

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): NO SKIM MILK CORP

Trade name (DBA): PEPE ROSSO TO GO

Premises address: 130 W HOUSTON ST AKA 168 SULLIVAN ST

Cross Streets and other addresses used for building/premise:
W HOUSTON ST - BLEECKER ST.

CONTACT INFORMATION:

Principal(s) Name(s): MAURO SERVISI

Office or Home Address: 168 SULLIVAN ST.

City, State, Zip: N.Y. N.Y. 10012

Telephone #: [REDACTED] email: [REDACTED]

Landlord Name / Contact: _____

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s):

MAURO SERVISI

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

MARILOU INC 149 SULLIVAN ST. RW

PEPE ROSSO SOCIAL 173 MOTT ST

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

We are a family Restaurant featuring Italian food.

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.)

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

RESTAURANT RW # 1317368 EXP 10/31/23

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:

WORLD'S WURST FOODS LLC RW # 1317368 EXP. 10/31/23 (11/22/19)

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:

MISS LILLY'S 10/24/12 - 9/30/17

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: 1900

Describe neighboring buildings: MIXED USE

Zoning Designation: R7-2

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 526, 75

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 OPEN RESTAURANTS PROGRAM seating

What is the proposed Occupancy? RESTAURANT

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

no yes LNO

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

If yes, what is the use group for the premises? G

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 WILL CHANGE

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? approx 2250

If more than one floor, please specify square footage by floors: 1500 1st + 750 Basement

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

200' Street, 90' Sidewalk

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

How many entrances are there? 1 How many exits? 2 How many bathrooms? _____

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

OVERALL SEATING INFORMATION:

Total number of tables? 6 Total table seats? 32

Total number of bars? 1 Total bar seats? 0

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

Total OVERALL number of seats in Premises: 32

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 0

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: _____

6' Bar with 4 seats

* 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: 11am to 11pm Monday: 11am to 11pm Tuesday: 11am to 11pm Wednesday: 11am to 11pm Thursday: 11am to 11pm Friday: 11am to 11pm Saturday: 11am to 11pm

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?) 1

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 EXISTING

IF YES, will you be using a professional sound engineer? _____

Please describe your sound system and 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? NO 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 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? ___ 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: ST Anthony's

Address: 155 Sullivan St Distance: 180'

Name of School / Church: _____

Address: _____ Distance: _____

Name of School / Church: _____

Address: _____ Distance: _____

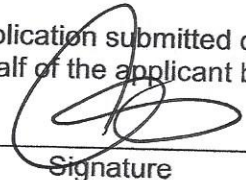
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: _____ Phone: _____

Address: _____

Email : _____

Application submitted on behalf of the applicant by:



