Jeannine Kiely, Chair Susan Kent, First Vice Chair Valerie De La Rosa, Second Vice Chair Mark Diller, District Manager



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COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE NEW YORK, NY 10012-1899 www.cb2manhattan.org

COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE

Please fill out this questionnaire, including the date, and return to the Community Board 2 office by email to arrive **no later than the month's due date** which can be found on CB2 Manhattan's website (https://cbmanhattan.cityofnewyork.us/cb2/resources/sla-questionnaire/). When meetings return to in person, please also provide an additional 5 copies plus supporting material requested to the SLA committee meeting.

Failure to complete and return the questionnaire and supporting materials on time will result in your item being removed from the agenda.

Failure to provide a completed questionnaire or failure to present before CB2 will result in notifying the State Liquor Authority (SLA) of your noncompliance with the community review process.

If you need to reschedule, please notify the Community Board 2 office no later than the Friday prior to the scheduled meeting. Speak to Florence Arenas at the Board Office. A maximum of 1 layover request will be granted per application. Failure to reappear without notification will result in a recommendation to deny this application.

The following supporting materials are **required** for this application:

- 1. A list of all other licensed premises (including Beer and Wine) within 500 ft. of this location.
- 2. If the license being applied for is subject to the 500 ft. rule, please provide a copy of the public interest statement that will be submitted to the SLA.
- 3. Floor plans of the premise, clearly indicating the location of all entrances and exits, windows, bars, tables and chairs, patron and employee bathroom(s) and kitchen layout to be licensed. Please include seat and table counts on the plans for each area. If outdoor seating of any kind is included in the application please download and complete CB2 SLA's Addendum for Outdoor Seating. For any multi-floor, multi-room or hotel applications, please provide detailed plans for each floor and/or separate areas to be included in the licensed premises that are clearly labeled.
- 4. Proposed menu with general price ranges, if applicable.
- 5. Certificate of Occupancy or Letter of No Objection for the premises showing that the proposed use is permitted, including specific use of all outdoor areas within the property line.
- 6. If unable to show the proposed use is permitted, including for outdoor areas within the property line, please provide a detailed explanation for how the proposed use sought will be permitted and please provide any plans filed or to be filed with the Buildings Department.
- 7. Letter of Understanding or Letter of Intent from the Landlord.

- 8. Provide proof of community outreach to area block associations and immediately impacted residents in the building and surrounding area to notify them of your pending application and Community Board meeting information. Copies of any mailings to, and signatures or letters from Residential Tenants at location and from surrounding buildings may be submitted with home address and contact information. (i.e. a letter from the neighborhood block association or petition in support with home address and contact information.)
- 9. A copy of your NYS Liquor Authority application as it will be submitted to the SLA (excluding financial information).
- 10. If this is for a Corporate Change, please provide the Current Approved Corporate Set-Up and the Proposed Corporate Set-Up along with existing executed stipulations with CB2 if applicable.
- 11. If this is for any type of **Alteration Application**, please provide detailed information regarding the current situation and the proposed changes outlined as an addendum. If adding or subtracting space, please provide current and proposed diagrams.
- 12. If this application is for a **Change in Method of Operation**, please provide the current method of operation and the proposed changes in method of operation as an addendum.

APPLICANT INFORMATION:	
Name of applicant(s): TEMIANI LLC	
Trade name (DBA): CHAMPION PIZZA	
Premises address: 2 WEST 14TH ST	
Cross Streets and other addresses u	sed for building/premise:
5TH AVE AND WEST 14TH ST	
CONTACT INFORMATION:	
Principal(s) Name(s): LUCA A. AZER AND BOULOS SAMUEL	
Office or Home Address:	,
City, State, Zip: _	
Telephone #:	email :
Landlord Name / Contact: AMES ASSOCIATE -	
Landlord's Telephone and Fax: _	
NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD NONE
	on (i.e. "We are a family restaurant that will focus on…"): 020. It is our first food business venture. The ambiance is very casual
Champion Pizza is a well-know fram	nchise in NYC. A lot of customers love the food and they were looking
to drink beer or wine to go well with	their meal selections. It is a small scale restaurant with limited
dining space. We intend to have re	corded music and live music in certain scheduled days.

