

APPLICANT INFORMATION:

Name of applicant(s): Il Fiorista Village LLC

Trade name (DBA): Il Fiorista

Premises address: 641 Hudson Street, New York, NY 10014

Cross Streets and other addresses used for building/premise:
Horatio and Gansevoort Streets

CONTACT INFORMATION:

Principal(s) Name(s): Mario DeBenedetti

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED]

Landlord Name / Contact: 641 Hudson Street LLC c/o EBB Realty LLC

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>Mario De Benedetti</u>	<u>[REDACTED]</u>
<u>Alessandro Dacca</u>	<u>[REDACTED]</u>

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
An elevated, yet casual restaurant that uses flowers in the preparation of its dishes.

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):

- a new liquor license (Restaurant Tavern / On premise liquor Other)
- an UPGRADE of an existing Liquor License
- an ALTERATION of an existing Liquor License
- a TRANSFER of an existing Liquor License
- a HOTEL Liquor License
- a DCA CABARET License
- a CATERING / CABARET Liquor License
- a BEER and WINE License
- a RENEWAL of an existing Liquor License
- an OFF-PREMISE License (retail)
- OTHER : _____

If upgrade, alteration, or transfer, please describe specific nature of changes:
(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

N/A

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

Restaurant

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

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

Have any other licenses under the ABC Law been in effect in the last 10 years at this location?
 yes no

If yes, please list DBA names and dates of operation:

S Management Group LLC d/b/a Gunter Seeger NY, Serial# 1283085

Date of Operations: 05/2016 to 04/2020

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 : 1910

Describe neighboring buildings: Mixed: Residential/Commercial

Zoning Designation: C1-6

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 627 / 13

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? yes no

Is the premise located in a historic district? yes no

(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? yes no, please explain : _____

Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) no yes : explain _____

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 LNO - pending

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

If yes, what is the use group for the premises? 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: Signage change

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 3650 sq ft

If more than one floor, please specify square footage by floors: GF: 2150 sq ft and Basement: 1500 sq ft

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

N/A

If more than one floor, what is the access between floors? Staircase

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? 20 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? 1

Any food counters? 0 no yes, describe: _____

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: _____

N/A

* A stand-up bar is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive food and alcoholic beverages.

PROPOSED METHOD OF OPERATION:

What type of establishment will this be? (check all that apply)

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

Sunday-Thursday: 10:30am to 11pm and Friday-Saturday: 10:30am to 11:30pm

*Prior Licensee's Stips were 1am Monday to Saturday, closed Sunday

What are the Hours of Operation?

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

Will the business employ a manager? no X yes, name / experience if known: TBD

Will there be security personnel? X no yes(if yes, what nights and how many?)

Do you have or plan to install French doors, accordion doors or windows that open? X no yes

If yes, please describe :

Will you have TV's ? X no yes (how many?)

Type of MUSIC / ENTERTAINMENT: Live Music Live DJ Juke Box X Ipod / CDs none

Expected Volume level: X Background (quiet) Entertainment level Amplified Music
(check all that apply)

Do you have or plan to install soundproofing? no X yes

IF YES, will you be using a professional sound engineer? No

Please describe your sound system and sound proofing:

Previous Tenant installed sound proofing

Will you be permitting: NO promoted events NO scheduled performances NO outside promoters

NO any events at which a cover fee is charged? YES private parties

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

Will you be utilizing NO ropes NO movable barriers NO other outside equipment (describe) NO

Are your premises within 200 feet of any school, church or place of worship? X 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 MARIO DEBENEDETTI

Title 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

<input type="radio"/> Original <input type="radio"/> Amended Date _____

ESTABLISHMENT QUESTIONNAIRE

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

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

1. Zoning

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

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

2. Premises

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

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

If YES, please specify:

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

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

Currently Licensed Previously Licensed Never Licensed Do Not Know

Name of Licensee:

License Serial Number:

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

Yes No Do Not Know

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

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

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

Name of Licensee:

License Serial Number:

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

3. Premises (interior):

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

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

3c. Where is the alcohol stored?

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

Yes No

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

Yes No

If YES, describe:

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

3g. List the maximum occupancy of the premises:

3h. Number of tables?

3i. Number of seats at tables?

3j. Number of seats at bar or counter?

