

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): Food Napoli LLC

Trade name (DBA): Na Slice

Premises address: 11 Waverly Place N.Y. NY 10003

Cross Streets and other addresses used for building/premise:
Mercer & Greene Streets

CONTACT INFORMATION:

Principal(s) Name(s): Luigi Pietro Gallo

Office or Home Address: 11 Waverly Place

City, State, Zip: N.Y. NY 10003

Telephone #: [REDACTED] email: [REDACTED]

Landlord Name / Contact: Eleven Waverly Associates LLC

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s): **NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD**

Luigi Pietro Gallo _____

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

Small Italian breakfast, Pizza and Pasta Place

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:

Pizza Mercato

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:

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: 12 Year Built: 1929

Describe neighboring buildings: mixed use

Zoning Designation: R7-2

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 548 / 40

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 restaurant seating
5 tables + 10 seats on sidewalk

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

If yes, what is the maximum occupancy for the premises? 75 (multiple store fronts)

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 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: our sign will be put up. The facade will stay the same

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1st Floor

If more than one floor, please specify square footage by floors: approx 900'

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?
open restaurant seating approx 60'

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

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 5 Total table seats? 15

Total number of bars? 1 Total bar seats? 0 (Service Bar)

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

Total OVERALL number of seats in Premises : 9

BARS:

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

How many service bars are being applied for on the premises? 1

Any food counters? no yes, describe: _____

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: Service Bar
6' in length

* 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: 9 am to 9:30 pm Monday: 7:30 am to 9:30 pm Tuesday: 7:30 am to 9:30 pm Wednesday: 7:30 am to 9:30 pm Thursday: 7:30 am to 9:30 pm Friday: 7:30 am to 11 pm Saturday: 7:30 am to 11 pm

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? NO

Please describe your sound system and sound proofing: IPOD

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 1/2 " 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: _____

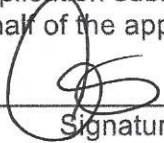
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: _____ Phone: _____

Address: _____

Email : _____

Application submitted on behalf of the applicant by:



Signature

Print or Type Name Michael Kelly

Title Representative

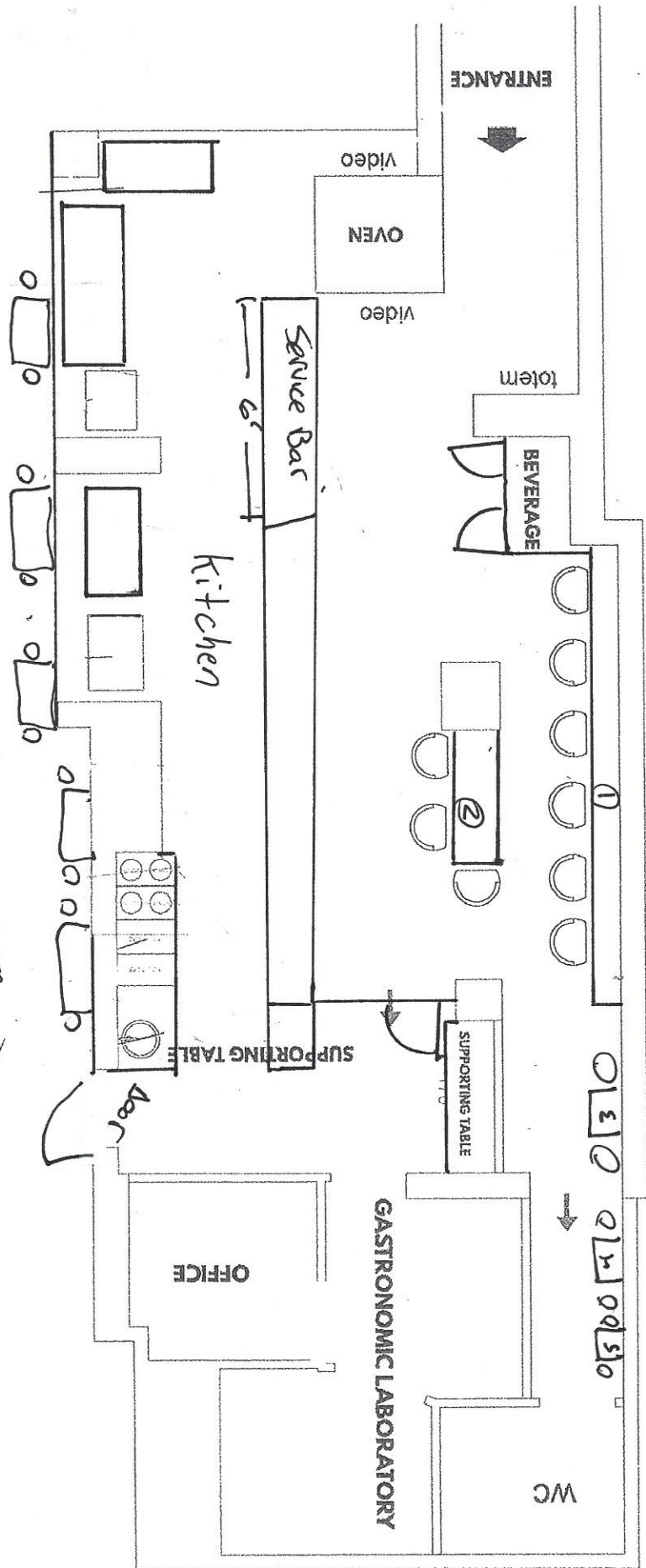
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.





