Meeting Date:	
APPLICANT INFORMATION:	
Name of applicant(s): 132 W HOUSTON REST	AURANT CORP
Trade name (DBA): SONG E NAPULE	
Premises address: 132 W Houston St. A	14 NY 10012
Cross Streets and other addresses used for building/premise: MACDOUGAL ST — SULLIVA	
CONTACT INFORMATION:	
Principal(s) Name(s): CIRO TOVINE	
Office or Home Address: 132 W . HOUSTIN S	
1	212
Telephone #:	
Landlord Name / Contact:	
Landlord's Telephone and Fax:	
NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF BAST /	
CIRO DOUINE Song ENAPOLEINC 146 4	HOUSTON ST 1288921 wol
Briefly describe the proposed operation (i.e. "We are a family restaurant that WE WLLL BE A FAMILY RUSTAURANT PASTAS.	at will focus on"): FEATURNG
VIZZAS + MASTAS.	

WHAT TIPE(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:
Is any license under the ABC Law currently active at this location?

PREMISES:

By what right does the applicant have possession of the premises?
OwnLease Sub-lease Binding Contract to acquire real property other:
Type of Building: Residential CommercialMixed (Res/Com) Other:
Number of floor: Sear Built : /900
Describe neighboring buildings: MIKED USE
Zoning Designation: R7-Z
Zoning Overlay or Special Designation (applicable)
Block and Lot Number: 524 1 76
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?yesno
(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? yes no, please explain : / _A
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 Often RESTAURATE SCATING
What is the proposed Occupancy? RESTAULANT
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
noyes
If yes, what is the maximum occupancy for the premises?
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
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
(if yes, please describe: Will SIGN WILL BE PUT UP

INTERIOR OF PREMISES:
What is the total licensed square footage of the premises?
If more than one floor, please specify square footage by floors: 15TGR - 1540 BSMT - 1540
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?
If more than one floor, what is the access between floors?
How many entrances are there? How many exits? How many bathrooms? ls there access to other parts of the building? no yes, explain:
OVERALL SEATING INFORMATION:
Total number of tables? 10 Total table seats? 44
Total number of bars? O Total bar seats?
Total number of "other" seats? 4 please explain: UPEN NETTHIRANT SEATING
Total OVERALL number of seats in Premises : UV
BARS:
How many *stand-up bars / bar seats are being applied for on the premises? Bars O Seats
How many service bars are being applied for on the premises?
Any food counters? 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:
Vhat 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: 12 to 11 pm 12
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 places describe
Will you have TV's ? no yes (how many?) Type of MUSIC / ENTERTAINMENT: Live Music Live DJ Juke Box lpod / CDs non
Type of MUSIC / ENTERTAINMENT: Live Music Live DJ Juke Box lood / CD-
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: I lost und a few small speaked
Will you be permitting: No promoted events checkled performances outside promoters any events at which a cover fee is charged?
Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? 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:
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: CIRO TOUINE Phone
Address: 132 W Houston ST. NY NY (0012
Email:
Application submitted on behalf of the applicant by:
Signature
Print or Type Name MICHAEL KOLLY Title REPRESENTATIVE
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

