4. Bars:

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

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

4c. Describe each bar in the fields below:

Bar 1

Bar Type:

Length:

Shape:

Location:

Bar 2

Bar Type:

Length:

Shape:

Location:

Bar 3

Bar Type:

Length:

Shape:

Location:

Attach additional sheets if there are more than 3 bars.

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

5. Kitchen:

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

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

Show Kitchen or Food Prep Area on the Interior Diagram

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

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

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

6. Hotel or Bed & Breakfast:

6a. How many floors?

6b. How many guest rooms?

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

7. Outdoor Areas:

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

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

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

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

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

If YES, how is it divided?

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

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

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

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

PROPOSED METHOD OF OPERATION

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

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

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Will any other business of any kind be conducted in said premises?
<i>(If YES, please provide details on a separate sheet)</i> | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------|-----|----|

 - | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a. If the premises <i>is not</i> a catering establishment, will the premises periodically close to host private events?

If YES, how frequently? | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
- | | | |
|----------------------------------|-----|----|
| 2. Will the premises have music? | Yes | No |
|----------------------------------|-----|----|

 - | | | | | |
|-----------------------------------|----------|----|----------|---------|
| 2a. If YES, check all that apply: | Recorded | DJ | Juke Box | Karaoke |
|-----------------------------------|----------|----|----------|---------|

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):
 - | | | |
|--------------------------------------------------------------|-----|----|
| 2b. Will the premises use the services of an Event Promoter? | Yes | No |
|--------------------------------------------------------------|-----|----|
- | | | |
|--------------------------------------|-----|----|
| 3. Will the premises permit dancing? | Yes | No |
|--------------------------------------|-----|----|

 - | | | | |
|--------------------------------------------------------------|---------|-----------------------------|------|
| 3a. If dancing is permitted, who will be permitted to dance? | Patrons | Employees for Entertainment | Both |
|--------------------------------------------------------------|---------|-----------------------------|------|
 - | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
- | | | |
|-----------------------------------------|-----|----|
| 4. Will there be topless entertainment? | Yes | No |
|-----------------------------------------|-----|----|
- | | | |
|----------------------------------------|-----|----|
| 5. Will the business employ a manager? | Yes | No |
|----------------------------------------|-----|----|

 - | | | |
|--------------------------------------|-----|----|
| 5a. If NO, will principal(s) manage? | Yes | No |
|--------------------------------------|-----|----|
- | | |
|----------------------------------------------------------------------|--|
| 6. How many employees? (excluding principals and security personnel) | |
|----------------------------------------------------------------------|--|

 - | | |
|-----------------------------------------------------|--|
| 6a. If answer is "0" please provide an explanation: | |
|-----------------------------------------------------|--|

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

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

Workers' Compensation Carrier
Name and Policy Number:

Disability Insurance Carrier Name
and Policy Number:

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

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

9a. If YES, how many?