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

5 Tables
15 SEATS



5 Tables & 10 SEATS
on Sidewalk

OFFICE
call
box

Tree
at
Guard
rail

GNOCCHI PASTA

BOSCAIOLA GNOCCHI STUFFED

Beet Gnocchi with Gorgonzola Cheese and walnut.Stuffing

TOSCANA GNOCCHI STUFFED

Porcini Gnocchi with parmesan Dop ,Stuffing

PASTA

Alba

Tagliatelle pasta with San Marzano tomato sauce and black Italian truffle

Napoletana

Rigatoni pasta with san Marzano tomato, parmesan Dop, fresh basil , oil evo

Gaeta

Fusilli with San Marzano tomato sauce, Gaeta olives, and Sicilian capers from Pantelleria

Cacio e Pepe

Tonnarelli (a type of fresh egg pasta very similar to spaghetti) served with cacio cheese and freshly ground pepper

Caprese salad

Mozzarella bites with tomato, chopped pistachios, fresh basil, extra virgin olive oil, salt.

FILLED FOCACCIA

Napoli

Friarielli cream (Neapolitan broccoli), crunchy bacon, and smoked provola

Palermo

Eggplant cream, raw ham and mozzarella

Firenze (vegan)

Chickpea hummus and sautéed porcini mushrooms with garlic and parsley

Amalfi

Zucchini cream, smoked salmon, lemon zest and mozzarella cheese

Sorrento (vegan)

Avocado cream, mozzarella, Sorrento tomato and basil

Bologna

ucchini cream mortadella and burrata cheese, chopped pistachios

Neapolitan Pizza

Margherita

Mozzarella cheese, tomato, Evo oil, basil

Margherita double mozzarella cheese

Double mozzarella cheese, tomato, Evo oil, basil

Napoletana (vegan)

Tomato, oregano and fresh garlic, Evo oil and basil

Salami (Pepperoni)

Mozzarella cheese, tomato, spicy salami, Evo oil, basil

Porcini

Mozzarella cheese, porcini mushrooms, Evo oil, basil

Tartufo

mozzarella cheese , double round of Italian black truffle oil

Vesuvio

mozzarella cheese, friarielli (Neapolitan broccoli), pepper, garlic and salami Evo oil

Zucchini Nerano

mozzarella cheese, parmesan Dop, fried zucchini, extra virgin olive oil, basil, fresh pepper basil

American slices

Normal (Margherita): mozzarella, tomato, parmesan, extra virgin olive oil

Margherita Salami(Pepperoni): tomato, mozzarella, parmesan and spicy salami.

Margherita with mushrooms: tomato, mozzarella, porcini mushrooms and basil.)

Margherita with black olives, capers and anchovies (tomato, mozzarella black olives, capers and anchovies)

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COMMUNITY BOARD 2 APPLICATION FOR A STATE LIQUOR AUTHORITY LICENSE ADDENDUM FOR OUTDOOR SEATING

For a Liquor License Application that includes any outdoor areas, please complete the following:

- Submit a diagram of outdoor seating indicating length and width of area(s) and location of all tables and chairs. Include all obstructions (trees, fire hydrants, proximity to bus stops, bike racks, signs, etc.).
- Submit photos of the premises where the sidewalk café and/or roadbed will be located. Required photos show one frontal, one left and one right side view of proposed sidewalk café and/or roadbed.
 - Photos must show complete sidewalk and/or roadway area where sidewalk café and/or roadbed will be including views to curb and neighboring properties.
 - For rear yard, show photos of yard and surrounding area, including upper view of adjacent buildings.