Signature

Print or Type Name Michael Keury

Title Representative

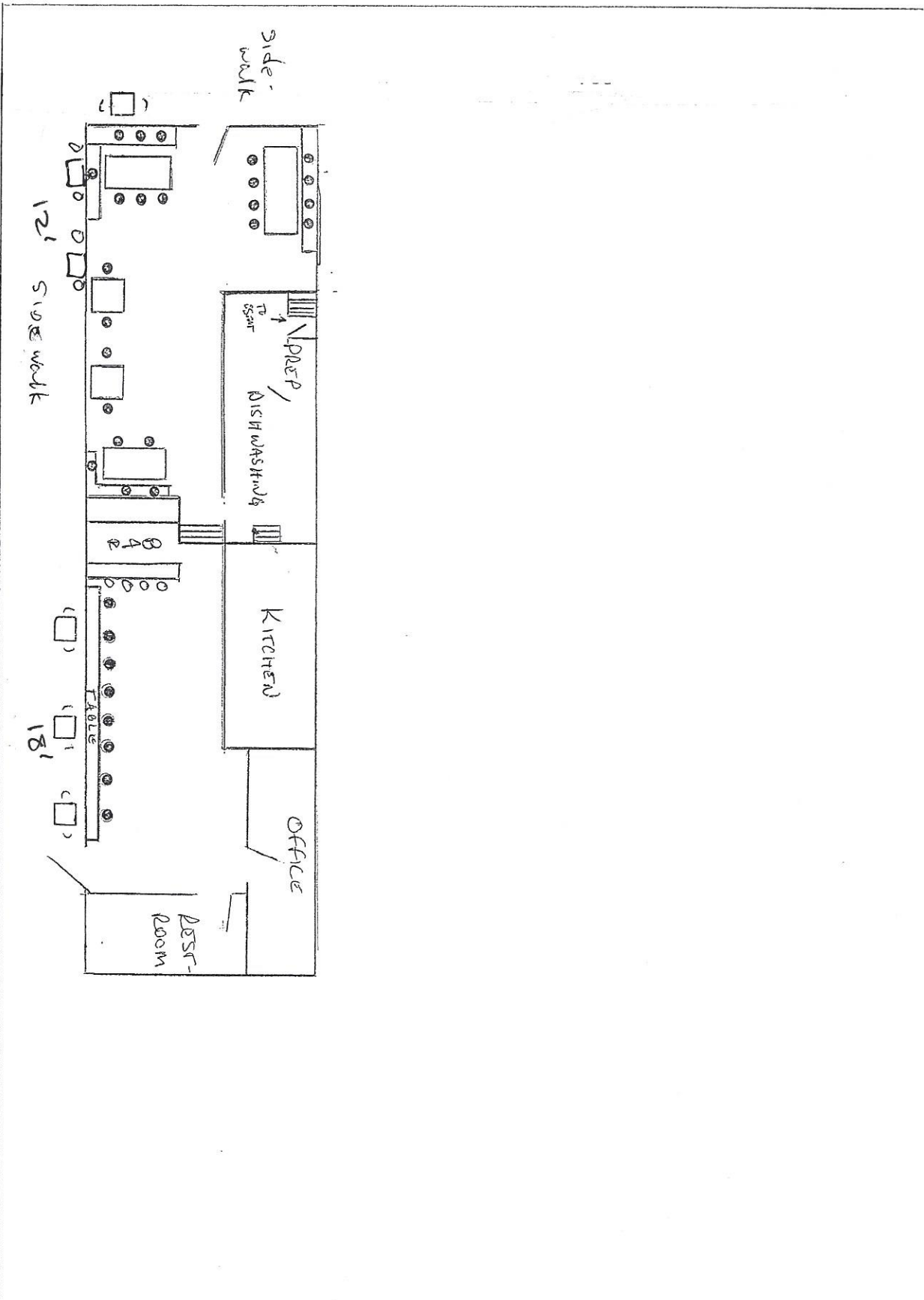
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.



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

W. HOUSTON ST.

Street

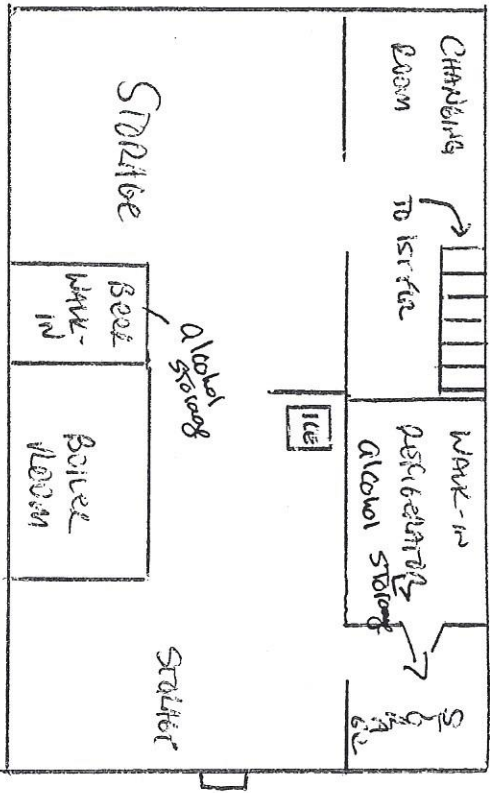


SULLY ST.

1ST floor

inside
 6 tables
 32 seats
 4 bar stools

outside
 15 tables
 30 seats



Basement