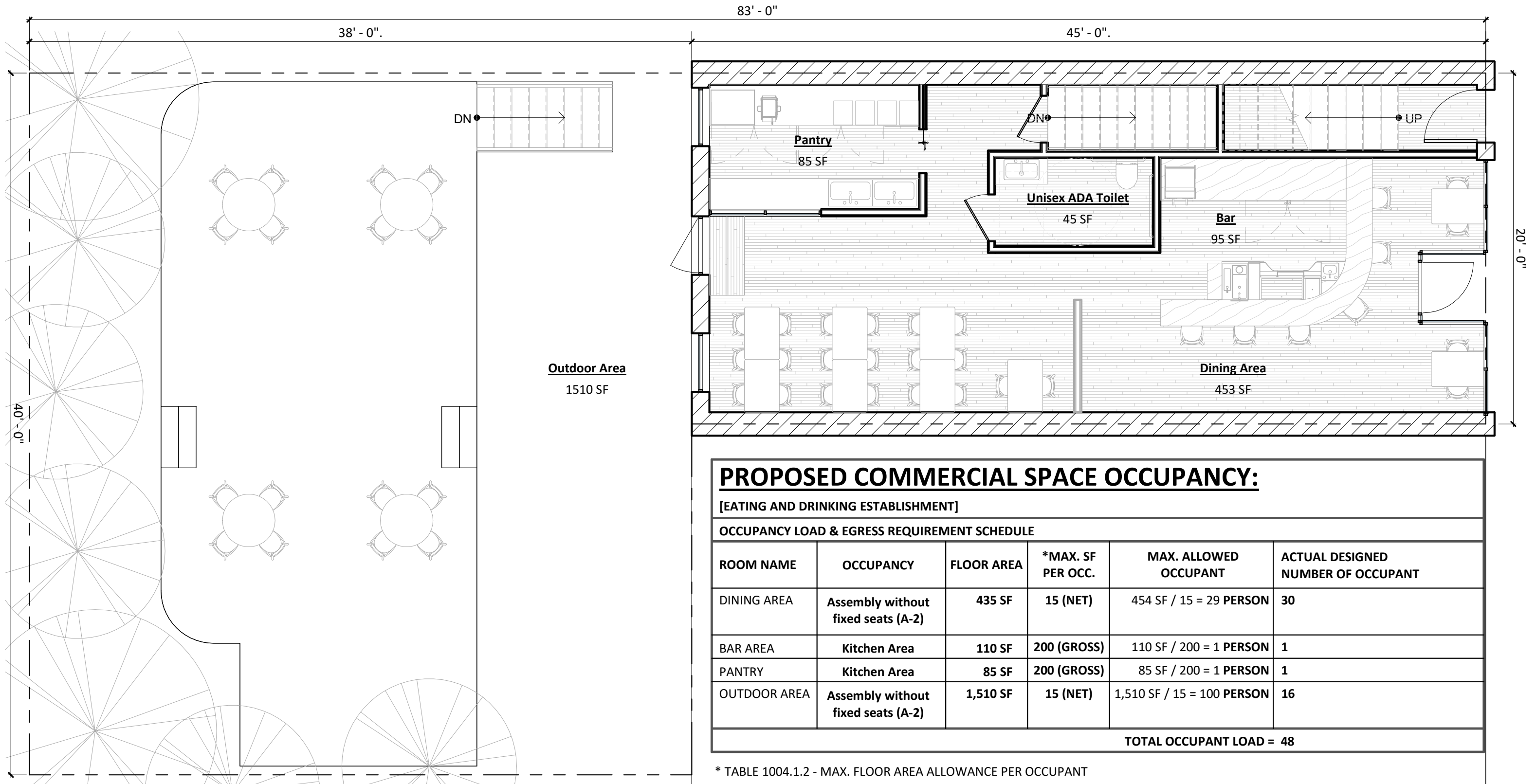
Print or Type Name Pier Davide Boi

Title General Manager

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



## PROPOSED COMMERCIAL SPACE OCCUPANCY:

[EATING AND DRINKING ESTABLISHMENT]