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

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

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

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

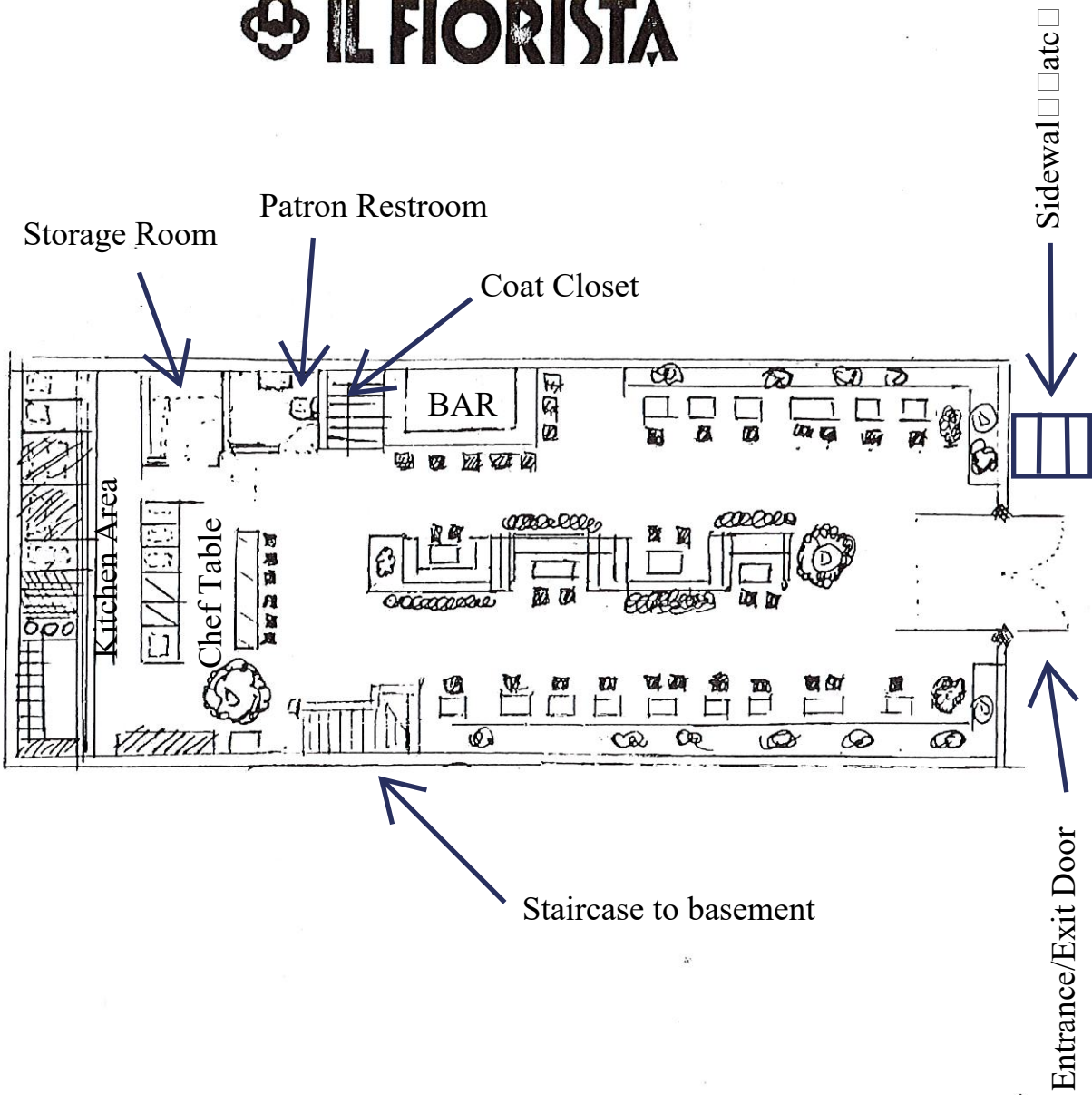
Yes No

10a. If NO, please explain:

