

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

**APPLICANT INFORMATION:**

Name of applicant(s):  
B E F Restaurante Inc

Trade name (DBA):  
Casa Di Angelo

Premises address:  
146 Mulberry Street, South Store, New York, NY 10013

Cross Streets and other addresses used for building/premise:  
Grand Street & Hester Street

**CONTACT INFORMATION:**

Principal(s) Name(s):  
Iyad Hamsho, Farhod Gadoyboev, Bruno Brancaleone

Office or Home Address: 146 Mulberry Street

City, State, Zip: New York, NY 10013

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:  
[REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Bruno Brancaleone	N/A
Farhod Gadoyboev	N/A
Iyad Hamsho	H & M Restaurant Inc- 163 Mulberry St, NY, NY- Serial #1267728 ERS Restaurant Inc- 312 23rd St, NY, NY- Serial #1292918 Zia Maria Little Italy Inc- 138 Mulberry St, NY, NY - Serial #1310537

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):  
A family restaurant and pizzeria that offers authentic, homemade Italian food (similar to applicant principals other restaurants)

**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:

Previously licensee: Angelo of Mulberry Street Inc.- Serial #1028396 (Italian 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: \_\_\_\_\_  
Angelo of Mulberry Street Inc.- Serial #1028396- Expired 02/28/2021

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: 6 Year Built : 1900

Describe neighboring buildings:  
Mixed residential and commercial buildings

Zoning Designation: C6-2G

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

Block and Lot Number: 237 / 11

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 : Only changing the signage to be consistent with previous use- Will be seeking all required/ necessary approvals

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 \*The Applicant may be seeking to use the sidewalk space, as used by the previous licensee, under the Open Restaurants Program

What is the proposed Occupancy? 74

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?

no  yes \*This is pending further review- previous licensee at this location validly operated a restaurant and Applicant is attempting to determine what is on file and if any additional documents/filings are needed.

If yes, what is the maximum occupancy for the premises? 74

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: Same signage, just a different name

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 4800 square feet

If more than one floor, please specify square footage by floors: 2400 square feet per floor

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

No

If more than one floor, what is the access between floors? Interior 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? 15 Total table seats? 58

Total number of bars? 1 Total bar seats? 8

Total number of "other" seats? 0 please explain: \_\_\_\_\_

Total OVERALL number of seats in Premises: 66

## BARs:

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 8

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:  
11am to 11pm   11am to 11pm   11am to 11pm   11am to 11pm   11am to 11pm   11am to 12am   11am 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 : French doors to be opened in the warmer months from 12pm to 9pm

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 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: \_\_\_\_\_

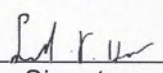
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

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

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

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

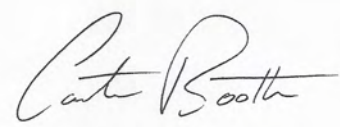
Application submitted on behalf of the applicant by:

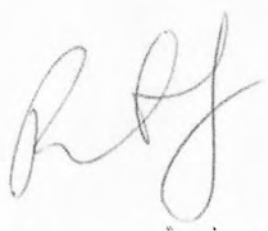
  
\_\_\_\_\_  
Signature

Print or Type Name lyad Hamsho

Title President

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.

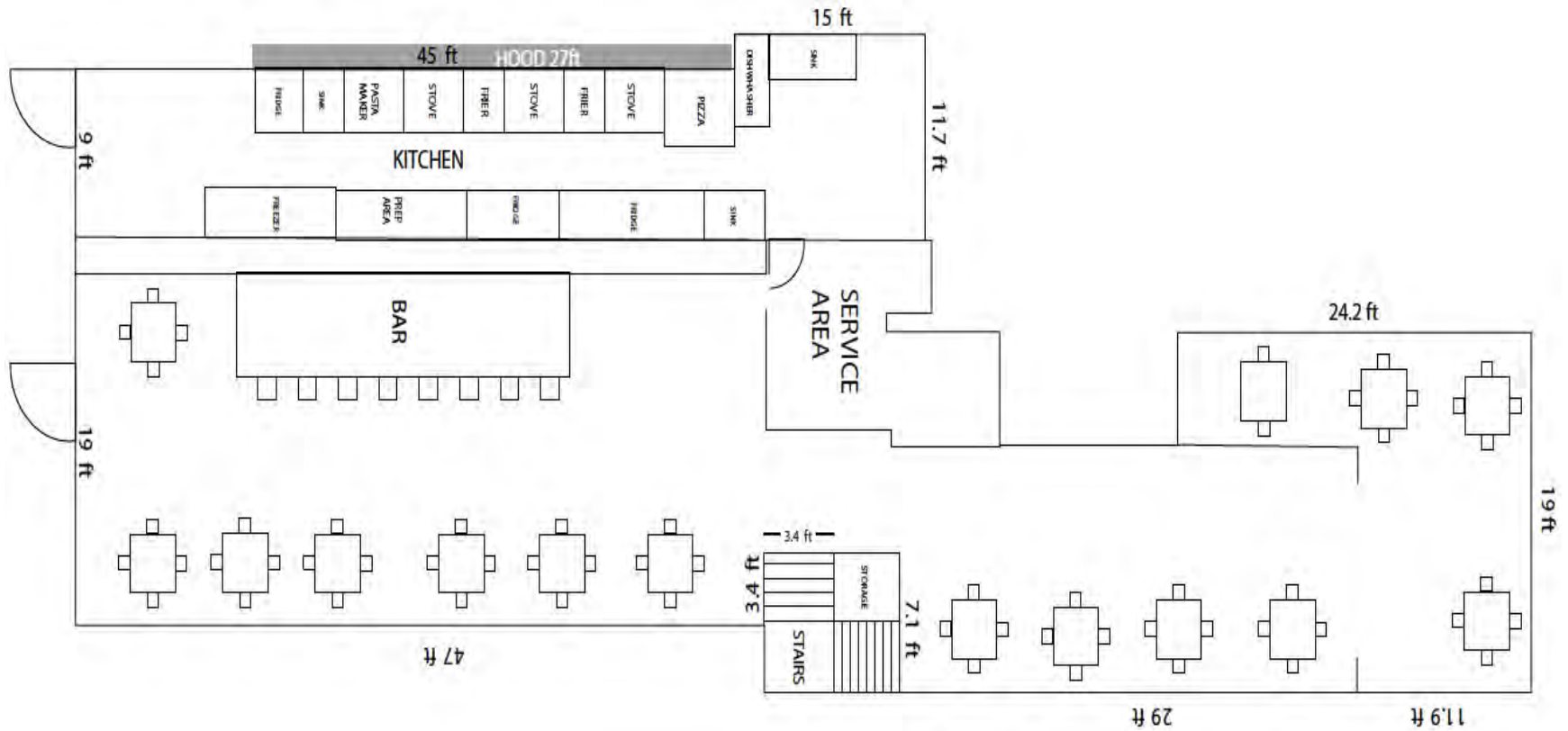




Community Board 2, Manhattan  
SLA Licensing Committee  
Carter Booth, Co-Chair  
Robert Ely, Co-Chair

**B E F RESTAURANTE INC d/b/a CASA DI ANGELO- GROUND FLOOR DIAGRAM**

146 Mulberry Street, South Store, New York, NY 10013



**SEATING**

- 15 Total Tables**
- 68 Total Seats**
- 56 Seats at Tables
- 8 Bar Seats

**B E F RESTAUAANTE INC d/b/a CASA DI ANGELO- BASEMENT DIAGRAM**

146 Mulberry Street, South Store, New York, NY 10013