### OCCUPANCY LOAD & EGRESS REQUIREMENT SCHEDULE

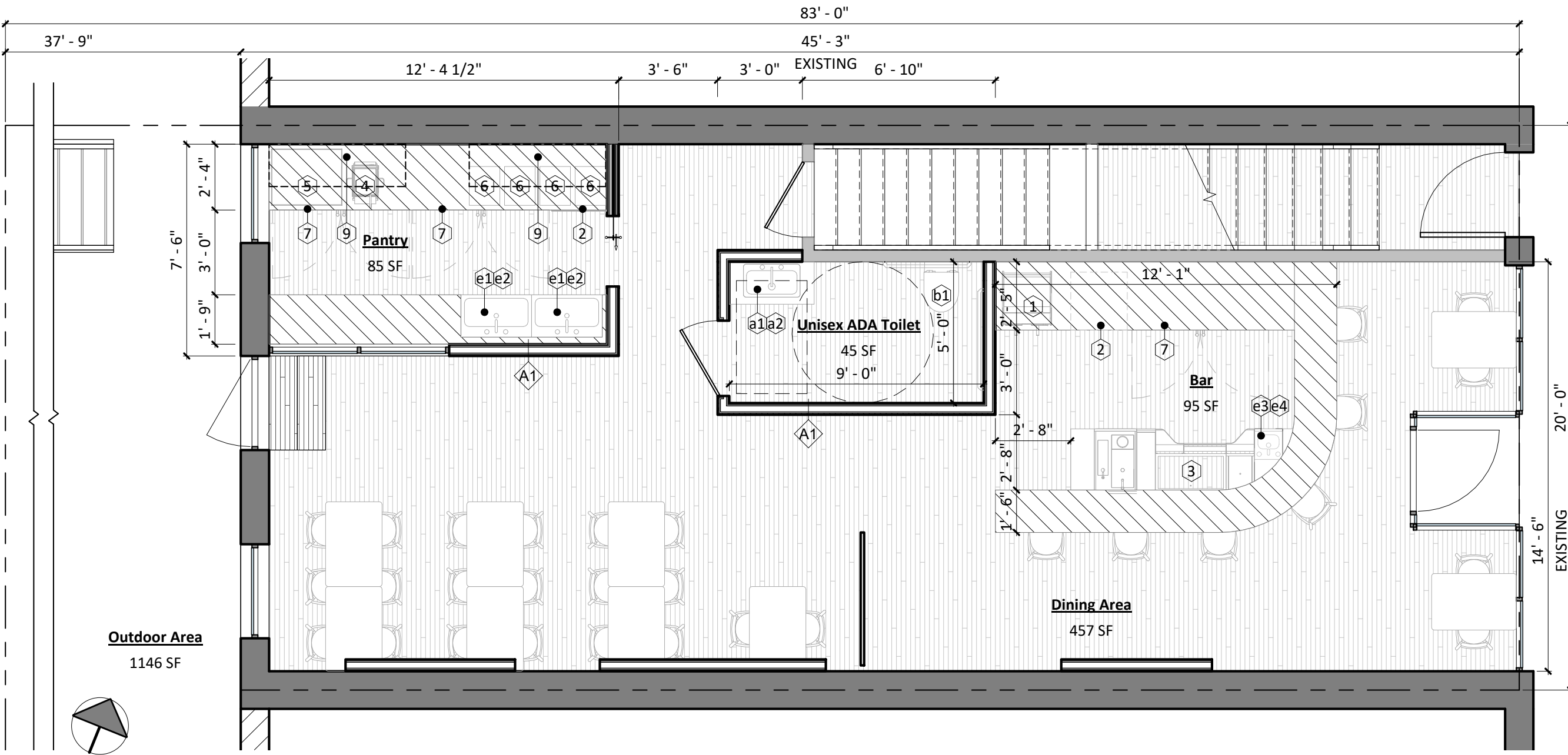
ROOM NAME	OCCUPANCY	FLOOR AREA	*MAX. SF PER OCC.	MAX. ALLOWED OCCUPANT	ACTUAL DESIGNED NUMBER OF OCCUPANT
DINING AREA	Assembly without fixed seats (A-2)	435 SF	15 (NET)	454 SF / 15 = 29 PERSON	30
BAR AREA	Kitchen Area	110 SF	200 (GROSS)	110 SF / 200 = 1 PERSON	1
PANTRY	Kitchen Area	85 SF	200 (GROSS)	85 SF / 200 = 1 PERSON	1
OUTDOOR AREA	Assembly without fixed seats (A-2)	1,510 SF	15 (NET)	1,510 SF / 15 = 100 PERSON	16

TOTAL OCCUPANT LOAD = 48

\* TABLE 1004.1.2 - MAX. FLOOR AREA ALLOWANCE PER OCCUPANT

- BC 1021.2 SINGLE EXITS - ONLY ONE EXIT SHALL BE REQUIRED IN BUILDINGS OR FROM STORIES OF BUILDINGS AS DESCRIBED IN TABLE 1021.2 - (**GROUP A-2: 49 OCCUPANTS & 75' TRAVEL DISTANCE**)
- BC 1028.7 TRAVEL DISTANCE - SEE TABLE 1028.7 (GROUP A-2: NON SPRINKLERED PRIMARY 100')





