

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s):

Masticabrodo LLC

Trade name (DBA):

TBD

Premises address:

453 6th Avenue, New York, NY 10011

Cross Streets and other addresses used for building/premise:

Cross Streets: W 11th Street & 6th Avenue

CONTACT INFORMATION:

Principal(s) Name(s):

Emanuele Nigro

Office or Home Address: 453 6th Avenue

City, State, Zip: New York, NY 10011

Telephone #: [REDACTED]

email : [REDACTED]

Landlord Name / Contact:

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):

Emanuele Nigro

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

Osteria 57; 57 W 10th Street, New York, NY 10011

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

We intend to open a multi concept store that will include different functionalities, focused on the quality and the origins of the food we consume. Also, our goal is to provide quality organic/local produce and products to the neighborhood, both as a grocery and specialty store. The store will operate during the day as a Cafe (serving breakfast and lunch) and then evolve as a wine bar/gourmet pizzeria during the evening hours and weekends. Clients will also have the option to shop for their daily needs, consult with us about catering for their dinners, as well as discuss their overall nutrition. We will not serve cooked meat nor poultry. We have been awarded amongst the Best Top 50 Italian restaurants outside of Italy for our continuous work and study of how to integrate a more organic and seasonal diet into our daily habits. We also received an award for Innovation and sustainability.

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:

The previous use was a restaurant named Sammy's Noodle Shop & Grill (Serial #1029133) and operated at the proposed premises for 20 years.

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:

Sammy's Noodle Shop & Grill were issued their license on June 3, 2011 and operated until April 30, 2021.

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: 2 Year Built : 1910

Describe neighboring buildings: Mixed-use

Zoning Designation: District C1-6

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 606 / 65

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 : N/A - No major 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 DOT Temporary Outdoor Seating

What is the proposed Occupancy? 32

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

no yes

If yes, what is the maximum occupancy for the premises? 175

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: Prior to opening, we plan to change the store name on the top front of the premises

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 6,000 square feet

If more than one floor, please specify square footage by floors: 2,800 square feet ground floor and
3,200 square feet for basement

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

Approximately 100 feet

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

How many entrances are there? 3 How many exits? 3 How many bathrooms? 3

Is there access to other parts of the building? no yes, explain: There is a rear exit into courtyard through the basement floor but it will not be accessible to clients. Also, staff and deliveries will not enter through this area. The door will always remain closed and be used only as an emergency exit.

OVERALL SEATING INFORMATION:

Total number of tables? 36 Total table seats? 96
24 tables inside; 12 tables outside 64 seats; 32 seats outside

Total number of bars? 1 Total bar seats? 8

Total number of "other" seats? 6 please explain: Stools will be available at the food counter

Total OVERALL number of seats in Premises: 110

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?

Any food counters? no yes, describe: There will be a tasting menu at one small counter of the premises and the counter used during the day to purchase food will be made available as counter seating during the evening.

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: Specialty Store

What are the Hours of Operation?

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

8am to 10pm 8am to 10pm 8am to 11pm 8am to 11pm 8am to 11pm 8am to Midnight 8am to Midnight

Will the business employ a manager? ___ no yes, name / experience if known : Michele Bosco

Will there be security personnel? ___ no yes (if yes, what nights and how many?) One security during all hours of operation; no bouncers; Only present to protect product

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? Yes _____

Please describe your sound system and sound proofing: We will have background music only conducive to conversation and will install professional 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 1/2 " x 11").

Indicate the distance in feet from the proposed premise:

Name of School / Church: P.S. 041 Greenwich Village

Address: 116 West 11th Street Distance: 175 feet

***Please note that although the distance is within 200 feet, the school is not on the same street as the proposed premises which is located on 6th Avenue.

