

**Meeting Date:** JUNE 7, 2022

**APPLICANT INFORMATION:**

Name of applicant(s): IACCAS CORP.

Trade name (DBA): OLD FASHION CAFE

Premises address: 110 THOMPSON STREET, NEW YORK, NY 10012

Cross Streets and other addresses used for building/premise:  
SPRING STREET AND PRINCE STREET

**CONTACT INFORMATION:**

Principal(s) Name(s): ANTONIO IACCA and PIETRO IACCA

Office or Home Address: [REDACTED]

City, State, Zip: NEW YORK, NEW YORK 10018

Telephone #: [REDACTED]

Landlord Name / Contact: Perry Thomspson Third LLC - c/o Warren Wolfson of Cornerstone Management

Landlord's Telephone and Fax: [REDACTED]

<b>NAMES OF ALL PRINCIPAL(s):</b>	<b>NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD</b>
<u>ANTONIO IACCA</u>	<u>N/A</u>
<u>PIETRO IACCA</u>	<u>N/A</u>
<u> </u>	<u> </u>

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):  
CAFE/BRISTO; COFFEE AND LIGHT BREAKFAST IN A.M.; BISTRO LUNCH AND DINNER.

**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

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

RESTAURANT WITH FULL LIQUOR LICENSE

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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: \_\_\_\_\_

COCOTTE - UNKNOWN

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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:

COCOTTE - UNKNOWN

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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: 6 Year Built : UNKNOWN

Describe neighboring buildings:  
GENERALLY SIX STORY ATTACHED

Zoning Designation: MIXED

Zoning Overlay or Special Designation (applicable) UNKNOWN

Block and Lot Number: 502 / 12

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 : NO EXTERIOR CHANGES

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 2 TABLES WITHIN PROPERTY LINE

What is the proposed Occupancy? 35

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

no  yes LETTER OF NO OBJECTION

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

If yes, what is the use group for the premises? EATING & DRINKING ESTABLISHMENT USE 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 N/A

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, PER LANDMARK APPROVAL

**INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? 750 SQ. FT.

If more than one floor, please specify square footage by floors: N/A

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

50 SQ. FT. WITHING PROPERTY LINE

If more than one floor, what is the access between floors? N/A

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

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

**OVERALL SEATING INFORMATION:**

Total number of tables? 10 Total table seats? 31

Total number of bars? 1 Total bar seats? 4

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

Total OVERALL number of seats in Premises : 35

**BARS:**

How many \* stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 4

How many service bars are being applied for on the premises? NONE

Any food counters? X no \_\_\_ yes, describe : \_\_\_\_\_

**For Alterations and Upgrades:** N/A

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:  
9 am to 1 am   9 am to 1 am   9 am to 1 am   9 am to 1 am   9 am to 1 am   9 am to 1 am   9 am to 1 am

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? ) \_\_\_\_\_

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? NO

Please describe your sound system and sound proofing: BAFFLING ON CEILING

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) \_\_\_\_\_

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:      N/A

Name of School / Church: \_\_\_\_\_

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

Name of School / Church: \_\_\_\_\_

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

Name of School / Church: \_\_\_\_\_

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

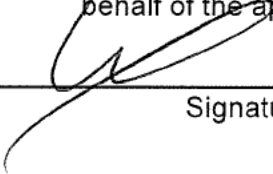
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: ANTONIO IACCA Phone: [REDACTED]

Address: 110 THOMPSON STREET, NEW YORK, NY 10012

Email : [REDACTED]

Application submitted on  
behalf of the applicant by:

  
\_\_\_\_\_  
Signature

Print or Type Name ROBERT N. SWETNICK

Title ATTORNEY FOR APPLICANT

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.





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