Meeting Date: MAY 2 AND MAY 4

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):					
X a new liquor license (X 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					
X a BEER and WINE License					
a RENEWAL of an existing Liquor License					
an OFF-PREMISE License (retail)					
OTHER :					
If this is for a new application, please list previous use of location for the last 5 years: It has been a pizzeria for many 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:					
MANSIONS CATERING INC. SERIAL #1100267 EXP. 12/31/2023					
Have any other licenses under the ABC Law been in effect in the last 10 years at this location? yes _X_no					
If yes, please list DBA names and dates of operation:					

PREMISES:

By what right does the applicant have possession of the premises?					
Own X Lease Sub-lease Binding Contract to acquire real property other:					
Type of Building: ResidentialX CommercialMixed (Res/Com) Other:					
Number of floor:17 Year Built :1908					
Describe neighboring buildings: MIXED USE BLDGS AND COMMERCIAL					
Zoning Designation: C6-4M					
Zoning Overlay or Special Designation (applicable) NONE					
Block and Lot Number: 577 / 39					
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? $\underline{\hspace{0.2cm}}$ yes $\underline{\hspace{0.2cm}} \underline{\hspace{0.2cm}}$ no					
Is the premise located in a historic district? yes _X 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) _X_ no yes : explain					
What is the proposed Occupancy?30					
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?					
noX_yes					
If yes, what is the maximum occupancy for the premises?40					
If yes, what is the use group for the premises?6					
If yes, is proposed occupancy permitted? X yes no, explain :					
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? yes _Xno					
Do you plan to file for changes to the Certificate of Occupancy? yesX 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? X no yes					
(if yes, please describe:					

INTERIOR OF PREMISES:				
What is the total licensed square footage of the premises? 1100 Sf				
If more than one floor, please specify square footage by floors: approx 1100 SF on 1stf fl and Cellar				
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? STAIRS IN THE KITCHEN TO THE BASEMENT				
How many entrances are there? How many exits? How many bathrooms ?				
Is there access to other parts of the building? X no yes, explain:				
OVERALL SEATING INFORMATION:				
Total number of tables? 10 Total table seats? 20				
Total number of bars? _ 1 _ Total bar seats? _ 0				
Total number of "other" seats? please explain :				
Total OVERALL number of seats in Premises :				
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 _X_ yes, describe : PIZZA DISPLAY COUNTER				
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:				
What type of establishment will this be? (check all that apply)				
Bar Bar & Food X Restaurant Club/ Cabaret Hotel Other:				

What are the	ne Hours of Op	peration?						
Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:		
10am to 4am	10am to 4am	1 <u>0am</u> to <u>4am</u>	10am to 4am	10am to 4am	10am to 4am	10am to 4am		
Will the bus	siness employ	a manager? 🕽	X_noyes,	name / experie	ence if known :			
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? no yes								
If yes, please describe :								
Will you ha	ive TV's ?	no X yes	(how many?) _	1				
Type of MUSIC / ENTERTAINMENT: x Live MusicLive DJJuke Box lpod / CDsnone								
Expected Volume level: X Background (quiet) Entertainment level Amplified Music (check all that apply)								
Do you have or plan to install soundproofing?noyes ***The building is already sound proofed***								
IF YES, wil	ll you be using	a professional	sound engineer	?				
Please des	scribe your sou	nd system and	sound proofing:	The buildings	are extremely	thick and beneath		
				they have sou	nd insulation b	parriers.		
Will you be permitting: promoted events scheduled performances outside promoters								
any e	vents at which	a cover fee is	charged? p	rivate 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 ropes movable barriersother outside equipment (describe)								
Are your pr	remises within	200 feet of any	school, church	or place of wors	hip? 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 $\frac{1}{2}$ " x 11").								
Indicate the distance in feet from the proposed premise:								
Name of S	chool / Church	:						
Address:								

Name of School / Church:	
Address:	Distance:
Name of School / Church:	
Address:	Distance:
Please provide contact information for Residents / Community you will address it immediately.	/ Board and confirm that if complaints are made
Contact Person: LUCA A. AZER	Phone:
Address: 2 WEST 14TH ST , NEW YORK NY 10011	
Email : temiani78@gmail.com	
Application submitted behalf of the application submitted behalf o	
Print or Type Name <u>SHYCIOR SA</u> Title <u>REPRESENT</u>	

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