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: Emanuele Nigro Phone: 

Address: 453 6th Avenue, New York, NY 10011

Email : 

Application submitted on behalf of the applicant by:



Signature

Print or Type Name Max Bookman, Esq., Pesetsky & Bookman PC

Title Partner

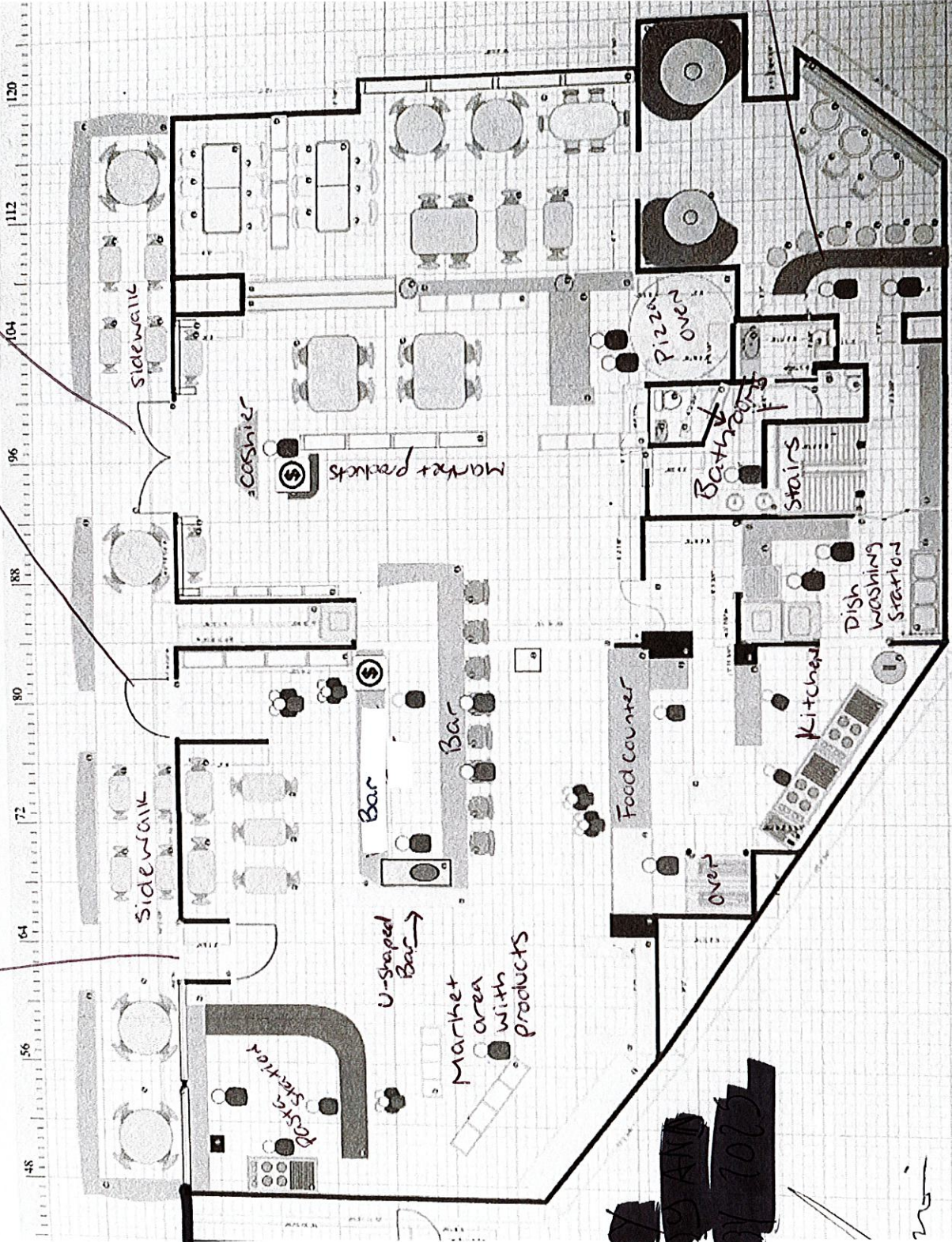
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.