Name of Applicant: Food Napoli LLC

Address of Premises: NA SLICE

Sidewalk café will have no more than (If premises is located on a corner please indicate for both streets):

5 tables and 10 seats on MERCER ST Street

N/A tables and N/A seats on N/A Street 730pm - 11pm on Fri + Sat

Hours of sidewalk café: → to → 9am - 930pm SUN
730am - 930pm MON TO THUR

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): Tree Bed w/ Tree Guard 10'

Roadbed will have no more than (If premises is located on a corner please indicate for both streets):

N/A tables and N/A seats on N/A Street

N/A tables and N/A seats on N/A Street

Hours of roadbed: N/A to N/A

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): N/A

Rear yard will have no more than N/A tables and N/A seats

Hours of rear yard: N/A to N/A

Does seating extend beyond the business frontage? No Yes

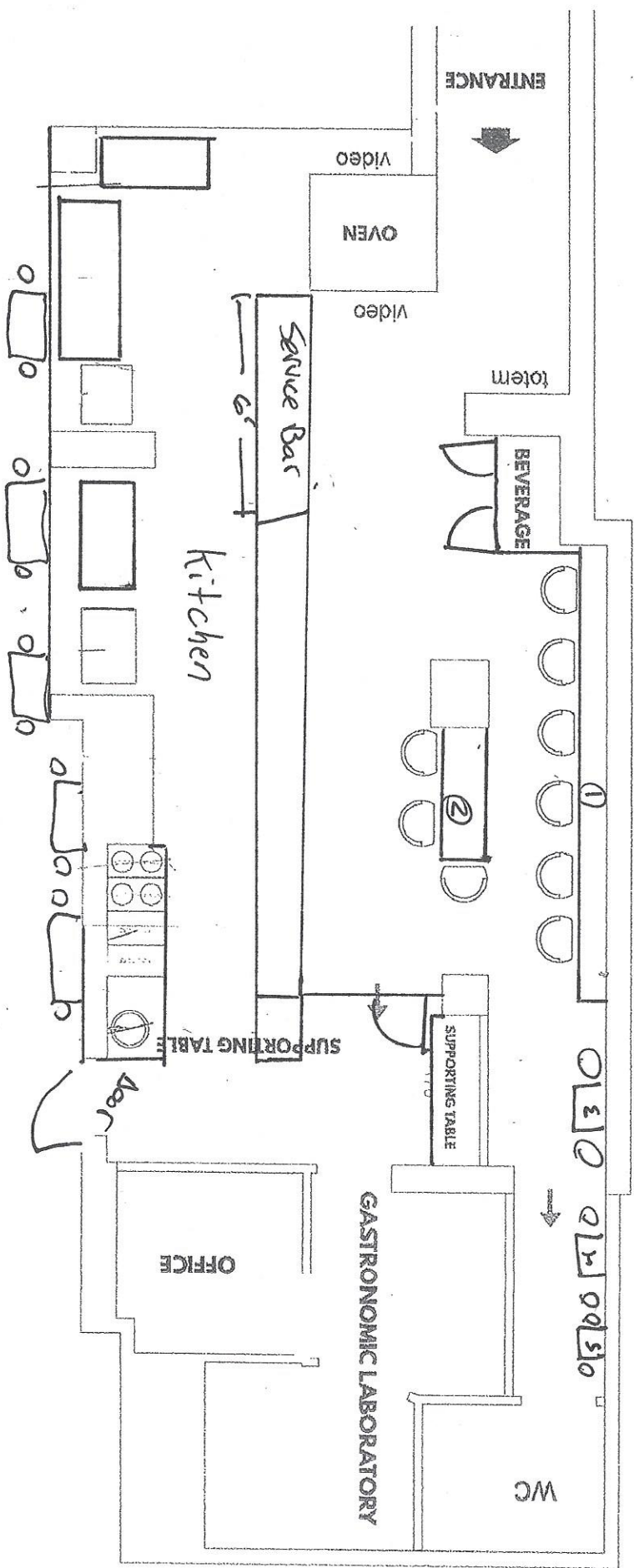
Will outdoor dining structures on the sidewalk be enclosed on three (3) or more sides? No Yes

Will outdoor dining structures on the roadbed be enclosed on three (3) or more sides? No Yes

Is there any outdoor music, speakers or TVs? No Yes, please describe: _____

Will heating elements be used? No Yes, please describe: _____

5 Tables
15 SEATS



5 Tables & 15 SEATS
on sidewalk

0 FLOOR
call
box

Tree
&
Guard
rail









PIZZA MEATATO