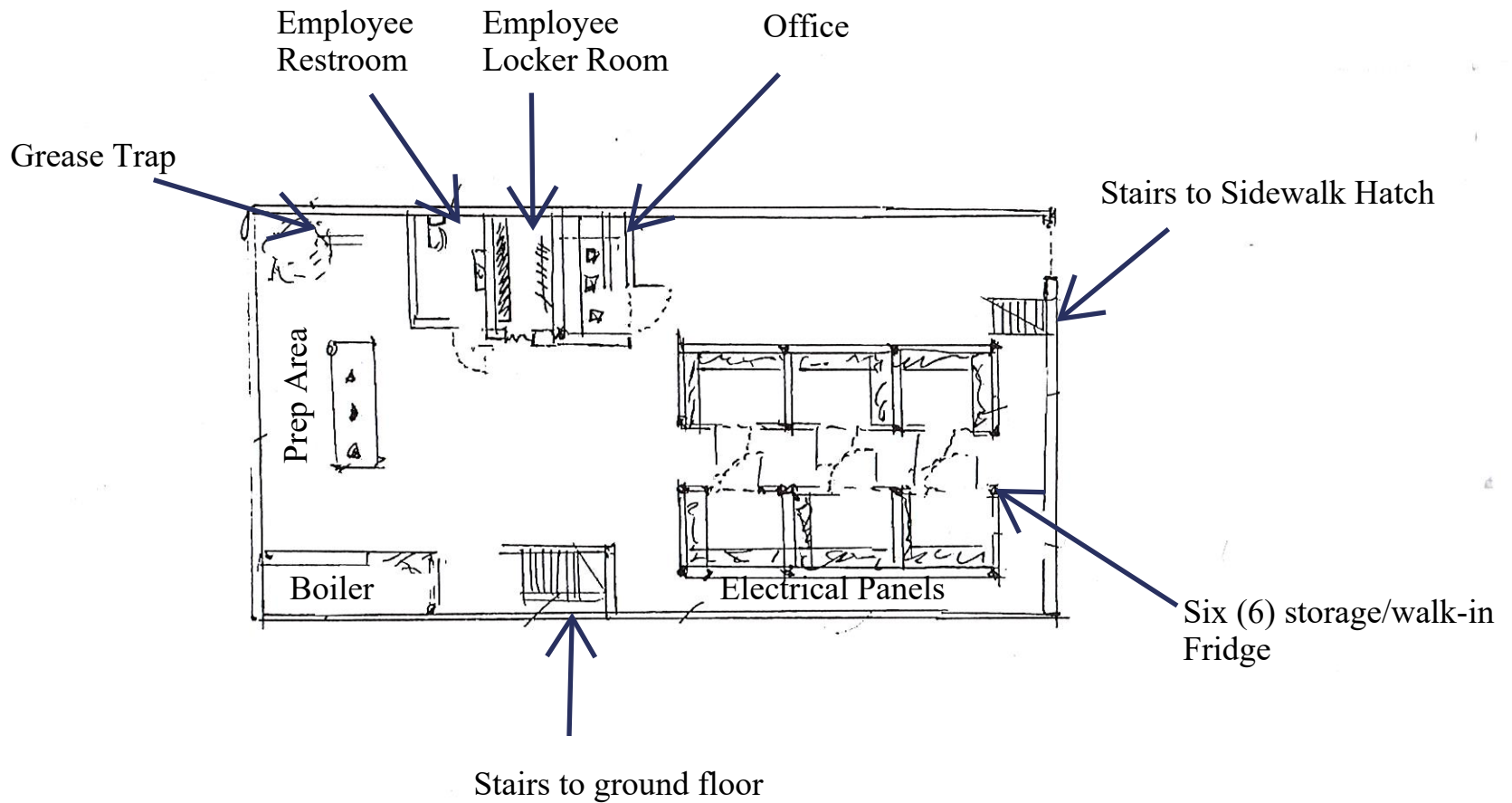
ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

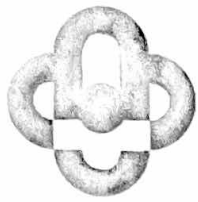
A list of county closing hours is available at the following link:
<http://sla.ny.gov/provisions-for-county-closing-hours>

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SHARE

BLACK BASS CRUDO 19
green apple, daikon, osmanthus leche de tigre

BURRATA 18
pear marmalade, sunflower seed soffritto

ENDIVE + KOHLRABI SALAD 18
walnut, preserved lemon, pecorino
apple blossom caper vinaigrette

YELLOW BEETS 17
sorrel, yogurt, sweet & spicy pepita
crunch, marigold vinaigrette

CAULIFLOWER 16
carrot romesco, dukkah, hibiscus harissa

PASTA

PAPPARDELLE 24
black pepper, lavender, lemon, pecorino

CAVATELLI 18/24
puffed buckwheat, sumac turmeric + carrot sauce

CAMPANELLE 21/28
bison ragu, gernanium rye bread crumb

MAIN

GRAFFITI EGGPLANT 28
grilled + pickled peppers, red miso, lemon verbena,
pepperoncini oil

HUDSON VALLEY FISHERIES STEELHEAD TROUT 32
pine pollen crisps, salsify puree,
spruce cranberry jam

BERBER TEA SASSO CHICKEN 32
grilled new potato, creme fraiche, parsley, celery,
grape sauce

CORIANDER GLAZED LAMB STEAK 41
pickled green tomato, preserved shiro plum, rose

EXTRA

AMOON FARM BEANS 16
bagna cauda, broccolini

OLIVE POLENTA SOURDOUGH 6
wildcraft farm corn, fennel pollen, olive oil

SNACKS

SEEDED CRACKER 14
white bean dip, elecampane sunchoke jam

COUNTNECK CLAMS 12
garlic confit, flowering tarragon

STUFFED PEPPADEW 12
marinated mushroom, lemon verbena eggplant