Community Board 2,
Manhattan SLA Licensing Committee
Donna Raftery, Co-Chair
Robert Ely, Co-Chair

Entrance 6th Avenue Entrance Entrance



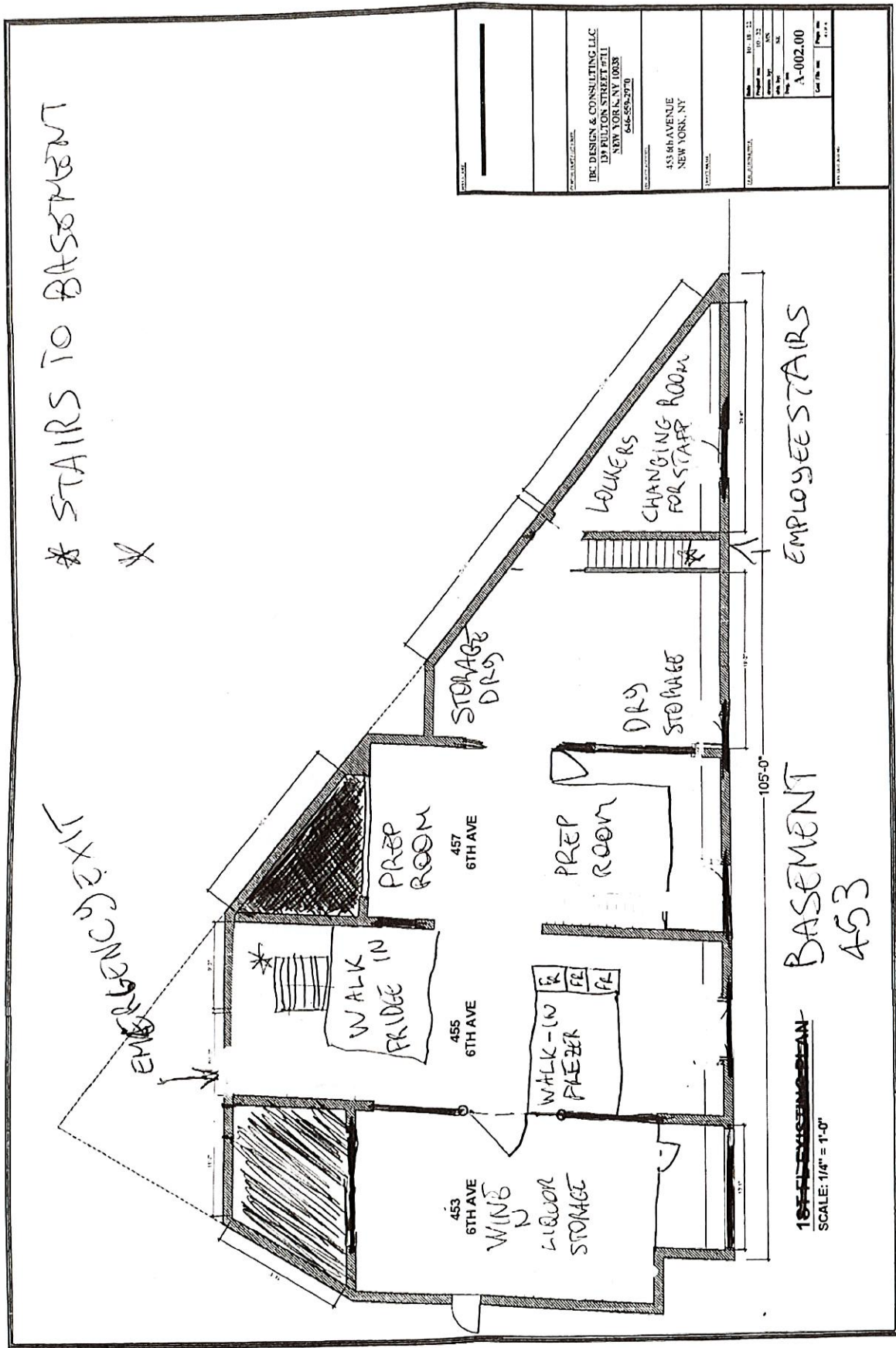
Next door
Storefront
(not part of
licensed
premises)

6th Avenue
- Ground Floor -

* STAIRS TO BASEMENT

X

EMERGENCY EXIT



EMPLOYEE STAIRS

BASEMENT 453

SCALE: 1/4" = 1'-0"

- Basement -