1 PROPOSED FLOOR PLAN - LEVEL 01  
1/4" = 1'-0"

#### POWER & COMMUNICATION NOTES

- WHERE OUTLETS ARE SHOWN BACK TO BACK ON THE SAME WALL, ELECTRICIAN TO STAGGER JUNCTION BOX LOCATIONS MINIMALLY TO ACCOMMODATE EACH JUNCTION BOX - V.I.F.
- ALL NEW OUTLET & DATA RECEPTACLES MOUNTED 1'-6" TO THE CENTER LINE A.F.F. OR 4'-0" TO THE CENTER LINE A.F.F. @ COUNTERTOPS U.O.N. ALL NEW OUTLETS TO BE GANGED AND/OR STACKED TOGETHER WITH MINIMUM CLEARANCE WHEREVER NECESSARY.
- ALL COVER PLATES AND DEVICES TO BE WHITE UNLESS OTHERWISE NOTED.
- NEW GFCI RECEPTABLES SHALL BE INSTALLED IN THE BATHROOM & KITCHEN WET AREAS AND ARC FAULT OUTLETS IN SLEEPING AREAS.
- THE GENERAL CONTRACTOR IS RESPONSIBLE FOR OBTAINING PERMISSION AND ARRANGING WORK IN ANY ADJACENT TENANT SPACE (INCLUDING ABOVE & BELOW) WHERE WORK AFFECTING THE COMPLETION OF THE PROJECT IS REQUIRED. THE GENERAL CONTRACTOR SHALL BE RESPONSIBLE FOR ANY DAMAGE OCCURRED

#### CONSTRUCTION LEGEND

- EXISTING CONSTRUCTION TO REMAIN
- NEW CONSTRUCTION
- NEW MILLWORK
- NEW DOORS

#### PROPOSED COMMERCIAL SPACE OCCUPANCY:

##### [EATING AND DRINKING ESTABLISHMENT]

##### OCCUPANCY LOAD & EGRESS REQUIREMENT SCHEDULE

ROOM NAME	OCCUPANCY	FLOOR AREA	*MAX. SF PER OCC.	MAX. ALLOWED OCCUPANT	ACTUAL DESIGNED NUMBER OF OCCUPANT
DINING AREA	Assembly without fixed seats (A-2)	455 SF	15 (NET)	455 SF / 15 = 30 PERSON	30
BAR AREA	Kitchen Area	197 SF	200 (GROSS)	197 SF / 200 = 1 PERSON	1
PANTRY	Kitchen Area	197 SF	200 (GROSS)	197 SF / 200 = 1 PERSON	1
OUTDOOR AREA	Assembly without fixed seats (A-2)	1,510 SF	15 (NET)	1,510 SF / 15 = 100 PERSON	12
TOTAL OCCUPANT LOAD = 44					

\* TABLE 1004.1.2 - MAX. FLOOR AREA ALLOWANCE PER OCCUPANT

- BC 1021.2 SINGLE EXITS - ONLY ONE EXIT SHALL BE REQUIRED IN BUILDINGS OR FROM STORIES OF BUILDINGS AS DESCRIBED IN TABLE 1021.2 - (GROUP A-2: 49 OCCUPANTS & 75' TRAVEL DISTANCE)
- BC 1028.7 TRAVEL DISTANCE - SEE TABLE 1028.7 (GROUP A-2: SPRINKLERED PRIMARY 150')

#### REFERENCE NOTES

- C1 REMOVE EXISTING FLOOR FINISH W/ NEW FLOOR FINISH AND SUBSTRATE
- C2 RELOCATE TOILET VENT
- C3 RELOCATE PLUMBING FIXTURE
- C4 EXISTING ELECTRICAL PANEL TO BE RELOCATED. COORDINATE INSTALLATION OF NEW LOCATION
- C5 PROVIDE CONTINUOUS WATERPROOF MEMBRANE AT THIS AREA. (FLOOR & 6" UP TO WALL BASE, TYP.)
- C6 METAL DEVIDER FOR CEMENT FLOORING CONTROL JOINT
- C7 EXPOSED BRICK WALL. REMOVE ALL PAINT, CEMENT, CLEAN, PATCH REPAIR AND SEAL, TYP.
- C8 ALL MILLWORKS & OPEN SHELVES SHALL PROVIDE LACQUER FINISH. ALL CABINETS & DRAWERS TO BE EDGE PULL, TO BE APPROVED BY ARCHITECT

#### POWER AND COMMUNICATION LEGEND

- DUPLEX POWER OUTLET
- DUPLEX POWER OUTLET w/ USB PORT
- DUPLEX POWER OUTLET w/ GROUND FAULT INTERRUPTER (GFI)
- QUAD POWER OUTLET
- SPECIAL PURPOSE OR DEDICATED CIRCUIT POWER OUTLET
- TV/CABLE OUTLET
- COMBINATION VOICE/DATA OUTLET

#### CONSTRUCTION NOTES

- PRIOR TO THE LAYOUT OF NEW WORK, CONTRACTOR TO VERIFY IN THE FIELD FOR ARCHITECTS APPROVAL. ALL PROPOSED DIMENSIONS TO BE FIELD CHECKED AND REVIEWED WITH ARCHITECT PRIOR TO COMMENCEMENT OF LAY-OUT. REPORT ANY AND/OR ALL DISCREPANCIES TO THE ARCHITECT PRIOR TO PROCEEDING CONSTRUCTION.
- CONTRACTOR TO COORDINATE ALL M.E.P. TRADES WITH THAT OF ARCHITECTURAL WORK.
- PREPARE COORDINATION DRAWINGS OF ALL TRADES PRIOR TO ORDERING ANY AND/OR ALL MATERIALS INCLUDING LONG LEAD ITEMS.
- REPAIR EXISTING CONSTRUCTION TO MATCH EXISTING/ADJOINING CONSTRUCTION DISTURBED DURING NEW M.E.P. INSTALLATIONS IN AREAS BEYOND CONTRACT LIMIT.
- GENERAL CONTRACTOR TO VERIFY EXISTING FLOOR SLAB IN FIELD TO BE PATCHED AND LEVELED THROUGHOUT. EXISTING SLAB SHALL BE THOROUGHLY CLEANED OF FOREIGN MATERIALS AND PREPARED TO RECEIVE NEW FINISH.
- ALL FINISH LEVELS TO BE ALIGNED ADJACENT TO EACH OTHER AND ALIGN TO ENTRANCE THRESHOLD. PROVIDE MUD SET FOR ALL PORCELAIN TILE AND CERAMIC TILE AREAS.
- PROVIDE REQUIRED BRACING FOR ALL MILLWORK, CABINETS AND ALL OTHER WALL HUNG ITEMS. PROVIDE 3/4" BACKING FOR ALL WALL MOUNTED ITEMS SUCH AS OVERHEAD CABINETS.
- ALL HOLD DIMENSIONS TO BE DECIDED BY THE ARCHITECT PRIOR TO APPROVAL, TYP.
- PATCH AND REPAIR ALL EXISTING WALLS AND COLUMN ENCLOSURE TO REMAIN. PREPARE TO RECEIVE NEW FINISH.
- CONTRACTOR TO VERIFY EXTENT OF ADDITIONAL CONSTRUCTION AND TRADE WORK REQUIREMENTS IN THE FIELD INCLUDING FLOOR BELOW AND ABOVE PATCH, REPAIR AND RESTORE UPON COMPLETION OF NEW WORK.

#### EQUIPMENT SCHEDULE

No.	Description	Manufacturer	Model	Remarks
1	Espresso Machine	LA CIMBALI	M24	Provide Water Line
2	Dish Washer	ECOLAB	U-HT	Provide Water Line
3	Cocktail Station	PERLICK	PTE68-A	Provide Water Line
4	Panini Griddle	WINCO	EPG-1C	-
5	Induction Griddle	WINCO	MA-75NE	-
6	Induction Cooker	WINCO	EIC-400	-
7	Refrigerator	SPARTAN	SSGBB-58-SL	-
8	Microwave Oven	SHARP	R-CD 1200M	-
9	Hood	PRESTIGE	UIB58-S2	-
10	Refrigerator	TRUE	T-49G-LD	-
11	Refrigerator	TRUE	T-23G-HC	-
12	Ice Maker	ICE-O-MATIC	ICEU220FA	Provide Water Line
13	Hand Dryer	EXCEL DRYER	XLERATOR [XL-SB]	-

#### PLUMBING FIXTURE & ACCESSORIES SCHEDULE

No.	Description	Manufacturer	Model	Remarks
a1	Toilet Sink	DURAVIT	233565	-
a2	Toilet Sink Faucet	KOHLER	K-99491-4	-
b1	Toilet	DURAVIT	216501	-
e1	Kitchen Sink	MOEN	G18180	Undermount
e2	Kitchen Sink Faucet	MOEN	87807	-
e3	Bar Sink	MOEN	G204502	Undermount
e4	Bar Sink Faucet	KOHLER	K-99491-4	-

#### NYC DOB EMPLOYEE STAMPS / SIGNATURE

NYC DOB BSCAN:



Client

[4T USA INC]

Pier Davide Boi

Project Title

Mi Garba\_West Village

310 Bleecker Street  
New York, NY 10014

Phase

Issued for Construction

Sheet Title

#### PROPOSED FLOOR PLAN - LEVEL 01

Scale 1/4" = 1'-0"  
Project Number 02106  
Date 04/27/2020

Drawn by  
Checked by

Seal & Signature

Drawing Number A-101.00